



County Grant Application

Small Business Lease Emergency Assistance Grant Program
Program Details and Other Information (http://form-element-wrapper_83)

Funding is subject to Program Funds availability. Due to high demand, this funding may be exhausted, but submitting your application will ensure that if additional funds become available for this round of Grant funding, you may be eligible. Applications will be reviewed based on first come, first submitted basis.

The application period will close at 10am EDT on Friday, November 13th, 2020.

General Information

First Name *

Last Name *

Email Address *

Phone Number *

Name of Business *

Nature of Business *

Business has been in operation since *

Address Search *

Street *

City *

County *

Zip Code *

State *

Error, Zip Code must be within the County of Essex in the State of New Jersey.

Is your business registered in the State of New Jersey? *

- Yes
 No

Business Designations *

- Woman-owned business
 Minority-owned business
 Veteran-owned business
 Other

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

Lease Information

Landlord Name *

Landlord Phone Number

Landlord Email Address *

Lease Start Date *

Lease Duration Unit *

- Weeks
- Months
- Years

Lease Duration *

Date of Last Lease Payment *

Lease Amount *
Per Month

Upload a copy of your lease *

Upload your NJ Business Registration or Tax Clearance Certification *

Grant Information

Amount Requested (not to exceed \$30,000) *

\$ Amount Requested

Describe how your business has been adversely impacted by COVID-19. *

Describe

Has your business received CARES Act (Coronavirus Relief Fund) financial assistance (local/county/state/federal) for lease payments (rent) as a result of COVID-19? *

- Yes
 No

Building Type *

- Commercial (e.g. strip mall)
 Mixed-Use (e.g. commercial/residential building)
 Store Front (e.g. stand alone building)

Total Square Footage of Leased Space *

Square Footage

Is your business in good standing with the State of New Jersey? *

- Yes
 No

Have you been convicted and/or found guilty and/or pled guilty and/or found liable and/or paid a fine or otherwise paid to settle any allegations made by the government in any court to any violation of law, other than minor traffic offenses? *

- Yes
- No

Have you been denied a license or permit required to engage in its business or profession or has any such license or permit or been suspended or revoked by any government? *

- Yes
- No

Certification

I. THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

1. I understand that if such information is willfully false, I am subject to criminal prosecution by the State of New Jersey and civil action by the County.
2. I authorize the County to contact my landlord in connection with the Small Business Lease- Emergency Assistance Grant Program.
3. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey.
4. I declare my business has never violated the terms of a State/Public agreement or transaction that resulted in any criminal or civil charges by a government business.
5. I authorize the County to provide information submitted to Essex County on behalf of the applicant to any bank or State agency which might participate in the requested grant with Essex County.
6. I acknowledge and understand that Title 18 United States Code Section 1001:
 - a. makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact;

b. make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

7. I authorize that an electronic signature of this Application and any Approval Letter, Grant Agreement, or Certification shall be a binding on the parties.

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

First Name

Last Name

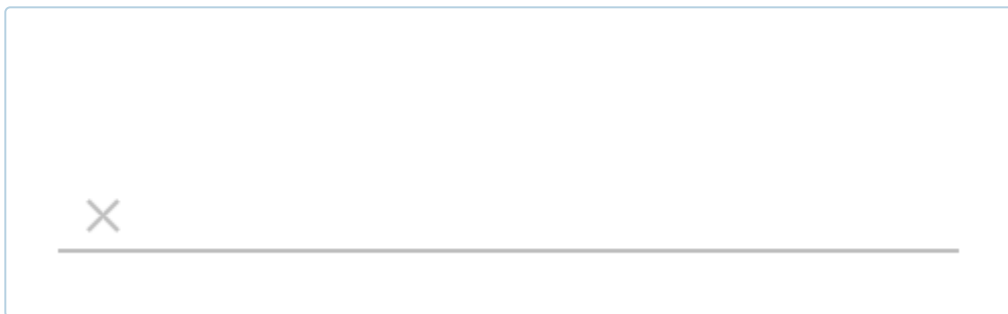
Email Address

First Name

Last Name

Email Address

Signature *



Signer's Name

Type Draw Upload Clear

Date Signed *

11/10/2020

I agree to electronically sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent. *

Save

Submit

