

## **Coolidge Chamber of Commerce COVID-19 Grant**

The Coolidge Chamber was awarded a grant to support small businesses and accelerate local economic recovery related to COVID-19.

To qualify you must:

- Located at a physical address within the Coolidge city limits.
- Have a current City of Coolidge Business license.
- Business cannot be home based or owned by a national chain/out of State Corporation.
- Applicants must have been negatively impacted by the COVID-19 pandemic.
- Can provide documentation to justify each reimbursement request. If it is not immediately clear that a request falls within the guidelines, it may be beneficial to submit a narrative explaining the request.

Only the following expenses will be considered (maximum of \$5,000 per business) as a reimbursement:

All expenditures must be after December 7, 2020

- Expenditures for Personal Protective Equipment (PPE) for employee and customer safety.(e.g., masks, social distancing signage, disinfectants, etc.).
- Expenditures required for business modifications due to COVID-19 mandates and expanding services and service areas (e.g., outdoor dining, plexiglass, etc.).
- Marketing expenditures to enhance/implement your business marketing. (Social Media Content, Social Media Ad Campaigns, Branding/Printing/Ad Options)

Application process:

Applications will be selected on the first come, first served basis and preference will be given to Coolidge Chamber (current/up to date) members. Grant will stay open until funding has run out. Applicants will be notified upon approval and more information will be given. This is a reimbursement grant.

1<sup>st</sup> quarter applications are due March 15<sup>th</sup>, 2<sup>nd</sup> quarter application are due June 15<sup>th</sup>, 3<sup>rd</sup> quarter applications are due October 15<sup>th</sup>. 4th quarter application are due January 15<sup>th</sup>. *(Will have 4 quarters or until funding has run out.)*

Once you have submitted your application with the appropriate supporting documents they will be reviewed by a committee. If your application is incomplete you will be notified and this may delay your application. If you have questions please call the Coolidge Chamber 520-723-3009 or email us at [info@coolidgechamber.org](mailto:info@coolidgechamber.org).

**Applications can be submitted to:  
Coolidge Chamber of Commerce  
351 N. Arizona Blvd., Suite 5  
Coolidge, AZ 85128  
Email: [info@coolidgechamber.org](mailto:info@coolidgechamber.org)  
Fax: (520) 723-3009**

**Coolidge Chamber of Commerce COVID-19 Grant Application**

Business Name: \_\_\_\_\_

Primary Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Website: \_\_\_\_\_

Date first opened in Coolidge: \_\_\_\_\_

Current number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Amount off PPE reimbursement requested: \$ \_\_\_\_\_

Please give an itemized list of PPE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount of physical modification reimbursement requested: \$ \_\_\_\_\_

How will this expansion help your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount of marketing reimbursement requested (please attach your marketing plan): \$ \_\_\_\_\_

Attached:

- Copy of W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)  
 Copy of current Coolidge business license

Have you or your business received any other Federal CARES Act funding or COVID-19 assistance (this will not affect the award process)

Yes     No

Source: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Briefly describe how COVID-19 has impacted your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Owner Signature and Affidavit**

\_\_\_\_\_ I confirm that the information I have provided on this application is complete and accurate to the best of my knowledge.

I have read and understand the Coolidge Chamber grant program criteria and requirements found in the application packet.

I understand that submission of an application does not entitle my business to grant funding.

I understand that only expenses, which have been approved in writing by the Coolidge Chamber, will be reimbursed, and only up to a maximum of \$5,000.

I understand that my business must have incurred and paid for eligible expenses and submit proof of payment to the Coolidge Chamber for reimbursement.

I have not received any federal funding or funding from other entities, and will not apply for other funding, that will cover the same expenses for which I am requesting reimbursement from the Coolidge Chamber Grant.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_