



## City of Odessa COVID-19 Business Assistance Program Application Form

Check One:

Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/>		<b>DBA or Tradename if applicable</b>	
<b>Business Legal Name</b>			
<b>Business Primary Address</b>		<b>Business TIN (EIN,SSN)</b>	<b>Business Phone</b>
			(   )   -
		<b>Primary Contact</b>	<b>Email Address</b>

Amount Requested	\$	Number of Jobs: <small>FTE &amp; PTE</small>	
Purpose of the loan (select more than one):	<input type="checkbox"/> Payroll <input type="checkbox"/> Rent / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory           Other (explain):		

### Applicant Ownership

List all owners of Applicant with greater than 20% ownership stakes. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN,SSN)	Address

Question	Yes	No
1. Is the Business or any owner presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		
2. Has the Business recently received an SBA Economic Injury Disaster or PPP Loan? <b>If yes, provide details on a separate sheet.</b>		
3. Is the Business (and all owners) current on personal and business Property Taxes? <b>If no, provide details on a separate sheet.</b>		
4. Please state how the Business has been impacted by COVID-19? <b>Please provide a separate sheet for additional information.</b>		

Question	Yes	No
5. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 5 →		_____
6. Within the last 7 years, for any felony or misdemeanor for a crime against a minor, have you: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 6 →		_____
7. <input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <input type="checkbox"/> I have Lawful Permanent Resident status <input type="checkbox"/> No		
Initial here to confirm your response to question 7 →		_____

**City of Odessa COVID-19 Business Assistance Program  
Application Form**

**By Signing Below, You Make the Following Representations, Authorizations, and Certifications**

**REPRESENTATIONS AND AUTHORIZATIONS**

I represent that:

- I have read the Statements Required by Law and Executive Order included in this form, and I understand them.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All grant proceeds will be used only for business related purposes as specified in the application form.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- I will comply with the requirements of the Grant Agreement including Reporting.

**CERTIFICATIONS**

The Business and each 20% or greater owner must certify in good faith to all of the below by **initialing** next to each one:

\_\_\_\_\_ Current economic uncertainty makes this grant request necessary to support the ongoing operations of the Applicant.

\_\_\_\_\_ The funds will be used to finance short-term working capital/operating needs including payroll, rent, inventory, raw materials and other operating expenses. Funds MUST NOT be used to finance capital expenditures/refinancing of existing debt or payment of delinquent taxes.

\_\_\_\_\_ During the period beginning on May 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under this program.

\_\_\_\_\_ I further certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that knowingly making a false statement to obtain a guaranteed loan is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

\_\_\_\_\_ I acknowledge that the City of Plainview and/or SPAG will calculate the eligible grant award using tax documents I have submitted. I affirm that these tax documents are identical to those I submitted to the IRS.

\_\_\_\_\_  
Signature of Authorized Representative of Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner of Applicant Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please email the following items with this application form to **mmarrero@odessa-tx.gov**:

1. The most recent filed business federal income tax returns.
2. Current business financial statement (no older than 90 days). Include balance sheet and profit and loss statement if available.
3. Documentation related to financial impact of COVID-19 impact on the business.