





2020 City of Fallon and Churchill County COVID-19 Business Support Grant

To help keep City of Fallon and Churchill County businesses safe and open, The City and County have partnered to allocate \$300,000 in federal CARES Act funds for a COVID-19 Business Support Grant program. The initiative, managed by The Churchill Economic Development Authority (CEDA), begins August 12th, 2020 at 9:00a.m. PST.

The City of Fallon and Churchill County COVID-19 Business Support Grant funds are set for businesses located in Fallon and/or Churchill County as reimbursement for their COVID-19 response that consists of the purchase of personal protective equipment (PPE), implementation of workplace redesigns, additional signage, sanitation items, technical assistance and advancements for the business, and other items to comply with COVID-19 public health guidelines on safely returning to work and to safely re-open.

Applicants must be located in Fallon and/or Churchill County and must be in good standing with all applicable State, City of Fallon and Churchill County licensing rules and regulations. The grant will be on a first come first served basis and will close the first round of funding August 21st, 2020 at 5:00p.m. PST.

The grant is capped per business at up to \$10,000 for eligible, reimbursable expenses.

Eligible Organizations:

- In good standing with all applicable State, City of Fallon, and Churchill County licensing rules and regulations
- Non-profits and For-Profit Businesses are eligible

Eligible Expenses-Including but not limited to:

- PPE (personal protective equipment) for employees and patrons
- Signage related to COVID-19 safety measures and practices
- Workplace redesigns and retrofits to comply with social distancing and safety protocols
- Technology advancements and adjustments necessary to maintain operations
- Hand Sanitizer, cleaning supplies, etc.

To learn more about business eligibility, required documents, and additional program details and to request an application, please email Sara at sara@cedaattracts.com or visit the CEDA office at 448 W. Williams Ave. Suite 103.

2020 City of Fallon and Churchill County COVID-19 Business Support Grant

Business Name (should agree to IRS records and W-9 Form)					
Business DBA if Different					
Discipant Description					
Business Description					
Business License Number (please provide copy of applicable license) *					
provide sopy of applicable licerise)					
Business Address (Must be a City of Fallon or Churchill County Location) *					
Street Address					
Silver Address					
City State / Province					
Postal / Zip Code					
Name of Applicant *					
Name of Applicant *					
First Name Last Name					
Phone Number					
Area Code Phone Number					
E-mail of Applicant *					
example@example.com					

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Applying as *							
0	0	0					
Sole Proprietor	Partnership	Corporatio	n				
0	0	\circ					
Limited Liability Co.	Non-Profit	Other:					
Is your business in complian	ce with all state, federal and lo	cal laws? *					
0		0					
Yes		No					
Has your business previously received any CARES Act Funding? *							
0		0					
Yes		No					
If 'yes' please describe how t	he funds were used. *						
, , , , , , , , , , , , , , , , , , ,							
Amount requested *							
Description of how requested amount was used or will be used *							
				1			

Fallon Churchill County COVID-19 Support Grant Application

Applicants must be located in Fallon and/or Churchill County and must be in good standing with all applicable State, City of Fallon and Churchill County licensing rules and regulations. The grant will be on a first come first served basis and will close the first round of funding August 21st, 2020 at 5:00 p.m. PST. The grant is capped per business at up to \$10,000 for eligible, reimbursable expenses. By checking this box and signing this Application, the Applicant hereby affirms and swears that the information contained herein is true and correct, that the requested funds were necessary expenditures incurred between March 1, 2020, and the date of this Application by the Applicant due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19), that the Applicant meets all requirements of the program, and that the Applicant will not use funds from this program for costs or expenses for which the Applicant has received other federal or state awards or fund

I swear and affirm that the information contained herein is true and correct						
□Yes						
Print Name						
Signatura						
Signature	Date					
	Month Day Year					

Documentation Required

- A completed W-9 Form
- A copy of the City of Fallon/ Churchill County Business License
- Documentation of expenditures and necessity due to public health emergency (copies of invoices, canceled checks, and/or credit card bills)

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2	Business name/disregarded entity name, if different from above			
e. ins on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC			Exempt payee code (if any)	
cti Ç	[Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner			
Print or type. Specific Instructions on		Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)		
Ğ	╚	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)	
Ş	5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)	
See					
	6	6 City, state, and ZIP code			
	7	List account number(s) here (optional)			
Par		Taxpayer Identification Number (TIN)			
		ur TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number	
		withholding. For individuals, this is generally your social security number (SSN). However, t			
		alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		1-11-11	
TIN, la		it is your employer identification number (EIN). If you do not have a number, see How to $g\epsilon$ r .	or		
Note:	If 1	the account is in more than one name, see the instructions for line 1. Also see What Name		identification number	
Numb	er	To Give the Requester for guidelines on whose number to enter.			
D		O and the section of			
Par					
	•	enalties of perjury, I certify that:			
2. I an Ser	n n vic	umber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b e (IRS) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and	I have not been n	otified by the Internal Revenue	
3. i an	n a	U.S. citizen or other U.S. person (defined below); and			
		ATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.		
you ha	itic	tion instructions. You must cross out item 2 above if you have been notified by the IRS that you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 on or abandonment of secured property, cancellation of debt, contributions to an individual retinn interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangement	r mortgage interest paid, (IRA), and generally, payments	
Sign Here		Signature of U.S. person ▶	Date ►		
Ge	ne	eral Instructions • Form 1099-DIV (di	vidends, including	those from stocks or mutual	

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.