Florence Returning Stonger
Grant Program

APPLICATION

The Florence *Returning Stronger* Grant Program is designed to assist eligible Florence businesses, food banks, and non-profits to mitigate some of the economic hardship related to the impact of COVID-19 by reimbursing these entities for their assistance in improving public health during the pandemic.

If your business or non-profit meets all of the following criteria, you may be eligible to receive this one-time reimbursement grant from the Town of Florence.

- Located at a physical address within the Florence town limits.
- Held a valid Town of Florence business license in 2020, during the period for which you are requesting reimbursement, and continue to be in good standing and still in business at the time of application. (This requirement is waived for non-profits and food banks).
- Can provide documentation to justify each reimbursement request. If it is not immediately clear that a request falls within the guidelines, it may be beneficial to submit a narrative explaining the request. This can speed the approval process.

Only the following expenses (in any combination) will be considered (total maximum of $10,000 per business, food bank, or non-profit) as a one-time reimbursement:

- *Up to six months of rent/mortgage (March, April, May, June, July, and/or August 2020).
- *Up to six months of utilities (March, April, May, June, July, and/or August 2020) which includes water, electric, and sewer.
- Expenditures for Personal Protective Equipment ("PPE") or required business modifications due to COVID-19 mandates and expended since March 1, 2020 (e.g., installation of plexiglas, social distancing signage, disinfectants, curbside pickup windows, etc.).
- *Only brick-and-mortar (commercially-zoned) businesses are eligible for rent/mortgage and/or utility reimbursement.

Please read the application carefully, complete all sections and submit all required documentation. Incomplete applications will be returned and processing will be delayed. Applications will be accepted from September 9, 2020 through 5:00pm (MST) on October 31, 2020. Grants will be awarded on a rolling basis until funding is exhausted or the grant period closes, whichever comes first.

Questions or assistance is available by calling (520) 868-7541 or (520) 868-7560 Monday – Friday, 8:00am – 5:00pm. You may also email RSgrant@FlorenceAZ.gov or Benjamin.Bitter@FlorenceAZ.gov.

Once a complete application is received, the application will be reviewed by an Audit Panel appointed by the Town Manager. The Panel will verify documentation within ten (10) calendar days from receipt of a complete submittal, and forward its recommendation to the Town Council for action at its next available regular Town Council meeting.

All completed applications and supporting documents can be submitted any of the following ways:

- Via email to RSgrant@FlorenceAZ.gov
- In person Monday – Friday, 8:00am – 5:00pm at Florence Town Hall, 775 N. Main St., Florence, AZ 85132. Please submit the Grant Application and documentation to the Front Counter at Finance Department. Appointments may be necessary, as public access to the building may be limited.
- Mail to Town of Florence, Attn: Returning Stronger Grant Program, P.O. Box 2670, 775 N. Main St., Florence, AZ 85132.
- Finance Department Drop Box at Town Hall, 775 N. Main St. Florence, AZ 85132

Reimbursement for physical modifications and PPE will be for costs incurred in connection with enhanced sanitization, employee safety, and customer safety, which may include, but is not limited to:

- Disinfection of interior spaces and other high touch areas of small businesses;
- Provision of personal protective equipment (including respirator masks, general face masks and gloves) for employees and customers, and the implementation of policies and practices that require employees and customers to wear respirator and/or general face masks;
- The installation and maintenance of any physical barriers, such as Plexiglass shields, booths, or other barriers designed to limit the exposure of customers and employees to droplets and/or aerosols;
- Creation of signage and programs designed to allow for delivery of goods, or curbside pickup of goods, along with the dedication of parking areas for such purposes;
- Installation and maintenance of additional hand sanitizer stations;
- Installation and/or maintenance of HVAC systems to include MERV 13 or higher air filters; and
- Employment expenses related to the above activities.

FLORENCE *RETURNING STRONGER* GRANT APPLICATION: Items indicated by an asterisk * will be treated as protected confidential financial information. All other information will be treated as a public record available for public review.

For-profit ☐ Non-profit ☐ Food bank ☐

Business/non-profit name:_____

Primary owner/Board representative:_____

Applicant name and title (if not owner/board rep):_____

Physical address:_____Zip Code:_____

Owner/board rep. home address*: _____Zip Code:_____

Email*:_____

Business/non-profit phone number:_____

Business/non-profit website address:_____

Date first opened/established in Florence: _____

Employer Identification Number (EIN) or Tax ID*:_____

Current number of full time employees:_____

Current number of part-time employees:_____

Amount of RENT/MORTGAGE reimbursement requested (total) $_____

Rent receipts/proof of payment attached (required for reimbursement): Y ☐ N ☐

Amount of UTILITY reimbursement requested (total) $_____

Utility receipts/proof of payment attached (required for reimbursement): Y ☐ N ☐

Amount of PPE or physical modification reimbursement requested (total) $ _____

PPE/modification receipts/proof of payment attached (required for reimbursement): Y ☐ N ☐

Copy of W-9 form from the IRS attached, even if tax exempt (required for reimbursement): Y ☐ N ☐

Do you have a current valid Florence business license? Y ☐ N ☐

Copy of valid Florence business license **from 2020** attached (required for reimbursement) Y ☐ N ☐

Is your business or organization still in operation? Y ☐ N ☐

What type of funding or COVID-19 assistance has your business received, in what amount, and from which entities? Other funding received does not necessarily impact your eligibility to receive consideration for these grant funds.

Business Owner/Contact Signature and Affidavit

By signing below, I certify that:

- The information provided on this application is complete and accurate to the best of my knowledge.
- I have read and understand the Florence *Returning Stronger* Grant Program Criteria and Requirements found in the application packet.
- I understand that submission of an application does not entitle my business to grant funding.
- I understand that only expenses, which have been approved in writing by the Town, will be reimbursed.
- I understand that my business must have incurred and paid for eligible expenses and submit proof of payment to the Town for reimbursement.
- I have not received any federal funding or funding from other entities, and will not apply for other funding, that will cover the same expenses for which I am requesting reimbursement from the Florence *Returning Stronger* Grant Program.

Signature: _____

Printed Name: _____

Date: _____