



Stimulus Program Application

Overview:

The City of Buda and the Buda Economic Development Corporation (“Buda EDC”), have developed the Still Budaful Stimulus Program to assist small businesses within the City of Buda during the COVID-19 pandemic. The program provides limited financial assistance to businesses severely impacted as a result of the ‘Stay at Home, Work Safe’ Order implemented by Hays County and the City of Buda to reduce the spread and impact of COVID-19.

History:

On March 20, 2020, the City of Buda City Council created the Small Business Task Force (“Task Force”) to explore ways to assist small businesses affected by COVID-19. The Task Force will review all applications for the Still Budaful Stimulus Program.

The Task Force consists of: Buda City Council Member Evan Ture; City Manager of the City of Buda Kenneth Williams; Assistant City Manager for the City of Buda Lauren Middleton-Pratt; Buda EDC Board President Jennifer Storm; Buda EDC Executive Director Traci Anderson; Buda Area Chamber of Commerce Executive Director J.R. Gonzales; Director of Tourism for the City of Buda Lysa Gonzalez; Main Street Program Manager for the City of Buda Maggie Gillespie; and City Attorney for the City of Buda George Hyde. Unlike the other members of the Task Force, Mr. Hyde reviews applications for legal compliance only.

The Still Budaful Stimulus Program will provide \$380,000 in government-funded grants through a partnership with the City of Buda and the Buda Economic Development Corporation. Further, the City is seeking substantial additional funding from the private sector.

Review Process:

The Small Business Task Force will review all applications to ensure completeness and eligibility. Applicants will receive notification of their application status within 5-7 business days of receipt. **All applications must include a signed W-9 form and any supporting documentation.** Each applicant may request up to \$5,000. If granted, payments will be made directly to the applicant to be utilized for eligible expenses. The Task Force will accept and award applications/grants until funds are depleted.



Eligibility and Qualifications:

To keep businesses running through a time of social distancing, the Task Force developed this stimulus program to assist small Buda businesses that are independently owned and operated with a maximum of 50 employees. Eligible industries may include retail (storefront), food and beverage; personal care (barber shop, nail salons, spas, etc.), automobile maintenance, education training, health/wellness, art galleries and small manufacturing businesses. **National chains, home-based businesses, permanently closed businesses, and non-profit organizations are not eligible for the grant.**

Small businesses wishing to apply for the grant must meet the following criteria:

- Physical and publicly accessible location within the City of Buda city limits (no home-based businesses).
- Experienced or projected to experience a decline in revenue and/or employment starting March 1, 2020 and ending at which time the government has allowed citizens to return to normal activity.
- In good standing with the City of Buda regarding licensing and permits.
- Must be registered with the Texas Comptroller's Office as a sales tax revenue generating business for the City of Buda.
- Engaged in activities that are legal under city and state law.

Eligible expenses allowed under the grant program include:

- Rent/Mortgage
- Employee support (salaries, insurance, paid leave, etc.)
- Utilities (electricity, phone/internet, etc.)
- Purchase of supplies to offer alternative business access (curbside pickup, delivery, shipping)
- Purchase of COVID-19 supplies for business/customer protection/cleaning
- Additional expenses as a result of increased cost from suppliers or alternate suppliers
- Other business needs as approved by the Small Business Task Force

Applicant Information:

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Email: _____ Phone: _____

Business Category/NAICS Code: _____ Number of business locations: _____

Name of Business Owner(s): _____

Business Disaster/Interruption Insurance: Y or N (circle)

Business Impacts:

Employees Please describe how many employees you employed prior to the impact; how many you currently have and how many you anticipate in the future as a result of COVID-19.

	Full Time Employees	Part Time Employees
How many did you have on January 1, 2020?		
How many did you have on March 1, 2020?		
How many do you currently have as of application date?		
How many do you anticipate in 30 days from application date?		

Business Revenue Current and anticipated percentage revenue decline related to COVID-19 Impacts.

Current percentage decline in revenue	___ Less than 5%	___ 5-10%	___ 10-25%	___ >25%
Anticipated percentage decline in revenue 30 days from application	___ Less than 5%	___ 5-10%	___ 10-25%	___ >25%
Anticipated percentage decline in revenue 60 days from application	___ Less than 5%	___ 5-10%	___ 10-25%	___ >25%



Business Impacts (continued):

What are the impacts to your business from COVID-19? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Temporary Business Closure | <input type="checkbox"/> Permanent Business Closure |
| <input type="checkbox"/> Reduced Hours of Operation | <input type="checkbox"/> Employee Layoffs/furloughs |
| <input type="checkbox"/> Restricted access to capital to address costs | <input type="checkbox"/> Revenue decline |
| <input type="checkbox"/> Inability to respond to home delivery | <input type="checkbox"/> Inability to serve customers |
| <input type="checkbox"/> Interrupted supply/deliveries from vendors | <input type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Increased operating costs | <input type="checkbox"/> Other |

Grant Funds:

Please indicate how your business will utilize the grant funding if approved.

- Rent/Mortgage
- Employee support (salaries, insurance, paid leave, etc.)
- Utilities (electricity, phone/internet, etc.)
- Purchase of supplies to offer alternative business access (curbside pickup, delivery, shipping)
- Purchase of COVID-19 supplies for business/customer protection/cleaning
- Additional expenses as a result of increased cost from suppliers or alternate suppliers
- Other

Briefly describe how your business has been impacted and the intended use of the grant funds. You may include any applicable expense descriptions and associated due dates.

I certify to the best of my knowledge, that:

All the information provided is true and accurate and financial information has not been manipulated to exaggerate the financial duress of this business.

I understand the information submitted in this application may require additional supporting documentation and will be shared with the Small Business Task Force committee.

I understand the Small Business Task Force will not accept and/or evaluate incomplete applications.

I understand the Small Business Task Force may grant or deny applications at its sole discretion. The Small Business Task Force does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other basis of discrimination prohibited by law.

I understand that my business is not entitled to a grant.

Applicant Signature

Date



