

Northampton Micro Business COVID-19 Relief Funding Program

Name of Applicant

Business Name

Business Address

Primary Phone Number

Secondary Phone Number

Email Address

Tax ID/EIN # & Social Security Number

Number of Years in Business in Northampton County

Type of Business

Is Your Business a Non-profit?

Is Your Business (Check All that Apply)?:

Woman-owned

Minority-owned

U.S. Military Veteran-owned

None of these apply to my business

What Other Forms of Assistance have you received?

Current Monthly Sales Volume:

Northampton Micro Business COVID-19 Relief Funding Program

Current Number of Employees:

Please Describe how you will use the funds awarded by the Northampton Small Business COVID-19 Relief Funding Program.

(Use additional pages if necessary)

Have you included all required supporting documentation?

Has the Business filed for bankruptcy?

Does the Business have any open tax liens?

Does the Business have any current open judgements?

Does the Business have an outstanding utility bill balance?

Do you meet all of the eligibility criteria?

By signing below you attest/affirm that the information provided to demonstrate eligibility is true and accurate. You further agree that if it is determined that you are not eligible after a grant has been awarded that you will repay the full amount of the grant award.

Signature

Date