



CANTON BUSINESS STABILITY FUND PROGRAM

APPLICATION

Applications must be received by 11:59 p.m. on May 13, 2022

Return applications to: Robert Skinner
Chief Administrative Officer
4 Market Street, P. O. Box 168
Collinsville, CT 06022-0168
or
rskinner@townofcantonct.org

Applicant Information (you may use additional pages if necessary)

Business/Organization Name:		
Owners/Members:		
Business/Organization Street Address:		
City:	State:	Zip Code:
Contact Phone:		Website URL
Contact Email Address:		
Federal Employer Identification Number (EIN):		
Month and year business/organization was incorporated/registered?		Month: Year:
Years in Canton:	Years at current location:	
Does your business own or rent it current location? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Business/Organization structure (sole proprietorship, LLC, partnership, non-profit, etc.)		
Describe your business/organization. What products or services does your business offer?		

How many employees did your business have on January 1, 2019?

Full-time:

Part-time:

How many employees does your business currently have on payroll?

Full-time:

Part-time:

What was your 2019 Gross Revenue \$ **What is your 2020 Gross Revenue \$**

What is your 2021 Gross Revenue \$

Is your business/organization current on all tax obligations to the Internal Revenue Service, the State of Connecticut and the Town of Canton?

☐ **Yes**

☐ **No**

If no, please explain:

Does your business/organization have any outstanding liens or judgments?

☐ **Yes**

☐ **No**

If yes, please explain:

Is your business/organization compliant with the CT Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation and child labor?

☐ **Yes**

☐ **No**

If no, please explain:

How has your business/organization been affected by COVID-19? Has there been a significant change in the way your business/organization operates due to COVID-19?

What is the amount of funding requested (up to \$15,000): \$

How will you use the grant funds? Please refer to the categories listed under "Eligible Use Funds". Please describe how your intended use of funds will help your business/organization combat or counter the negative impact the COVID-19 public health emergency has had on your business:

Please provide an itemized budget supporting the funds you are requesting. The budget may include, but not limited to: items to be purchased and their costs; activities proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes: (You may attach a budget or use the space allotted)

Section 3: Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of Canton does not assume any responsibility for the success or failure of the Applicant's existing business.

I understand the information in this application is provided for the purpose of applying for the Canton Business Stability Fund Program. I authorize the Town of Canton to make inquires as necessary to verify the information contained in this application.

I agree that all funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, I shall provide a final report to the Town of Canton detailing all funding utilization and costs. I further agree to return all unused funds to the Town of Canton.

I understand that any willful misrepresentation on this application could result in forfeiture of all benefits under this program and shall entitle the Town of Canton to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

Applicant Signature:

Printed Name:

Title:

Applicant Signature:

Printed Name:

Title:

Date: _____