

CHAMBER BUSINESS RELIEF FUND

Application for Funding Request



Application Date: _____

BUSINESS INFORMATION

Name: _____ Industry: _____

Contact Person: _____ Title: _____

Address, City, St, Zip: _____

Phone Number: _____ Email: _____

1. Has your business temporarily closed?

_____ Yes

_____ No

2. If you answered yes to question 1, was it due to:

_____ Mandatory closing by order of the Governor

_____ Voluntary

3. If employees were laid off OR you had to reduce their hours, please indicate below.

_____ Employees were laid off

_____ Number of employees laid off

_____ Employees had hours reduced

_____ Number of employees that had hours reduced

4. Please describe any other adverse impact your business has experienced as a result of the COVID-19 outbreak.

5. Please describe how any funding you receive from this request will be used to assist with the long-term viability of your business.

_____ **Please provide a 2019 balance sheet**

(If you have any concerns about providing your financial information, please contact Chris Hembrough, President & CEO, at chembrough@g SCC.org or 217-525-1173 x205)

_____ **Please provide a W-9**

Save your completed application and then send as an email attachment along with the items above to Lisa Schafer at lschafer@g SCC.org. Please request a read receipt when you submit your application. If you are unable to request a read receipt, please contact Lisa at 217-525-1173 x203 to confirm that your application was received.



FOR OFFICE USE ONLY

Date application received: _____ Time: _____

Application received by: _____

Date Request Reviewed	Request Approved/Denied	Amount of Funding Approved