



This is a sample application. This document cannot be submitted. Alexandria B2B Grant applications must be completed online. The application will be available from 8:00AM Wednesday, September 30 to 12:00PM Monday, October 5 at <https://alexandriaecon.org/alx-b2b/application/>.

Welcome to the application for the Alexandria Back to Business (ALX B2B) Grant Program, an initiative of the Alexandria Economic Development Partnership (AEDP) and City of Alexandria, Virginia.

The goal of this program is to accelerate the recovery and profitability of businesses in Alexandria, Virginia that have been negatively impacted by the COVID-19 pandemic. This program aims to support small businesses and certain nonprofits located within the corporate limits of Alexandria, Virginia, that demonstrate they have experienced revenue loss of 25% or more due directly to COVID-19 and will be able to recover and remain sustainable. Additional criteria are included in the application and can be reviewed at <https://alexandriaecon.org/alx-b2b/>.

Alexandria B2B Grants must be used to offset costs and/or investments related to reopening a business as allowed by the Governor of Virginia. A full list of acceptable uses of grant funds can be reviewed at <https://alexandriaecon.org/alx-b2b/>.

Applications cannot be saved and continued later. The application requires the submission of certain financial documents related to the business.

Applicants are encouraged to gather the following information before beginning the application:

- Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the business
- City of Alexandria Business License Account Number
- For businesses with a commercial lease, the expiration date of the current lease
- Detailed monthly Profit and Loss Statements for the following time periods (alternatively, in place of detailed Profit & Loss Statements, detailed bank statements may be submitted):
 - If your business opened prior to June 2019:
 - 3 consecutive months between March 2020 through August 2020 AND
 - The same 3 consecutive months for 2019
 - If your business opened between June 1, 2019 and March 14, 2020:
 - 3 consecutive months between March 2020 through August 2020 AND

- First three months' of business operation

It is anticipated that the number of applicants may exceed the total funding currently available. All applicants will receive an automated email when their application is submitted. If you do not receive the email, please contact AEDP by email at info@alexandriaecon.org. AEDP will provide general program updates by email as needed during the review process.

If, during the application process, an applicant has questions, they should contact a customer service representative by phone at 703-739-3820 or by email at info@alexandriaecon.org.

Thank you for operating your business in Alexandria and for your interest in this program.

SAMPLE

Section 1 – Basic Business Information

This section of the application requests basic information about the business and business owner.

Business Owner(s) Name*

[Click or tap here to enter text.](#)

First Name

[Click or tap here to enter text.](#)

Last Name

Business Owner Phone Number*

[Click or tap here to enter text.](#)

Phone Number

Business Owner Email Address*

[Click or tap here to enter text.](#)

Business Owner Email Address

Confirm Business Owner Email Address*

[Click or tap here to enter text.](#)

Business Owner Email Address

Are you the owner of the business?*

YES

NO

Full Legal Name of the Business*

[Click or tap here to enter text.](#)

Business Name

Business Trade Name (If no business trade name, re-enter the legal name of the business)*

[Click or tap here to enter text.](#)

Business Trade Name

Local Business Address (You must have a physical, commercial presence within the City of Alexandria. Home-based businesses, with the exception of certain licensed/regulated child care providers, are ineligible.)*

[Click or tap here to enter text.](#)

Address

Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the business (9 digits)*

[Click or tap here to enter text.](#)

FEIN or SSN

Section 2 – Program Eligibility

An applicant must meet all of the criteria listed below to be eligible for an ALX B2B grant. Supporting documentation, when required, must be included with the application. All information obtained as part of this program is deemed confidential and protected subject to Sections 2.2-3705.6 and 58.1-3 of the Code of Virginia and will not be shared with others beyond the administration of this grant program.

Is the business licensed to conduct business in the City of Alexandria?*

- YES
- NO

Is your business a child care provider that provides full-day or part-day child care for children 0-13 years of age and is licensed or regulated by a local ordinance or the Virginia Department of Social Services?*

- YES
- NO

For child care providers with a State Subsidy Vendor ID number, enter the 9-Digit number (applicable only to child care providers with a State Subsidy Vendor ID)

[Click or tap here to enter text.](#)

City of Alexandria 6-Digit Business License account number (For family day home child care providers who are exempt from business license requirement, enter all zeros)*

[Click or tap here to enter text.](#)

To be eligible for this program, the business must have been in operation as of March 14, 2020*
Please provide the date the business began operating in Alexandria.

[Click or tap here to enter text.](#)

Date

Is the business a nonprofit or charitable organization?*

- YES
- NO

Is the businesses current on all tax payments to the City of Alexandria, VA or currently on a formal payment plan with the City?*

- YES
- NO

Has the business had any license or permit suspended or revoked in the last 90 days?*

- YES
- NO

Is the business locally owned and operated?*(This program excludes corporate-owned locations, branches, or subsidiaries and franchise businesses unless they are locally owned and operated.)

YES

NO

Does the business intend to continue operations at a location within the City of Alexandria, VA corporate limits beyond December 31, 2020?*

YES

NO

For businesses that occupy leased space, on what date does the current lease expire? (Leave blank if not applicable)

[Click or tap here to enter text.](#)

Lease Expiration Date

Employee Information

This program is open to qualifying entities that employ no more than 100 employees, to include Independent Contractors who are self-employed with no employees.

How many owners does the business have?*(If you are a self-employed Independent Contractor with no employees, enter 1 for yourself)

[Click or tap here to enter text.](#)

Number of Owners

Not including any owners, how many active W2 employees did the business have on June 30, 2020? (Note: during the review process you may be asked to provide documentation, such as payroll reports, to verify this information.)*

[Click or tap here to enter text.](#)

Number of W-2 Employees

Not including any owners, how many active Independent Contractors/1099 workers did the business have on June 30, 2020? (Note: during the review process you may be asked to provide documentation, such as paid invoices, to verify this information.)*

[Click or tap here to enter text.](#)

Number of Independent Contractors/1099 Workers

Revenue Information

To be eligible for this program, a business must demonstrate a 25% or greater decline in Gross revenues (i.e., revenue/sales before any expenses) during any "COVID Month" (March through August 2020) when compared to the same month from the year prior (or from the start of the business operations, if a newer business).

Please upload financial statements (or bank statements) for 3 consecutive months from any period during the COVID-19 months of March 2020 through August 2020:

COVID Month 1 (Mar, Apr, May, or Jun 2020)

OPTION TO UPLOAD FILE

COVID Month 2 (must be the month immediately following COVID Month 1)

OPTION TO UPLOAD FILE

COVID Month 3 (must be the month immediately following COVID Month 2)

OPTION TO UPLOAD FILE

By way of comparison, please upload the same financial statements (or bank statements) for 3 consecutive months from the prior year (note, if your business opened June 2019 - March 2020, please provide the first three months of your business operations instead):

Comparison Month 1 Use 2019 data for same month used for COVID Month 1 above (or first month of operation if you opened Jun 2019-Mar 2020)

OPTION TO UPLOAD FILE

Comparison Month 2 (must be the month immediately following Comparison Month 1)

OPTION TO UPLOAD FILE

Comparison Month 3 (must be the month immediately following Comparison Month 2)

OPTION TO UPLOAD FILE

Is the business currently in bankruptcy proceedings?

YES

NO

Section 3 - COVID-19 Impact to Business

Please note that, while the following questions are required, the answers will not impact your eligibility for a grant.

How many employees did you have to lay off during the COVID-19 months of March 2020 - August 2020?

[Click or tap here to enter text.](#)

Number of Employees Laid Off

Was your business forced to close due to a state or local mandate at any time during the COVID-19 months of March 2020 - August 2020?

Yes, we had to completely close for at least part of the time, but are now open

Yes, and we are still completely closed

No, we remained open

Was your business open but operating at a reduced capacity due to a state or local mandate at any time during the COVID-19 months of March 2020 – August 2020?

- Yes, but we are now operating at full capacity
- Yes, and we are still required to operate at a reduced capacity
- No, our capacity was never impacted

Section 4 – Use of Funds

Funds from the Alexandria B2B Grants must be used to offset costs related to investments required to safely reopen or rescale as well as for and operating expenses. Investments made on or after March 14, 2020 may qualify for reimbursement. Acceptable uses of grant funds include:

- Purchase of Personal Protective Equipment (PPE) used to stop the spread of COVID-19
- Other equipment and supplies to promote health and safety
- Technology to facilitate e-commerce and/or virtual business operations (technology purchased on or after January 1, 2020 may qualify for reimbursement)
- Professional services related to the design and construction/alteration of the business's built environment necessary to promote physical and social distancing, as well as the actual costs for alterations
- Initial cleaning and disinfection services prior to reopening.
- Rent or mortgage costs required to be made in order to reopen.

Please briefly describe how your business intends to use the Alexandria B2B grant funds.*

[Click or tap here to enter text.](#)

Section 5 – Additional Information

It is requested that applicants answer the following demographic questions which will only be used for program reporting. All data will be reported in the aggregate. **Declining to answer these questions does not impact an applicant's eligibility for the program.**

Race/National origin of the business owner

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Asian (not Hispanic or Latino)
- American Indian/Alaskan Native (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Prefer Not to Disclose

To which gender identity does the business owner most identify?

- Male
- Female
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming

- Not Listed
- Prefer Not to Disclose

What is the age of the business owner?

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 or above

How many years has the business owner been in business?

- 0-5
- 6-10
- 11-15
- 16-20
- 20 or above

Has the business owner ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- YES
- NO
- Prefer Not to Disclose

Is the business owner registered with the State of Virginia and the City of Alexandria as a Small, Woman-Owned, and Minority (SWaM) business?

- YES
- NO

To process your application, we may need to contact you. What language do you prefer to communicate in?

- English
- Spanish
- Amharic
- Arabic
- Other [Click or tap here to enter text.](#)

What is the total amount of square feet the business occupies?

[Click or tap here to enter text.](#)

Total Square Feet Occupied

Has the business applied for federal small business relief through the Economic Injury Disaster Loan (EIDL) Program? (Note: the answer does not affect eligibility for this program)*

YES

NO

Was the business's application to the federal EIDL Program approved?*

YES

NO

PENDING

Has the business applied for federal small business relief through the Paycheck Protection Program (PPP)? (Note: the answer does not affect eligibility for this program)*

YES

NO

Was the business's application to the federal PPP approved?*

YES

NO

PENDING

Has the business applied for state small business relief through the Rebuild VA Grant Fund program? (Note: the answer does not affect eligibility for this program)*

YES

NO

Was the business's application to the Rebuild VA Grant Fund program approved?*

YES

NO

PENDING

Section 6 - Review & Submit

Alexandria Back to Business Grant Program Application Terms & Conditions and Consent

Application for the Alexandria Back to Business Grant ("Grant") constitutes an unconditional agreement to and acceptance of the following Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with the Terms and Conditions.

1. By applying, the Applicant certifies that it is not under any agreement or restriction that prohibits or restricts its ability to disclose or submit the materials included in the application or otherwise to apply for the Grant.

2. The Applicant acknowledges that all proprietary information provided by the Applicant will be kept confidential by the Alexandria Economic Development Partnership, Inc. (“AEDP”) and the City of Alexandria (“City”), collectively known as (“Grantors”) to the extent permitted by the Virginia Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in Grantors possession.

3. The Applicant acknowledges that any non-proprietary information provided by the Applicant may be used in public reporting and promotion about the Grant.

4. The Applicant acknowledges that all grant award decisions are final and are not subject to appeal.

5. The Applicant acknowledges that funding for the Grant program is in part supported by federal funds allocated from the Coronavirus Relief Fund as authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 and that businesses receiving federally supported grants may be subject to additional requirements.

6. If the Applicant becomes a Grant recipient, following successful granting of an award, they acknowledge and agree to report to the Alexandria Economic Development Partnership every six months for the first year on the current status of their business including information on existing employees, revenues, and how Grant funds were used.

7. If the Applicant becomes a Grant recipient, they acknowledge and agree to meet with the Alexandria Economic Development Partnership, or their designee.

8. The Applicant covenants to save, defend, hold harmless and indemnify the “AEDP” and the “City”, and all of their officers, departments, agencies, agent and employees, from and against any and all claims, losses, damages, injuries, fines, penalties, costs including court costs and attorney’s fees, charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

Print Your Name as Signature Below

[Click or tap here to enter text.](#)

First Name

[Click or tap here to enter text.](#)

Last Name

Contact Number of Person Completing Form

[Click or tap here to enter text.](#)

Phone Number

Email Address of Person Completing Form

[Click or tap here to enter text.](#)

Email Address

End of Application

SAMPLE