



AWBI ATLANTA WEALTH BUILDING INITIATIVE

COVID-19 Small Business Relief Application

Criteria

- Grants \$2,500 - \$25,000, not to exceed 3 months of cash operating expenses, will be awarded to Georgia businesses with 20 or fewer employees impacted by the COVID-19 crisis.
- Business must be established prior to March 16, 2019.
- Business must be in good standing.
- Annual Revenues of the business or nonprofit not to exceed \$3 million as evidenced by Financial Statement or other financial documentation.
- Eligible uses include: working capital to support payroll expenses, rent, mortgage payments, utility expenses, technical assistance or other similar expenses that occur in the ordinary course of operations.

The Review Committee will consider the following priorities when awarding grants and loans:

- The number of employees the business sustains during a normal business cycle (pre-COVID-19 levels).
- The business demonstrates that it has lost a significant share (50% or more) of revenue due to the COVID-19 pandemic.
- The business demonstrates a strong chance of remaining open post-COVID-19.
- The business provides jobs to low-income individuals and/or is located in a zip code with high poverty.
- The business has operated consistently for two years or more.
- For sole proprietors/independent contractors, priority will be given to those who are located in zip codes with high poverty and/or those that sustain multiple sub-contractors during normal business (pre-COVID-19 levels).

Based on the applicant pool, the Review Committee may choose to add further priorities or change eligibility criteria in the subsequent weeks.

If you need assistance completing the application or any other questions, please contact grants@atlantawealthbuilding.org.

APPLICANT INFORMATION

Applicant Name*

First Name*

Last Name*

Applicant Title*

(Owner, Founder, CEO, General Manager, Partner, etc.)

Email*

Phone number*

Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Business Name *

Business Structure*

Industry

Type*

Business Description *

150 words or less

Business Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Mailing Address (if different from Business Address)

Address Line 1

Address Line 2

City

State

ZIP Code

Please check all that apply. This is for data collection only.*

African-American owned business Latinx-owned business Asian-American owned business LGBTQ-owned business Woman-owned business White-owned business Disabled-owned business Veteran-owned business Immigrant-owned business Other minority owned business

Revenue Category*

\$100,000-\$250,000 \$250,000-\$500,000 \$500,000- \$1,500,000 \$1,500,000+

Other: Other Value

Federal Employer Identification Number (EIN)*

Number of Years in Business *

Were you in business March 16, 2018?*

Yes No

Include business conducted before incorporation.

Is there more than one owner of the business? If yes, please list the owners below and their percentage of ownership.*

Yes No

COVID-19 IMPACT

What are the challenges your business is facing because of the COVID-19? *

- Reduction in sales
- Fewer in-store customers
- Fewer online customers
- Close of business
- Change of business hours
- Close of interior retail space
- Need to change product/service delivery (e.g., carry-out instead of in-restaurant dining)
- Need to increase online sales
- Need to reduce staff hours
- Unable to pay owner's salary (only choose if you have previously paid owner's salary)
- Loss or slow down of client's payment (for professional services business only)
- Unable to pay suppliers
- Unable to pay rent/mortgage
- Unable to pay utilities
- Unable to fulfill orders
- Unable to pay contractors or sub-contractors
- Other: Other Value

Check all that apply.

Description of the impact of COVID-19 on your business and your recovery

plan. 1,000 characters max*
remaining:

Characters

1000/1000

Number of employees prior to March 16th, 2020?*

Number of employees currently on payroll?*

How will you use these funds to help your business or retain staff?

Have you received or anticipated to receive funding or resources from another organization?*

Are there any additional ways that we could support you?

FINANCIAL INFORMATION

What was your annual revenue last year?*

What was your average monthly revenue prior to COVID-19?*

What is your projected monthly revenue?*

What is your projected monthly payroll expense?*

What is your monthly rent or mortgage payment?*

What is your monthly utility expense?*

What are your monthly business debt payments?*

Do you owe any back taxes to the IRS, State of Georgia, or City of Atlanta?*

Yes No

Have you or your business ever filed for bankruptcy?*

Yes No

Are you or your business currently involved in any lawsuits?*

Yes No

REQUIRED DOCUMENTS

Please upload the required documents below. Links to blank forms can be found below. If you do not have access to a scanner, you can take pictures of your documents with your phone and turn them into PDF format by downloading the below software from your App Store on your phone. [Document Scanner App](#)-[PDF Scan](#).

REQUIRED DOCUMENTS:

1. Completed [W-9 Form](#)
2. Completed [ACH Form](#)
3. 2019 Financial Statements or other financial documentation

4. Signed Tax Return: Most recent tax return for your business (signature required)
5. Verification of cash flow needs (Required for consideration for grants \$5,000+)

W-9* No File Chosen

ACH Form* No File Chosen

2019 Financial Statement or other financial documentation* No File Chosen

Signed Tax Return* No File Chosen

Verification of Cash Flow (required for consideration for grants \$5,000+) No File Chosen

Proof of Cancellations (if applicable) No File Chosen

Terms and Conditions

Additional information or documentation may be required during the review process. Atlanta Wealth Building Initiative does not discriminate in activities and operations on the basis of age, race, creed, color, religion, sex, sexual orientation, national origin, disability, marital status or any other basis that is prohibited by United States federal, state, or local law.

- If you press "Submit" and the form does not go through, please check the top of this page for an error message that will tell you what went wrong.
- If you save your form for later, your entries will be saved, but you will need to upload any attachments again.

You will receive an automated response upon submission of this application. You will be contacted again after your application has been reviewed. If you have any questions, please email grants@atlantawealthbuilding.org.

How did you hear about the Atlanta Wealth Building Initiative COVID-19 Small Business Relief Fund?

I certify that: 1. The information contained here is accurate. 2. The business and property owner(s) are current with all City obligations. 3. My business is located in the City of Atlanta.*

Please type your full name.

[Save and Resume Later](#)