



SMALL BUSINESS GRANT FUND

COMMUNITY & ECONOMIC DEVELOPMENT

401 SOUTH ALAMO
MARSHALL, TEXAS 75670
(903) 935-4455





PROGRAM DESCRIPTION

The purpose of this grant fund is to help Marshall Small Businesses adapt their business model to changing business conditions because of the COVID-19 pandemic and retain many of these new innovative ideas beyond the pandemic as a business expansion opportunity. Funding for the program is provided to the City of Marshall through the U.S. Department of Housing and Urban Development's Community Development Block Grant.

This program is intended to reimburse local small businesses for the expense of purchasing equipment and supplies that enabled them to adapt to the changing conditions and provide products and services to their customers through state and federal regulations.

Qualifying businesses with at least 3 employees may apply for grants up to a maximum of \$2,500 towards eligible expenses incurred starting March 1, 2020 with proper documentation of purchase. Businesses must have been open and operating since January 1, 2020 and meet eligibility requirements listed within.

The program will be administered by the City of Marshall's Community and Economic Development Department. An application form is to be submitted with a description and documentation of purchases. Applications may be submitted in person or through email.

ELIGIBLE APPLICANTS

ELIGIBLE BUSINESS TYPES

Eligible businesses include, but are not limited to, retail (storefront), food and beverage, personal care (barbershop, nail salons, spas, etc.), automobile maintenance, education/training, health/wellness, art galleries, gyms, and small manufacturing businesses.

Businesses must have been open and operating by January 1, 2020 and have 3 or more employees.

INELIGIBLE BUSINESS TYPES

Financial institutions, RV parks, apartment complexes, home-based businesses, permanently closed businesses, and non-profit organizations.

ELIGIBLE COST

Any purchase of equipment, supplies, or software after March 1, 2020 that allowed the business to adapt their business model to changing business conditions may be eligible for reimbursement. An explanation of how the purchase helped the business adapt to current conditions to deliver products or services to customers must be included in the application or the request may be denied. The City will reimburse the exact amount paid up to \$2,500.

Examples of eligible costs may include

- Equipment- mobile POS, additional phone system, outdoor seating
- Software- customer online ordering system, website
- Supplies- to-go containers, disposable menus, disposable utensils
- Safety equipment- plexiglass for screens, masks, gloves, hand sanitizer or other PPE
- Financial Support- rent/mortgage, employee salaries, insurance, paid leave, etc.

APPLICATION REQUIREMENTS

An application with the following information, at a minimum, is to be submitted for consideration:

- Property address, Applicant and Property owner name(s), address(es), and signature(s)
- Proof of business ownership (sales tax permit in most cases)
- Verification that property taxes on the property are paid and current
- List of eligible purchases with explanation of how it helped adapt business since March 1
- Proof of purchase (paid receipt or invoice)
- Current W-9 and 1295 Ethics Form

GRANT PROCESS

The required application forms are available at the Community and Economic Development Office, 401 South Alamo, or online at www.marshalltexas.net under Planning and Development Department.

City of Marshall staff will be responsible for facilitating the processing of applications.

Upon receipt, the application will be reviewed for completeness and eligibility. If incomplete, the Applicant will be notified of missing or incomplete information or documentation.

Based on the review, City staff will make recommendations for approval by the City Commission.

Applicants will be notified in writing as to whether his/her application has been rejected or approved by the City of Marshall.

Upon approval, the Applicant must enter into a reimbursement agreement with the City of Marshall regarding the terms and conditions of his/her participation in the Program and receipt of the reimbursement funds.

THE CITY OF MARSHALL RETAINS THE RIGHT TO DECIDE WHETHER OR NOT TO SUPPORT ANY PROJECT.

FUNDING AVAILABILITY

Funding is limited and incentive awards will be subject to funding availability. Project Applicants will be prioritized on a first-come, first-serve basis.

Applicants employing 3 or more employees are eligible for grants up to a maximum of \$2,500.

ONCE ANY APPLICATION IS APPROVED AND DOCUMENTATION IS VERIFIED, REIMBURSEMENT FUNDS TO THE APPLICANT WILL BE REFUNDED WITHIN 14 DAYS OF APPROVAL NOTICE.

PROMOTIONAL RIGHTS

By accepting incentive funds, Applicant authorizes the City of Marshall to promote the project in any printed promotional materials, press releases, and websites.

CONDITIONS & ACKNOWLEDGEMENTS

This small business grant is subject to change or cancellation at any time by a vote of the Marshall City Commission.

APPLICATION

IN ORDER TO BE ELIGIBLE FOR FUNDING, THIS APPLICATION AND ALL ADDITIONAL DOCUMENTS MUST BE SUBMITTED AND APPROVED. AWARD OF ANY GRANT IS AT THE SOLE DISCRETION OF THE CITY. SUBMITTAL OF THIS APPLICATION IS NOT A GUARANTEE THAT A GRANT WILL BE APPROVED. IT IS SUGGESTED THAT AN APPLICANT READ THE ENTIRE SMALL BUSINESS GRANT FUND PROGRAM GUIDELINES PRIOR TO FILLING OUT AND SUBMITTING THIS APPLICATION.

Return completed application to: Community & Economic Development Department
401 South Alamo, Marshall, TX 75670
(903) 925-4455 | email: chapman.rachel@marshalltexas.net

Applicant Information:

Applicant(s): _____

Applicant(s) Mailing Address: _____

Phone: _____ Email: _____

What is your interest in the property? Property Owner Tenant Other

If other, please specify: _____

If applicant is not a legal property owner, please complete the following

Property Owner Name(s): _____

Property Owner(s) Mailing Address: _____

Phone: _____ Email: _____

If property owner is a business entity, please complete the following:

Form of Ownership: Proprietor Partnership Corporation (State: _____)

Owner Name(s):

Title:

% Ownership:

Primary Contact Name/Title: _____

Phone: _____ Email: _____

List of eligible purchases:

Please list eligible purchases with a brief explanation of how it helped adapt your business since March 1, 2020. Feel free to attach a separate document.

List of Improvement/ Business Modification

Cost Accrued or Projected Cost

explanation of benefit: _____

TOTAL COST INCURRED IN MODIFICATION TO COVID- 19:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY