



## Prime The Pump, Round 3

*City of Springfield*

*Office of Planning & Economic Development*

Please return application by July 1, 2020 at 3:00 PM to:

[amoore@springfieldcityhall.com](mailto:amoore@springfieldcityhall.com)

*Please review Application Guidelines before completing this form.*

1. Name of Business

2. Business website

3. Street Address

4. Zip Code

5. Business Email Address

6. Business Phone Number

7. Application Contact name

8. Application Contact email (if different)

9. Business Owner Name

10. Business Federal Tax ID Number

11. Type of Business (Brief Description)

12. Was the business awarded funding in prior rounds of the Prime The Pump program?

Yes

No

13. What neighborhood is the business located?

14. Has the business received any other Covid-19 related grant funding from other organizations? (Example: PPP Program) Please list programs or type "No" if have not received any grant funding from any source.

15. From **March 24, 2020 to June 8, 2020** what was the business status:

- Closed the entire period with no revenue
- Open/partially open with reduced revenue
- Fully operational with no significant change in revenue
- Fully operational with increased revenue

16. Current business status today:

- Fully Open
- Partially Open
- Closed awaiting reopening guidance

17. How many years has the business been in operation?

18. How many employees does the business currently have? (Do not count contract employees - only employees directly on business payroll)

Full - time (40 hours per week)

Part-time

Total number of employees:

Number of employees that are Springfield residents?

19. Is the business:

- Minority Owned
- Woman Owned
- Minority-Woman Owned
- Veteran Owned
- Does not apply

20. Is the business owner a resident of Springfield?

- Yes
- No

20a. IF YES, provide owners residential street address

21. Does the business owe any past due taxes, fines, fees, or overdue loan payments to the City of Springfield?

- Yes
- No

22. Is the business a For-Profit entity

Yes

No

23. In 2019, did the business have sales revenue of less than \$500,000

Yes

No

24. Does the business carry General Liability insurance and compliant with Workers Compensation insurance requirements (both are minimum requirements for City contracting)?

Yes

No

### **GRANT REQUEST**

25. Grant amount you are requesting? (\$15,000 maximum)

26. Does the business need to make any upgrades that are related to operating safely during Covid-19? (Social distancing markers, plexiglass screens, new outdoor areas, outdoor furniture, etc.)

Yes

No

27. Briefly describe how you will utilize the grant funding, and if specifically if any funding will be dedicated to Covid-19 related improvements:

**29. PROPOSED GRANT BUDGET** *(You may use as few or as many categories as you wish - Total amount should add up to your "Grant Request" answer in Question 25.)*

Rent

Payroll

Utilities

Insurance

Covid-19  
Improvements

Debt Service

Inventory

Other (please  
list)

**TOTAL GRANT  
REQUEST**

*Please type your name and date to serve as a signature for the application and to affirm that all information provided in this application is true.*

NAME

DATE

\*\*\*Please make sure you return your application by **July 1, 2020 at 3:00 PM** to Anthony Moore at [amoore@springfieldcityhall.com](mailto:amoore@springfieldcityhall.com)

\*\*\**Before* emailing your application, please be sure you **save it and then open it and review it** - be sure you do not submit a blank application.

\*\*\*Many fields are **REQUIRED** in this form. Please be sure you submit an answer to each question or the form **may not save properly**.