



## Las Animas County Emergency Business Grant Application

1. Name of Business  
[Redacted]
2. Doing Business As (DBA)  
[Redacted]
3. Physical Address of Business  
[Redacted]
4. Address Line 2  
[Redacted]
5. City  
[Redacted]
6. State  
[Redacted]
7. Zip Code  
[Redacted]
8. Business Website  
[Redacted]
9. Contact Name  
[Redacted]
10. Contact's Email Address  
[Redacted]
11. Contact's Address (if different from above)  
[Redacted]
12. Address Line 2  
[Redacted]
13. City  
[Redacted]
14. State  
[Redacted]
15. Zip Code  
[Redacted]
16. Phone Number  
[Redacted]
17. Are you registered and in good standing with the Colorado Secretary of State?  
 Yes     No
18. Are you current with Las Animas County for required personal property taxes for your business?  
 Yes     No
19. Are you current with State of Colorado sales and withholding taxes?  
 Yes     No

send completed applications and support documents to [lasanimascounty@yahoo.com](mailto:lasanimascounty@yahoo.com) or Las Animas County, 200 East 1<sup>st</sup> Street Room 110, Trinidad CO. 81082 or hand deliver to the same location

20. Is the entity that would receive the grant funds currently in bankruptcy proceedings or does the entity plan to file bankruptcy within the next 6 months?

Yes  No

21. Do you have other locations in Las Animas County? If so, will you apply separately for additional grant funds?

Yes  No

22. List the addresses of all other locations in Las Animas County.

[Redacted]

23. How many full-time employees did you have prior to March 26<sup>th</sup>, 2020?

[Redacted]

24. How many employees do you currently have and how many do you plan to bring back?

[Redacted]

25. How many years have you been in business in Las Animas County?

[Redacted]

26. How much of your annual revenue was impacted to date?

[Redacted]

27. If you are part of a national chain, are you an individually owned franchise operator?

Yes  No

28. Have you been forced to temporarily close or forced to dramatically limit operations due to the Public Health Orders related to the COVID-19 public health crisis? Please explain.

[Redacted]

29. Amount Requested (\$5,000 max)

[Redacted]

30. Have you received any other financial assistance related to the COVID-19 public health crisis? If yes, please explain.

Yes  No

[Redacted]

31. Please attach a copy of your completed W9.

32. Is there any other information you would like to provide us regarding your application?

[Redacted]

**Signature Authority. If your grant application is approved, who will sign the grant agreement and what is that person's title?**

[Redacted]

[Redacted]

Printed Name

[Redacted]

Title

[Redacted]

Signature

[Redacted]

Date