



# Hospitality COVID Compliance Grant Program Prequalification Form

**Business name:**

**Business owner name:**

**Business owner email address:**

**Authorized applicant name (if different than business owner):**

**Authorized applicant email (if different than business owner):**

**Business physical address:**

**Number of employees (1099 excluded):**

**Date business was established:**

**Total funding amount requested:**

**How has your business been affected by COVID-19?**

**How have you adapted your business during COVID-19?**

**Provide a description of intended uses for funding & how they will allow your business to sustain operations. Include any building modification projects (completed & future), sanitization expenses, technology costs, etc.**

This form is for prequalification purposes only. If qualified, you will receive information on next steps for access to CARES application. Greenville County reserves the right to amend the above program parameters based upon changing market conditions. If funded the business may be subject to a site visit by the County or its designee to verify COVID19 modifications have been complete or are in process.

Send completed form to [loaninfo@cwcarolina.org](mailto:loaninfo@cwcarolina.org) | Call 864.235.6331 with questions



Use the table below to show how you propose to use the Greenville County Cares funding.

**Total amount spent:**

Includes expenses already incurred related to operations listed in last question, Receipts for all expenses claimed will be needed.

**Total amount projected:**

Includes necessary expenses that are for future projects and costs to maintain COVID compliance and sustain operations.

Please detail how the grant funding will be used below:

Purpose Why?	Vendor / Creditor From Who?	Amount to be Applied How much?
Total	\$	

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