

**Return Application to:**  
County Government Center Building (2nd Floor)  
1 Government Center Place, Suite A  
Abingdon, VA 24210  
or Email: [grants@washcova.com](mailto:grants@washcova.com)

**Must be received in office by 5:00 on January 31, 2025**



**This will be the final round of grant funding**  
**Washington County, Virginia**  
**Small Business Relief Fund Application**

**I. APPLICANT IDENTIFICATION AND CONTACT INFORMATION**

Name of Business: \_\_\_\_\_

Sole proprietorship     Partnership     LLC     Corporation     Other: \_\_\_\_\_

Business license number, if applicable: (Attach a copy) \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

**II. BUSINESS DESCRIPTION:**

Short one-line description (4-10 words) of your business:

\_\_\_\_\_

Short one-line description (4-10 words) of how this has affected your employees:

\_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Number of Part-Time Employees: \_\_\_\_\_

Have the taxes for this business been paid? \_\_\_\_\_

Amount of being requested? \_\_\_\_\_

**Describe business losses and provide an update of operations to-date and what the biggest needs are now.**

**CERTIFICATION**

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate, and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

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Signature

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Printed name and title:

*(If you are awarded a funds you will need to provide the County a W9 form)*