**Albany Community Together, Inc.**

**THE SMALL BUSINESS ACCESS TO CAPITAL & RESOURCES**

[www.albanycommunitytogether.com](http://www.albanycommunitytogether.com/)

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***Albany Community Together, Inc. (ACT!)***

***Supplemental Covid-19 Recovery Assistance Application***

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| **LAST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BUS. NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BUS. PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BUS. FAX:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BUS. ADD. (CITY, STATE ZIP):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WEB ADD:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***In business since:****\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Business Tax ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type of Business(existing or new):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Names of Subsidiaries/Affiliates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **BUSINESS STRUCTURE PRINCIPAL BUSINESS OWNER(S) – 20% or more ownership**  \_\_\_\_\_\_Sole Proprietorship First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Ownership\_\_\_\_\_  \_\_\_\_\_\_Partnership  \_\_\_\_\_\_LLC First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Ownership\_\_\_\_\_  \_\_\_\_\_\_(S) Corporation  \_\_\_\_\_\_(C Corporation First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Ownership\_\_\_\_\_  **BUSINESS FEATURES**  *Is this a woman-owned business? □* ***Yes*** *□* ***No***  *Is this a minority-owned business?* ***□ Yes □ No***  *Is this a veteran-owned business?* ***□ Yes □ No***  *Is this a home-based business? □* ***Yes □ No***  *Are you engaged in import/export trade? □* ***Yes □ No*** *Is this business full-time or part-time? □* ***FT □ PT □ Seasonal***  □ American Indian/Alaskan Native □ Hispanic/Latino □ White □ Asian □ African American □ Native Hawaiian/Pacific Islander □ Other  *Do you have any of the following? (Please check all that apply)*  □ Business License □ Sellers Permit/Retail # □ Registered DBA □ Patent □ Trademark □ Copyright □ Business Plan |
| **FINANCE INFORMATION**  *How much bank, government or personal funding has been committed for Covid-19 Assistance to date (specify below):*  Bank $\_\_\_\_\_\_\_\_\_\_\_\_  EIDL $\_\_\_\_\_\_\_\_\_\_\_\_  PPP $\_\_\_\_\_\_\_\_\_\_\_\_  Personal $\_\_\_\_\_\_\_\_\_\_\_\_  Last years gross sales: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ *Does your business provide: □* Supplementary Income □ Sole Source Income  Net Profit/Loss: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What is your income goal?* □ Supplementary Income □ Sole Source Income  In the last year, did your business provide for an owner’s draw/salary/distribution? □ Yes □ No  If “Yes” Amount of draw/salary/distribution: :$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  Bank of Business Account (w/complete address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMPLOYEE INFORMATION**    *Do you have employees? □* ***Yes □ No STAFF USE ONLY***  *If Yes, total number of employees in y*ear: Loan Fund: \_\_\_\_\_SSBCI  Full-Time: \_\_\_ Part-Time: \_\_\_ \_\_\_\_\_ CDFI  Seasonal/Temp: \_\_\_ .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature, Title |