



Women's Business Development Council

CT State Funding for Flood Recovery Grant Application

Please note: To apply, complete the online application form available on our website on Tuesday, September 3rd. Emailed applications will **not** be accepted.

Profile:

- Preferred language
- Business owner's first name
- Business owner's last name
- Business name
- Federal Tax ID/EIN
- Social Security Number
- CT Tax registration
- Business website
- Start date of the business
- Business type: for profit/non-profit
- Primary email address
- Cell phone number
- Alternate contact name
- Alternate email address
- Alternate phone number
- Business street address
- Business town
- Business zip code
- Business state
- Business county
- Gender
- Race
- Ethnicity
- Have you contacted your insurance company?
 - o Yes or no
 - o If yes, what was the outcome?



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- Have you reported the flood damage to your town?
 - o Yes or No
 - o If you haven't reported damages to your town, please do so
- How many full-time employees do you have?
- How many part-time employees do you have?
 - o For your part time employees, what is the total full time equivalent employees?

Application

Grant Overview: Emergency Flood Relief Grants up to \$25,000 will be awarded to support Connecticut Businesses impacted by the August 18, 2024 floods. Eligible businesses must be in Fairfield, New Haven, or Litchfield counties.

Applications for this grant will be accepted on a rolling basis until funds are exhausted. If you do not qualify or meet the eligibility requirements, or don't have a current emergency repair need, we encourage you to work with a WBDC Advisor to support your business. We offer no-cost business training, advising and mentoring to help you reach your business goals, prepare an application for the future, and explore alternate funding opportunities.

INSTRUCTIONS: Please answer the questions below as accurately as possible. Answers and supporting documents will be verified to confirm your eligibility.

Please note: If you are experiencing any issues or have questions, please contact WBDC at CT.Flood.Grant@ctwbdc.org and include your name, phone number, and an explanation of the issue or question.

Section A: Eligibility

- Please select which of the following counties your business is in.
 - o Fairfield
 - o Litchfield
 - o New Haven
 - o Other - blank people can fill in.
- Does your business have less than 100 full-time equivalent employees?
 - o Yes or No



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Section B: Use of Funds

- Please describe the impact of the flood on your business. (e.g., property damage, inventory loss, operational disruption, loss of revenues, major infrastructure collapse) (500 words or less):
- Total Estimated Damage Cost:
- How much grant funding are you requesting? (max of \$25,000):
- How will the grant funds be used (e.g., repair costs, cleaning, inventory replacement, temporary relocation) (250 words or less):

Section C: Supporting Documents

- Driver's License
- CT business registration
- Evidence of flood damage (e.g., photos, videos) ○ If you are suffering damages from major infrastructure collapse, please provide which routes/roads have impacted traffic to your business
- Back up documentation for use of funds (Proposals/estimates/quotes for repairs/replacement)
- If you are requesting funds for loss of revenue, please provide your Profit and Loss statement for August 2024
- If you are requesting funds for loss of revenue, please provide your **monthly** Profit and Loss statement for the months August-November 2023

Section D: Bank Information

- W9
- Company Name
- Bank Account Type
- Routing Number
- Account Number
- Is this a personal or business bank account?

Section E: Compliance and consent

- Grant agreement
Please initial each item below and sign and date at the bottom of the section below.
- If awarded the CT State Funding for Flood Recovery grant, I agree to the following terms and conditions, that I will:
- Utilize grant funds for the purposes described in my grant application. (If you have questions, contact us at ct.flood.grants@ctwbdc.org)
- Permit WBDC to share the impact of this grant program on my business with stakeholders, and share my name, business name, and address.



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- **By signing this Grant Agreement, I certify that the above information is correct. I agree to the terms and conditions listed above, including participating in the activities outlined, and providing information to the Women's Business Development Council as requested.**

- In consideration of the training, technical assistance, and/or counseling provided to me, I waive all claims against the Women's Business Development Council (WBDC), its personnel, and any and all employees, agents, affiliates, and third parties acting on behalf of or in conjunction with WBDC, arising from this assistance. I also waive all claims against U.S. Small Business Administration (SBA) personnel and that of its Resource Partners arising from furnishing management or technical assistance.

- I certify that the information provided in this application is accurate to the best of my knowledge and that the grant funds will be used as specified in this application. I understand there may be tax consequences related to receiving these grant funds. I acknowledge this and will follow up with my tax preparer. I understand and agree the Administrators of this grant program may require additional financial information, other documentation, and a site visit(s).

- Name:
- Signature
- Date:



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