

# Town of Brownsburg Emergency Relief Grant Program Application

**Applicant information:**

Name of Business (as it appears on your W-9)

DBA Name (if applicable)

Business Address

City

State

Zip Code

Business Contact Person Name

Phone

Email

Number of Employees

Number of business locations

EIN/TIN #

Description of protective alteration. Please be specific, see attached OSHA Guidance on Preparing Workplaces for COVID-19 for examples of approved equipment and include quote for cost.

PLEASE CONTINUE TO THE SECOND PAGE AND FOLLOW THE INSTRUCTIONS AT THE BOTTOM TO SUBMIT YOUR APPLICATION AND ADDITIONAL FORMS

## Statement of Understanding and Certification by Applicant

By submission of this application, applicant hereby agrees the for-profit business meets all of the following requirements.

- 1.) The business must be physically located within the Town of Brownsburg
- 2.) The business has been significantly impacted by the Emergency Ordinances issued by the State of Indiana, not related to stock market or commodity losses.
- 3.) The business must have 20 or fewer employees.
- 4.) The business has been in operations for a period exceeding six months prior to the submission of this application.
- 5.) The business is in good standing with regard to state and local taxes, licenses, and code compliance and is in good standing with the Indiana Secretary of State.
- 6.) The business has no current property tax liens or legal judgments against it.
- 7.) Applications must be submitted with the approval of the business owner.
- 8.) A photo of the completed alteration funded by this grant must be taken by owner and submitted to the contact listed below
- 9.) You, the undersigned, have the authority to submit this application on behalf of the business.

ON BEHALF OF THE BUSINESS, I HEREBY AFFIRM THAT THE STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. On behalf of the business, I authorize the Town of Brownsburg to make inquiries as necessary to verify the accuracy of the statements made by me herein. On behalf of the business, I agree to indemnify and hold harmless the Town of Brownsburg, and its officers, directors, elected and appointed officials, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the Program before, during, and after the Program review process. On behalf of the business, I agree that I will use any funds received for purposes consistent with this Application and with the Program rules.

The undersigned person certifies that: (a) he or she has been empowered and authorized to execute and deliver this Application; and (b) he or she has full capacity, power, and authority to enter into and carry out this Application.

***By typing my name and entering my initials, I hereby certify that I intend this to be my true and legal signature, thus averring that all statements given in this form are true and accurate to the best of my knowledge and belief.***

**FIRST NAME**

**LAST NAME**

**DATE**

**INITIALS**

Attach a copy of the application, W-9 and profit and loss statement. For questions please call 317-858-6032. Please e-mail these documents to [dcook@brownsburg.org](mailto:dcook@brownsburg.org) or mail the documents to:

Town of Brownsburg  
Attention: Debbie Cook, Economic Development Director  
61 N Green St  
Brownsburg, IN 46112