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| Please complete this application and attach any relevant documentation and return this application to the Brooks County Judge’s by no later than September 4th, 2020. Any questions may be directed to Gloria Garcia, Office Administrator at (361)325-5604x155 or Marisa Yvette Utley, Lone Star Strategy Group, LLC (361)960-9090 | | |
| Brooks County Judge Eric Ramos  100 E. Miller Street  Falfurrias, Texas 78335  (512)895-9680 (fax)  [ggarcia@co.brooks.tx.us](mailto:ggarcia@co.brooks.tx.us) | | |
| Name of Business | Name of Applicant/Owner | |
| Business Identifier (State of Texas File #, DBA, EIN, etc.) | Description of Business | |
| Business Address | Business Address | |
| Applicant’s/Owner’s | Mailing Address | |
| Type of Business:   * Sole Proprietor * Partnership * Limited Liability Company/Corporation | Business Identifier:  State of Texas File #  DBA #  EIN #  2018 or 2019 Tax Return  Social Security #  Individual Tax ID # | |
| How many employee’s does your business have? | Did applicant have to lay-off or let go of employees due to COVID-19?  If yes, how may: | |
| Did your business have to close due to COVID-19?  Yes    No | If so, please indicate duration. (Example: March 1, 2020 to June 23, 2020) | |
| Please indicate the following monthly expenses and any other expenses your business incurred as a result of COVID-10: | | |
| Rent/Mortgage (include only if your business had to close) | | $ |
| Utilities (include only if your business had to close) | | $ |
| Protective gear, such as face coverings, gloves, and cleaning supplies (in addition to, but not part of, your regular business supplies and please provide receipts for each purchase) | | $ |
| Please list any other qualifying expenses and provide receipts or verification: | | $ |
| If you are a sole proprietor and are not able to receive unemployment benefits, please state the reason and provide an estimated loss of wages. | | $ |
| **TOTAL** | | **$** |
| Has applicate received any other governmental funds for the above listed expenses? | | |
| Has applicate received any other governmental funds for the above listed expenses?  Yes    No | If yes, please indicate what governmental program was utilized. | |

\*\*Please note that all applications are evaluated on a case-by-case basis and prioritized in order of need and established criteria set by the CARES Act, Texas Department of Emergency Management (TDEM) and Brooks County. Being that funds are limited, each amount of relief considered for approval will be based on availability of funds and on a first-come-first serve basis.

The undersigned hereby makes application to CRF small business assistance, has read and understands the application instructions, and certifies that all information herein is true and correct to the best of their knowledge and belief. I also certify that I have not received any other governmental funds that have previously covered the expenses for which I am requesting relief in this application.

I agree to any audit of the use and receipt of funds. I also agree that should funds be used for ineligible purposes that I will return any funds received back to the county or state.

I further certify that this grant request is necessary due to conditions caused by COVID-19 and that all statements made in this Application and the attached supporting documentation are true, complete, and correct and are made in good faith.

Applicant Signature Date