



## Jackson County Small Business Emergency Assistance Grant Fund GUIDELINES

### OVERVIEW:

This Fund, created in response to the economic impact of COVID-19, will provide relief to small businesses that may have had to temporarily close, are struggling with bills. This fund is for small businesses, this is defined as a business that has a bricks and mortar location and an employee base of 50 or less.

- Emergency relief will be considered to provide cash grants to Grand County small impacted businesses, such as restaurants or retail, businesses that may have had to close their doors, or are struggling to pay bills.
- These grants are for Utility Assistance, in the form of electrical bills.
- An advisory committee will make a decisions upon completion of small one page application and following of these guidelines.
- The committee looks for commitment from towns/county/foundations in seeding this fund.
- Priorities for assistance are to be used for businesses within the boundaries of Jackson County.
- Any awarded funding is paid directly from the Fund to the utility company. The Fund would not pay businesses directly. *Please attached bills to application.*
- No funds will be used to participate for any political campaign, and or on behalf of any issues or candidates.
- Requests for previous month's expenses will not be considered for funding. (The Fund cannot reimburse for expenses either.)
- Applications and Data are confidential and only reviewed by Grand Foundation.
- By signing this application you guaranty that all of information in regards to the request of need is truthful and correct. Otherwise I agree to return the grant monies.
- Applications can be mailed to PO Box 1342 Winter Park, Co 80482 or email to [Megan@grandfoundation.com](mailto:Megan@grandfoundation.com).



**Jackson County Small Business  
Emergency Assistance Grant Fund  
GRANT APPLICATION**

**NAME OF BUSINESS:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**COMPANY TO BE PAID:** \_\_\_\_\_

**ORGANIZATION CONTACT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AMOUNT REQUESTING:** \_\_\_\_\_

**REQUESTING FOR:** \_\_\_\_\_

**DATE NEEDED:** \_\_\_\_\_

**# EMPLOYEES (Regularly):** \_\_\_\_\_

**IF AWARDED THIS GRANT, WILL THIS HELP YOU RE-OPEN WHEN ABLE?  
BRIEF DESCRIPTION OF REQUEST/NEEDS STATEMENT:**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_