

[🔗](#) [📘](#) [Small Business Grant Program](#) ▼

Small Business Grants are available under "Small Business Grant" chapter.

Chapter

Small Business Grant Program (application round closed) ▼

Category

AC Business Rent Rescue Program ▼

Application name

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Please respond to each question

If you have questions please email arapahoeCARESGrant@arapahoe.gov

First and Last Name (Contact)

Business Name Include DBA if applicable

Business Address (Must be located in Arapahoe County)

City business is located in

Is your business address located in Incorporated or unincorporated Arapahoe County?

Do you intend to continue operations within Arapahoe County for at least the next 6 months?

Yes

No

Email Address

Phone Number

Business Identification Number (FEIN/EIN)

Enter your 8 digit MyUI account number.

Is your business in good standing with the secretary of state?

Please upload: Certificate of good standing with Secretary of State

Select file

Number of Employees

Please choose the NAICS Code for your business:

Please choose the option that best describes the impact on your business operations.

Did your business begin operating in Arapahoe County on or before December 30, 2019?

Please upload completed and signed W-9 form

Select file

Upload a copy of a valid government issued Identification to verify lawful presence
(Person responsible for business operations)

Select file

Please provide the information requested below.

If you have questions please email arapahoeCARESGrant@arapahoegov.com

What is your estimated percentage of loss in gross revenue due to the COVID-19 pandemic?

Please provide total amount of gross revenue for the 2019 calendar year.

Please estimate your actual amount of revenue loss since March 1, 2020 to March 1, 2021 compared to March 1, 2019 to March 1, 2020.

Upload your 2019 Tax Return

Select file

Upload a financial statement from March 1, 2019 to March 1, 2020

Select file

Upload a financial statement from March 1, 2020 to March 1, 2021

Select file

Have you applied for and/or received funding support through any grant programs in the last 12 months?

- PPP - Payroll Protection Plan
- EIDL - Economic Injury Disaster Loan
- CARES Grant - County, local municipality
- Other
- No grant funds applied for or received

Enter the total amount of grant funding received back to March 1, 2020.

[🔗](#) ⓘ Landlord/Mortgage Company Information ▼

Enter the requested information where the payment of past due re

If this information is not provided grant application will be denied.

Name of Landlord/Mortgage Company (optional)

Landlord's Email Address (optional)

Landlord's Phone Number (optional)

Amount of back rent/past due mortgage payments (optional)

Upload invoices or mortgage statement (optional)

Select file

Landlord/Mortgage Holder W-9 (optional)

Select file

Additional document upload (optional)

Select file

[🔗 ⓘ Detailed information for extraordinary situations](#) ▾

Please clearly explain what personal funding was used to pay rent/r evidence of the transactions showing the extraordinary situation.

If you have questions please email ArapahoeCaresGrant@arapahogov.com.

Please clearly explain what actions you took to pay rent/mortgage (optional)

Amount requested for reimbursement (optional)

US\$

What supporting documentation do you have showing how your personal funds/debt were used to pay rent/mortgage. (optional)

Upload supporting documents (optional)

Select file

Additional Document Upload (optional)

Select file

Please read through each statement below and certify by checking the

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge.

Business has a physical address located within Arapahoe County

- Yes
- No

Your business has experienced at least a 25% gross revenue loss as a result of COVID-19 pandemic.

- Yes
- No

I have reported the amount of grant dollars that my business has received since March 1, 2020, or responded that I received none.

- Yes
- No

The business is engaged in activities that are legal under city, county and state law.

- Yes
- No

My business is in good standing with DORA and any other relevant licensing agency

I authorize the Colorado Department of Revenue and/or the Colorado Department of Labor and Employment to provide my tax return data to the authorizing entity for the purposes of confirming my eligibility for this aid application.

I affirm that I intend to continue the operations of my business within Arapahoe County for at least the next 6 months.

By checking the boxes on these statements I am swearing and certifying to Arapahoe County that all of these statements are accurate to the best of my knowledge, and that I will retain all relevant documents and will provide them if requested. I am aware that I may be audited and I agree that I will return all grant funds provided to me and/or the business if it is determined that any of these statements are false or if there are any material misstatements or information provided in or with this application, and that if I fail to do so upon request, that legal action may be instituted against me or my business for return of the funds.

I certify that I am the owner or an officer of the above-named business with the authority to sign on its behalf.

Name and title of person self certifying