



Love Local Relief Program Application

CONTACT INFORMATION

Contact Name: _____ Contact Title or Role: _____
Contact Email: _____ Contact Telephone #: _____

BUSINESS INFORMATION

Business Type: _____ Retail _____ Restaurant

Business Legal Name: _____

Business Trade Name: _____

Business Street Address: _____ City: _____ State: _____ Zip: _____

Business Owner Name (if different from Contact): _____

Primary Business Function:

- Entertainment (theaters, arcades, and accessory entertainment activities)
- Food establishments (bakeries, coffee shops, restaurants, and similar)
- Sales of Consumer Comparison Goods (general merchandise, apparel, furnishings, and other types of similar merchandise)
- Sales of Convenience Goods (delis, gifts, drugstore items, personal care, cards/stationary)
- Sales of Grocery Items
- Personal Services (banks, dry cleaners, salons, spas, veterinary clinics, urgent care)
- Repairs (locksmith, tailors)
- Other

To avoid fraud and confirm that distributions are being made to the owner of a qualified small, independent business or restaurant, please provide proof of ownership for the location via email to lovelocal@ramw.org. (Acceptable proof is a copy of a current Arlington County business license, health certificate, liquor license, or other official government document showing the name of the qualified restaurant and the name of the restaurant owner.)

DEMOGRAPHIC INFORMATION

Is the business (*check all that apply*):

- Woman-owned
- Minority-owned
- Service-Disabled Veteran-owned
- SwaM Certified Business (Certification # _____)
- Not Applicable
- Prefer not to answer



NARRATIVE

What has been the biggest impact COVID-19 has had on your business? (*Check all that apply*)

- Reduced sales due to declining economy
- Reduced sales due to social distancing/isolation
- Supply chain issues
- Difficulty accessing short-term capital
- Difficulty accessing long-term capital
- Employee anxiety or distraction
- Difficulty collaborating with partners, customers, or team
- Other
- No impact

Please elaborate on your selection(s).

How have you pivoted your business and adapted to the impacts of COVID-19? Select all that apply.

- Used my resources (time, space, funds, etc.) for direct COVID-19 relief
- Provided PPE, sanitizer, masks, etc.
- Adjusted and/or launched new product and/or service offerings
- Launched online presence or increased online activity
- Laid off employees
- Reduced operational hours
- Closed my store per government orders
- Other
- No pivot to my business

ELIGIBILITY DETERMINATION: The following questions will determine if your business meets the required eligibility criteria established for the Love Local Relief Fund.

- Is your business located in the National Landing Business Improvement District? Yes No
- Does your business have a current business license in Arlington County? Yes No
- Is the business current on its Arlington County taxes (as of March 13, 2020)? Yes No
- Is the business currently open and operating? Yes No
- Is the business a brick-and-mortar location? Yes No



- How many locations does your organization have? _____
- How many employees did you have at the location you are applying for as of March 2020? _____
- How many employees do you currently have? _____
- Do you anticipate your business closing in the next 6 – 12 months? ___Yes ___No
- Are you able to commit to offering a discount of at least 10% on products or services on a dedicated date in April 2021 during the Love Local marketing campaign? ___Yes ___No
- Are you able to commit to participating in the Love Local marketing campaign via posting promotional artwork and messaging to your social media platforms (if available for your business)? ___Yes ___No

MARKETING PARTICIPTION

Does your business have the following social media platforms? Select all that apply.

___Facebook

___Instagram

___Twitter

What is your Facebook page? URL: _____

What is your Instagram handle? @_____

What is your Twitter handle? @_____

If your business does not utilize social media platforms, please explain how your business will be able to participate in the marketing promotion, by helping to bring awareness, for the Love Local program.

SELF CERTIFICATIONS: In order to complete and submit your application, you must check off the following self-certifications.

1. ___By checking this box, the applicant certifies that the information included in this application is true and correct information, to the best of his or her current knowledge.
2. ___By checking this box, the applicant acknowledges and agrees that the National Landing Business Improvement District reserves the right to request supporting documentation regarding the use of the financial assistance provided by the Love Local Relief Program and the applicant agrees to provide such documentation as requested.
3. ___I agree to have my information shared with the National Landing Business Improvement District.
4. ___ I certify I am authorized to complete this application on behalf of the owner.



Signature

Date of Application

Print Name

If selected as an awardee of the Love Local Relief Program, you will be required to provide your Form W9 (must be the most current version of the form - October 2018) and a canceled check, or ACH Authorization form, and the required subgrant agreement to receive a grant disbursement.

Disbursements will only be made via ACH transfer to the business' bank account. The name of the bank account holder to which funds are transferred must match the business name shown on the proof of ownership provided.

**Email completed application and proof of ownership to
LOVELOCAL@RAMW.ORG**