



Middleburgh Rotary COVID-19 Fund Application

Your Name: _____ Business Name: _____

Your Phone Number: _____ Business Email: _____

Mailing Address for the business:

Application Date: _____ When was your business established: _____

Was your business mandated to close? (Yes or No) _____ If no, did you stay open? _____

How many employees (full-time and part-time) do you have in addition to yourself?

Could you describe how COVID-19 has impacted your economic loss?

Could you describe how your business practices have changed as a result of COVID-19? (If not state mandated to close) Please include changed hours, marketing strategies, new services, etc.

Could you describe how your business will use funds to maintain operations or to reopen after the pandemic?

Have you applied for any other disaster relief funds from the Small Business Administration or other agencies? (Yes or No) _____

If yes, please list all programs you have applied for below:

!! Please print and attach the following documents: 3-month income statement, revenues from March-April 2019 and from March until the date of application in 2020, and a complete business W-9 Form.