



Hudson Community Foundation Hudson Restaurant & Retail Stores COVID Support Fund Application

The Hudson Community Foundation (HCF) has created a fund to support our local restaurants and retail stores during this coronavirus pandemic. In recognition of the financial needs of these local businesses, due to government directives requiring business closures, operating restrictions and social distancing, the Hudson Community Foundation has committed \$50,000. We anticipate more applicants than funds available, so you are encouraged to complete the application form as soon as possible. Applications should be returned by email by 5:00 p.m., Monday, June 8th to amyjordan@myhcf.org

Grant distribution will be no later than June 22, 2020.

Business Name: _____

If applicable, enter any DBA(s) or trade name(s) of your business: _____

Business Address: _____

Owner/Applicant Name: _____

Owner/Applicant Title: _____

How many years has the company been in business in Hudson? _____

Number of employees: Full time _____ Part time _____

Annual operating revenue year ending 2019: _____

Annual operating expenses year ending 2019: _____

Year to date operating revenue 2020: _____

Year to date operating expenses 2020: _____

Estimated percent of revenue lost as a result of COVID-19 pandemic through June 1st _____%

Estimated increased business expenses due to COVID-19 _____

Did you apply for SBA Economic Injury Disaster Loan (EIDC) or the SBA Payroll Protection Program (PPP)?
__ Y __ N Loan # _____ Results: _____

Did you apply for Summit County Relief Act Forgivable Loans or Grants? __ Y __ N

What were the results? _____

Has your company filed for bankruptcy in the past 2 years? Yes _____ No _____

Please provide a detailed description as to how your business has been impacted by the COVID-19 pandemic. Include information about number of employees laid off, decrease in revenues, change in business practices, etc.

Explain how \$2,500 or \$5,000 would help your business _____

Your signature attests the above information is accurate and represents the impact burden to your business.

Grant funds provided by this program are for the sole purpose of business operations and not for personal expenses.

Acknowledged by: _____ Date: _____

Print Name & Title: _____

Contact Information

Phone: _____ Email: _____

Additional information may be requested prior to approval of your application and/or prior to grant funding. You will be advised in writing what information is required to further consider your application and/or to fund your grant. If approved, applicant must sign a grant agreement prior to funding of any grant. Applicant must agree to all terms contained in said grant agreement.

By signing this application, the applicant certifies that all information in the application is true, accurate and correct to the best of the applicant's knowledge. Applicant further agrees to submit any additional information that is necessary to correct any information in the application as it becomes known to the applicant. Applicant further acknowledges that it is signing the application under the penalty of perjury. Applicant expressly acknowledges that the filing of this application does not confer in the applicant receiving any grant funds, and applicant waives any claim, action or cause of action that it has or may have pertaining to this application, and any denial of this application or any failure or refusal to grant applicant any funds shall not confer in applicant any claim, action or cause of action whatsoever. All information provided by applicants will be kept confidential.