



City of Delta

Small Business Grant Program Application

Any incomplete applications will not be considered Questions regarding this application should be directed to Dan Scinto at Region 10 - (970)765-3126. When complete, please email this form and all attachments (required documentation) to applications@region10.net. Upon emailing your application you should receive an auto-reply message indicating that it was received.

Business Information

Business Name:

[Input field for Business Name]

Business Physical Street Address:

Physical City, State, ZIP:

[Input fields for Business Physical Street Address and Physical City, State, ZIP]

Business Mailing Street Address:

Mailing City, State, ZIP:

[Input fields for Business Mailing Street Address and Mailing City, State, ZIP]

Business EIN (xx-xxxxxxx) or Taxpayer SSN (xxx-xx-xxxx):

[Input field for Business EIN or Taxpayer SSN]

Business Type (please check one):

Non-Profit organizations are not eligible for this program funding.

- LLC, Corporation, Sole Proprietor, Partnership

- Is the business a public or private entity? Public, Private

Business Industry (Retail, Restaurant, Manufacturing, etc.):

[Input field for Business Industry]

Applicant Information

Contact Name:

Contact Phone Number (xxx-xxx-xxxx):

[Input field for Contact Name]

[Input field for Contact Phone Number]

Contact Email:

[Input field for Contact Email]

Required Documentation

The following items are required to process your application for funding through the City of Delta Business Grant Program. If the following documentation is not received with your application, it will automatically be disqualified.

- Did you attach your business' Certificate of Good Standing? Yes No
Did you attach financial income statements (P&L) for 2019, 2020 and 2021 YTD? Yes No
Did you attach a completed IRS Form W-9, with mailing address, signature & date? Yes No

Personal Statements

Please provide self-certified statements:

Explain how COVID-19 and local, state, or federal regulations had an impact on your business operations.

Provide information of how funding from this grant would be used in your business' recovery from COVID-19.

Affirmation Questions

Please Initial to provide affirmation of the following questions regarding *The Business* (Business Name in question 1) for the City of Delta Business Grant Program.

Throughout the COVID-19 Pandemic *The Business* has had to operate under capacity restrictions as required by the State of Colorado.

Initial:

The Business is currently operating in the City of Delta, Colorado and agrees to a commitment to operate for the next six months of this dated application.

Initial:

I certify that *The Business* is in compliance with all current public health orders set by the State of Colorado and Delta County.

Initial:

I understand that if *The Business* is no longer complying with local (Delta County) or State of Colorado public health orders that *The Business* is required to return funds received.

Initial:

Signature:

Date:
