



TOWN OF DILLSBORO
PO Box 1088
Dillsboro, NC 28725
(828) 586-1439
info@dillsboronc.info

THE REOPEN AND REBUILD DILLSBORO PLAN

The Town of Dillsboro is proposing a multi-phased approach for providing relief to businesses and revitalizing the town's economy that has been affected by the onset of the COVID-19 Pandemic and the NCDOT B-5905 Project. The plan will include grant allocations for existing businesses, increased local advertising, improvements to parks, public spaces, and other town facilities, and an improved web presence.

We strongly encourage every small business and entrepreneur to connect with and seek technical assistance from Southwestern Community College's Small Business Center.

REOPEN AND REBUILD GRANT FUNDS

USE OF FUNDS: The Town of Dillsboro wishes to assist businesses within the town that have suffered from lost revenue or incurred expenses related to the Covid-19 Pandemic and the NCDOT B-5905 Project. Grant funds may be used for normal business operating expenses including, but not limited to, rent or mortgage payments, utilities, inventory purchases, payroll expenses, and building improvements.

ELIGIBILITY CRITERIA: The following criteria must be met to qualify for grant funds:

- ◆ The business is locally owned and physically located in the Town of Dillsboro.
- ◆ The business is an existing commercial enterprise that has been in operation for one year prior to March 10, 2020, when Governor Roy Cooper declared a statewide state of emergency.
- ◆ The business has reopened in some capacity when allowed under the North Carolina phased reopening guidelines and has plans to reopen at full capacity after the state and local emergency guidelines are rolled back.
- ◆ The business pledges in good faith to remain in business under current ownership for at least one year following the receipt of funds.
- ◆ The business has a valid Tax ID number.
- ◆ The business has experienced loss of revenue or forced closure due to local and state restrictions and closure requirements resulting from the pandemic.
- ◆ The business is not a financial institution, *non-profit, or home-based business. *Non-profit organizations that function as cooperative or consignment retail establishments and submit monthly sales tax reports may qualify for grant funds.
- ◆ The business or registered agent does not have a pending bankruptcy, nor has been disbarred or suspended from working in North Carolina.
- ◆ The business is in good tax standing with all federal, state, and local governments or had a payment plan in place prior to March 10, 2020.

- ◆ The business is not operating in violation of any federal, state, or local laws, and is compliant with all Zoning Regulations as set forth by the Town of Dillsboro.

GRANT AMOUNTS: Grant amounts are based on the number of employees, including the business owner, full-time and full-time equivalent (FTE) employees. FTE employees are considered part-time and seasonal employees who work for a combined total of 35 hours per week.

1 to 5 FTE Employees	6 to 10 FTE Employees	11 or more FTE Employees
\$3,000	\$5,000	\$10,000

APPLICATION PROCESS: Applications will be accepted between October 15, 2020, and November 16, 2020. All forms must be fully completed and include signatures and dates where required. Please include the following information:

1. Signed Reopen and Rebuild Dillsboro Plan.
2. Signed and completed Reopen and Rebuild Dillsboro Grant Application.
3. Signed and completed W-9 form
4. Payroll reports and/or sales tax reports for the calendar year 2019.

FINAL REPORT: Grant recipients must submit the Reopen and Rebuild Dillsboro Grant Final Report on or before December 15, 2020.

DISCLAIMER: Grants will be awarded at the discretion of the Dillsboro Board of Aldermen, and application does not guarantee funds. Grant funds may not be transferred or otherwise conveyed to any other business. Any grant funds used in a manner other than as stipulated by this agreement shall be subject to repayment to the Town of Dillsboro. Information contained within the grant application may be shared with the Southwestern Community College Small Business Center.

STATEMENT OF ACCEPTANCE: By signing the Reopen and Rebuild Dillsboro Grant Plan, I acknowledge that I have fully read and understand the requirements and guidelines set forth by this Plan, and will comply with all requirements and guidelines should I be awarded funds through this Plan. I also acknowledge, by my signature below, that all information contained within and accompanying the Reopen and Rebuild Dillsboro Grant Plan is true and correct.

Signature of Applicant

Date of Application



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**REOPEN AND REBUILD
DILLSBORO GRANT
FINAL REPORT**

Legal Business Name: _____

Doing Business As (DBA): _____

Physical Address: _____

Mailing Address: _____

Business Owner Name or Registered Agent: _____

Business Telephone: _____

Owner Telephone: _____

Amount of Grant Received: \$3,000 [] \$5,000 [] 10,000 []

Use of Funds: Please indicate the amount of grant funds used for each category.

Rent or Mortgage Expenses	Payroll Expenses	Utility Expenses	Inventory Expenses	Building Repairs & Improvements

By signing below, I certify that I am authorized to sign and submit this final report on behalf of the business and that all information contained within and accompanying this final report is true and correct.

Signature of Applicant: _____

Date of Final Report: _____

THE FINAL REPORT MUST BE SUBMITTED BY DECEMBER 15, 2020

For Use By The Town of Dillsboro

Date Received: _____

Signature for the Town of Dillsboro: _____



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**REOPEN AND REBUILD
DILLSBORO GRANT
APPLICATION**

Legal Business Name: _____

Doing Business As (DBA): _____

Physical Address: _____

Mailing Address: _____

Business Owner Name or Registered Agent: _____

Business Owner's Physical Address: _____

Email Address: _____

Business Telephone: _____

Owner Telephone: _____

Employer Identification Number (EIN) or Tax ID: _____

Secretary of State ID (SOS ID): _____

Number of Years of Operation Within the Town of Dillsboro: _____

Number of Full-time or FTE* Employees: _____

*See FTE calculation under the Reopen and Rebuild Dillsboro Plan - Grant Amounts.

By signing below, I certify that I am authorized to sign and submit this application on behalf of the business and that all information contained within and accompanying this application is true and correct.

Signature of Applicant: _____

Date of Application: _____

COMPLETED APPLICATIONS MUST BE SUBMITTED BY NOVEMBER 16, 2020

For Use By The Town of Dillsboro

Included: Application [] Plan [] W-9 [] Tax Reports [] Final Report []

Approval Status: Approved [] Denied []

Amount: \$3,000 [] \$5,000 [] \$10,000 []

Date Received: _____

Signature for the Town of Dillsboro: _____