



**Town of Yucca Valley
2019-20 Economic Assistance
Program: Funding Application**



| | | |
|---------------------|---------------|-------|
| _____ | | |
| Agency/Organization | | |
| _____ | | |
| Mailing Address | | |
| _____ | _____ | _____ |
| City | State | Zip |
| _____ | _____ | |
| Agency Phone Number | Industry Type | |

| | |
|-----------------------|---------------------------------|
| _____ | _____ |
| Contact Person | Title |
| _____ | _____ |
| Contact Phone Number | Contact Phone # (Cell or Other) |
| _____ | |
| Contact Email Address | |

Anticipated Business Loss

Amount Requested from Town of Yucca Valley

| |
|-------------------|
| FY 2019-20 |
| \$ _____ |
| _____ |
| (\$5,000 maximum) |

Describe the current impact of COVID-19 on your business:

Describe the recovery plan post COVID-19 for your business:

| | |
|--|----------|
| Working Capital to be funded: (Provide Details on Attached Form A) | |
| 1 <u>Overhead (Rent, Mortgage, Utilities, etc.)</u> | \$ _____ |
| 2 <u>Payroll</u> | \$ _____ |
| 3 _____ | \$ _____ |

Required Attachments:

- Copy of Signed Tax Return
- Description of Funding Details and Recovery Plan (Attachment A)

Signature

Date

Print Name

Title



Town of Yucca Valley
2019-20 Economic Assistance Program: Funding Application
Attachment A: Working Capital and Recovery Details

2019-20 Request

Please provide details about how the 2019-20 Town of Yucca Valley Economic Assistance funding request would be applied to support your current working capital costs and aid in your business recovery post COVID-19 . Attach additional sheet if necessary.



#YUCCA *Together*