



ALAMO
COVID-19
ASSISTANCE
PROGRAM (ACAP)
BUSINESS APPLICATION

A City Emergency Response Program



ACAP

Small Business Application

In order to assist local businesses due to the financial hardship created by COVID-19 and government measures to prevent the spread of the pandemic, The City of Alamo has created the Alamo COVID-19 Assistance Program (ACAP). Through ACAP, the City has allocated funds for assistance with business operating expenses. Businesses are allowed to apply for up to three to four months of operating expenses, with a maximum assistance payment of \$5,000.00. This may include, but is not limited to, payroll, commercial mortgage/rent, utilities, supplies, inventory, etc.

In order for an applicant to qualify:

1. Business must be located in City of Alamo city limits
2. Business must demonstrate need for assistance due to COVID-19
3. Business must be located in a commercial setting (i.e. freestanding commercial building, shopping center/plaza, office complex, etc.); home-based businesses will not be considered
4. Business must be in good standing with the City, compliant with City codes and ordinances
5. Business must be current on all property and sales tax due
6. Business must be engaged in business as that legal under City and State law (franchise status)
7. Business must have a minimum of 6 consecutive months, of operations
8. Business must be independently owned and operated
9. Business must have been in business in the City of Alamo on or before March 1, 2020
10. Business must be majority owned (51% or more) by US Citizen or legal resident
11. Applications will be approved on the first come basis and while funds remain available

Applications can be picked up at the AEDC office or requested via our contact page on our website: <https://alamoedc.org/contact-us/>. Applicant must submit a complete application packet which includes application forms, W-9 Form, proof of business ownership and good standing, proof of business location, description of qualifying expenses.

Applications will be reviewed as quickly as possible. However, the program does have a general review process time of 30 to 45 days of receipt of a complete application package. Application can be submitted at any time during normal AEDC business hours; Monday –Friday 8:00 AM to 12:00PM and 1:00 PM to 5:00 PM. Documentation will be reviewed by a project committee. The program review board will have final approval of all applications. Awards will be made while funding is available.

Program terms and conditions: ACAP Small Business funding may only be used for payment of applicant's operating expenses or reimbursement of said payments incurred after March 1, 2020. The maximum award will be \$5,000.00. Only one award will be provided per individual business and location. All documents submitted will be subject to the Texas Public Information Act.

For a complete set of the program policies and procedures, please contact the Alamo EDC office.

City of Alamo and Alamo EDC is an equal opportunity providers & employers

Initial Documents for Grant Application

- Application Form
- W-9 Form
- Proof of Business Ownership
- Proof Business is in good standing (franchise status, business permit, etc.)
- Proof business has been in operations for 6 months
- Proof of business location (certificate of occupancy, lease agreement, etc.)
- Project Budget or List of Operating Expense
- 2018 or 2019 Business Tax Returns
- 2020 Profit & Loss Statement (January to Present)

Steps for Application Process

- Fill out grant application
- Submit all documents to AEDC via mail, email , or by appointment in person
- Staff will review application and determine eligibility and completeness
- If eligible, application will be presented to Review Committee
- If Committee recommends approval, application will be presented to the program review board for final review
- Applicant will be notified of review board's decision to approve or deny application as well as any specific terms, when applicable

City of Alamo ACAP Small Business Application

Business Name:	Federal I.D. #:	Year Started:	Number of years in business:	
Business Address:	City:	State:	Zip Code	Business Phone:
Contact Name & Title:	D.O.B.:		SSN:	
Home Address:	City:	State:	Zip Code:	Home Phone:
Email Address:		Request Amount (max \$5,000):		
Total Project Cost:		# of Jobs Pre-COVID-19:		Current # of Jobs:

General Business Description (<i>i.e. Restaurant, tire shop, salon, etc.</i>):	NAICS Code:
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC	
Did you and/or business receive SBA Assistance either via EIDL or PPP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state amount: \$	

Please provide the names and contact information, if applicable, of any other business principles and/or owners with 20% ownership or more

#1 Name:	Contact Information (address/phone #/ email)
#2 Name:	Contact Information (address/phone#/ email)
#3 Name:	Contact Information (address/phone #/ email)
#4 Name:	Contact Information (address/phone #/ email)

Need Statement: Please give a brief description of how COVID-19 impacted your business:

Project Budget / List of Operating Expenses

Budget Item	Amount
	\$
	\$
	\$
	\$
TOTAL:	

Please provide a brief description of your business and the product/service of the business:

Include in your description the following: Business owner's background information, history of business, information on products/services, hours of operation, number and types of jobs associated with your business, and yearly gross income/sales for the business.

Applicant Certification: Everything I have stated in this application is correct to the best of my knowledge. I understand that the City of Alamo (City) or its agents will retain this application whether or not it is approved. I authorized the City or its agents to investigate my credit, employment, and income (including but not limited to any other credit report services). I also authorize the City or its agents to report to the proper credit bureaus account performance.

Furthermore, I understand that any award provided to me by the City is based on the information as submitted in my application and that any misstatements and/or misinformation provided in my application may result in my obligation to repay or reimburse the City or its agents for any financial assistance provided to me or my business.

Nondiscrimination statement: The City of Alamo prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact Alamo EDC office at 956-787-6622

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____
(if applicable)

Date: _____

ACAP

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Contacts

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