



# BROOMFIELD COMMUNITY FOUNDATION

BROOMFIELD SMALL BUSINESS FUND - GRANT APPLICATION

**Applicant Information**

Amount Requested \$ \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner(s) Names: \_\_\_\_\_

**Business Location(s):**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Full Time Employees Feb 2020/Current \_\_\_\_\_

Years in Current Location: \_\_\_\_\_ Lease Expiration: (if applicable) \_\_\_\_\_

Property Owner: (if different from business owner) \_\_\_\_\_

Property Manager: (if applicable) \_\_\_\_\_

Mailing Address: (if different from business location) \_\_\_\_\_

Please give a brief background and description of your business (Use attached additional page, if needed):

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Please explain in some detail the impacts to your business from COVID-19 market changes, including expected consequences over the next six (6) months, and the next twelve (12) months (*Use attached additional page, if needed*):

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Please identify all operational actions you/your business were required to take as a direct result of the COVID-19 pandemic market impacts?

- Business closure
- Reduced hours of operation
- Employee layoffs
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to or increased cost of capital needed to address increased business costs
- Inability to respond to home-delivery requests
- Interrupted supply/delivery
- Employee absenteeism
- Inability to serve customers
- Decreased customers

Annual gross revenue before COVID-19:

- At or less than \$1 million annually
- Between \$1 million and \$2 million annually
- At or greater than \$2 million annually

**Please Include the Following Supporting Documentation with your application:**

1. Summary business plan, highlighting both how the business will or is surviving the immediate market disruption (2-3 months), and will adjust the business to ensure longer term viability;
2. Explanation of the intended uses of the business support funds, which may include business expenses (such as, payroll, inventory or supplies, lease rent, and utilities);
3. Documentation of lost future revenue, contracts/orders, or sales declines from February 2020 and forward which are directly related to the COVID-19 caused market change;
4. Monthly financials for 2019, and year to date 2020, including profit and loss and balance sheets;
5. Summary of accounts and financial resources on-hand (such as funds on deposit, liquid assets, and working capital), and most recent business checking account statement;
6. Evidence of other capital resources available or applied for to ensure business sustainability (letters of commitment from a lender or equity investor, etc).
7. Certificate of Good Standing from the Colorado Secretary of State  
<https://www.sos.state.co.us/biz/BusinessEntityCriteria.do>

Failure to submit a complete application will delay processing, as only complete applications are reviewed for consideration of an award. Applications are reviewed on a weekly basis as long as funds are available. Award determinations may take up to 2 weeks.

To avoid any Conflicts of Interest, please answer the following two questions:

1. Are you an employee of, or an immediate family member of an employee of the Broomfield Community Foundation, or the Broomfield Chamber of Commerce?  Yes  No
2. Are you a board member of, or an immediate family member of a board member of the Broomfield Community Foundation, or the Broomfield Chamber of Commerce?  Yes  No

I give authorization to the Broomfield Community Foundation to disclose and share this application and the associated supportive materials with its officers, agents, directors, employees, and associated volunteers and grant committee members for consideration of this application for small business financial support. Please check, and initial. (If you do not grant permission, your application will be denied)

Give permission  Initial \_\_\_\_\_

Do not grant permission  Initial \_\_\_\_\_

### Certification

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to possible revocation of any grant or award issued as result of my false application, and any other remedies prescribed by law.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name:  
(Please Print) \_\_\_\_\_

Co-Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name:  
(Please Print) \_\_\_\_\_

For questions or more information on the Broomfield Small Business Fund Program or the application, please contact the Broomfield Chamber of Commerce:

[info@BroomfieldChamber.com](mailto:info@BroomfieldChamber.com)

Applications may be submitted electronically or emailed to: [smallbusinessfund@broomfieldchamber.com](mailto:smallbusinessfund@broomfieldchamber.com)

