



"ONE PLAINFIELD ONE FUTURE"

Plainfield Small Business Recovery Grant Program

The goal of the Plainfield Small Business Recovery Grant Program is to provide assistance to small businesses who may be experiencing hardship as a result of the COVID-19 Pandemic. Small businesses play a vital role in the economic success of The Queen City as a whole. Applicants may receive between \$5,000 and \$10,000 from the City of Plainfield to assist with payroll, administrative overhead costs, and other operational components that may have been impacted by the Pandemic. In order to be eligible for assistance, business applicants must meet the following criteria:

Business Applicants Must:

- Be a registered New Jersey Business having an address in the City of Plainfield *(Excluding P.O. Box Mailing Addresses)*
- Classify as a small business with annual revenue of \$5 Million (or less) and 50 employees (or less) *(Applicants may be a franchise that is not currently receiving assistance from parent company)*
- Be able to adequately indicate hardship/impact as a result of the Covid19 Pandemic

Mandatory attachments:

- Copy of your Business Registration Certificate (BRC)
- W-9 (Must be signed and dated)
- Supporting documents that indicate hardship and/or significant impact

Please Note: In order to be considered you must complete and sign the application in its entirety.

I BUSINESS INFORMATION

Business Name:

Type of Service: _____

Business Address: _____

Business Owner

Mailing Address (if different/No. P.O.):

Daytime Phone #: _____

Email Address:

II APPLICATION

Reason for applying: (Please check all necessary)

Wages _____ (Number of Employees reported to the IRS) _____

Rental/Lease Assistance _____

Administrative overhead costs (ie. Utilities, Equipment replacement, supplies, and maintenance services)

Requested award amount: \$ _____

Are you a recipient of the Plainfield UEZ Covid Relief Grant or any other state or Federal Recovery Funding?

Yes _____ No _____ Explain _____

In the space below, provide a brief description of your hardship and/or the impact the Covid19 Pandemic has had on your business. (Please provide additional documentation as necessary)

III CERTIFICATION

I hereby certify that I am the business owner of

_____ located at

_____ In Plainfield, NJ. I, hereby certify that my business is in full tax compliance with the state of New Jersey.

- By signing this document I agreed and certify that I:

My business has been negatively impacted by the COVID-19 declared state of emergency in Executive Order 103 (e.g., has been temporarily shut down, has been required to reduce hours, has had at least a 20% drop in revenue, has been materially impacted by employees who cannot work due to the outbreak, or has a supply chain that has materially been disrupted and therefore slowed firm-level production).

My business has a material financial need that cannot be overcome without the grant of emergency relief funds at this time (e.g., does not have significant cash reserves that can support the UEZ business during this period of economic disruption).

Signature

Date

Signature

Date

ALL INFORMATION ABOVE IS VERIFIABLE

Please be aware that the amount awarded may be more or less based on a careful review.