



MACC Member Business Relief Fund

The MACC Member Business Relief Fund was established by the Marietta Area Chamber of Commerce to help businesses struggling as a result of the COVID-19 pandemic.

Eligibility Requirements: Applicants must be a MACC member business in good standing and must use funds to offset financial burdens related to COVID-19. Recipients will be selected by a sub-committee of the MACC Board of Directors.

Funding Amounts: Awards range from \$500 to \$2,500 until all funds are expended. Awards are based on criteria established by the MACC Board of Directors.

Distribution: The MACC will begin to distribute funds in June. Applicants are encouraged to submit their applications no later than May 31st.

Application: The application for funding is included on the next page. The application must be submitted via email to the Marietta Area Chamber of Commerce at info@mariettachamber.com



Marietta Area Chamber of Commerce:

Carrie Ankrom: 740-373-5176

info@mariettachamber.com



MACC Member Business Relief Fund: Application Form

Business Name:					
Applicant Name:					
Email:					
Phone Number:					
Address:					
Number of Employees:					
Industry:					
*Amount of funds requested: (from \$500—\$2,500)					
What will these funds be used for? Please check all applicable categories	Payroll:	Utilities:	Product Loss:	Incurring Expenses:	Rent/Mortgage:
Are you financially solvent until July 31st, 2020?	Yes:			No:	
Have you received any other funds to assist in COVID-19 recovery?	Yes: Name and Funding Organization			No:	

* Please request only the amount your business needs, so that these funds can be distributed to have the greatest economic impact across our Chamber members. This amount will be taken under review by the Chamber.

How has COVID-19 impacted your business? Please select all that apply:	
Was your business forced to close due to COVID-19?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, when did you close?	Date: <input type="text"/>
If you were not forced to close, have you had to alter hours of operation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How much revenue has your business lost: (Check the appropriate category)	<input type="checkbox"/> <10%
	<input type="checkbox"/> 10-24%
	<input type="checkbox"/> 25-50%
	<input type="checkbox"/> >50%

Expenditures Certifications

The undersigned hereby certifies and affirms that:

1. They are an authorized representative of the applicant organization;
2. This application has received the approval of the applicant organization's governing board or chief administrative official;
3. The information contained in this application and its attachments is true and correct to the best of his/her knowledge.

Signature/ Title of the person completing this form:	<input type="text"/>
Date form was completed:	<input type="text"/>

Please submit this application to: info@mariettachamber.com