



CAPITAL REGION

Rapid Response COVID-19 Business Support Initiative Employer Application and Agreement

The Capital Region Workforce Board has been awarded a \$201,000 grant from the Commonwealth of Virginia to assist small businesses (fewer than 250 at a site) with certain costs related to the COVID 19 crisis that might help them meet certain needs and/or divert expenses in other areas as a form of assistance. The source of funding is the US Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act, Title I. Examples of uses include paying for cleaning services so companies can stay open, paying for cleaning supplies, or purchasing items that can assist employees in teleworking. Other COVID19 related items can be considered on a case-by-case. (Note that “equipment” with a per unit value over \$5,000 is not allowed; nor are wage reimbursements for employees). Another condition is that these funds are only available on a reimbursement basis, meaning the business must first incur the cost and present proof of payment to get reimbursed. Reimbursement is available for allowable costs incurred March 1, 2020 – August 31, 2020.

There is a locally-set cap of funding available for each jurisdiction in our region based on proportional shares of the labor force. Our region includes Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan and Richmond. Funds are being made available on a first-come-first basis, in order of applications received by jurisdictional basis by Brian Davis at dav113@henrico.us. Questions welcome by email or 804-652-3228.

Business Name	
Business Address	
Business Contact Information Phone and Email	
Projected Start and End Date	
Locality Name	
Industry Sector (2 Digit NAICS)	
Number of Employees Impacted and Estimated Annual Wages	
Brief Project Description	
Description of Leveraged Resources if applicable	
Total Cost (Use form at Attachment A for line item detail)	

Signatures and Certifications

BY MY SIGNATURE I VERIFY: (1) THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND FURTHER, THAT ONLY COSTS INCURRED AFTER MARCH 1, 2020 WILL BE SUBMITTED FOR REIMBURSEMENT FOR ACTIVITES APPROVED IN THIS APPLICATION (2) THAT I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE NAMED BUSINESS AND (3) I CERTIFY THAT THE BUSINESS (CONTRACTOR) IS AWARE OF AND WILL COMPLY WITH THE FEDERAL WORKFORCE INNOVATION AND OPPORTUNITY ACT ASSURANCES AND CERTIFICATIONS THAT ARE POSTED AT THIS SITE, <https://vcwcapital.com/wp-content/uploads/assurances.pdf> AND INCORPORATED HEREIN BY REFERENCE.

Typed Name	
Signature	
Title	
Date	

For the Capital Region Workforce Partnership:

Brian K. Davis, Executive Director

Date

Attachment A – Line Item Budget

LINE ITEMS	Amount	Provide a detailed explanation and the basis for the budget amount requested
GRAND TOTAL		