

Woodson County COVID-19 CARES Act Assistance Application

Primary Contact

First Name

Last Name

Business/Organization Name

Business Address

Street Address

City

State

Zip Code

Email

Phone Number

What is your business or organization type?

Professional Services

Personal Care

Retail

Healthcare

Restaurant

Non-Profit

Government

School

Other(Please Describe)

What is your businesses total annual operating expenses/revenues?

When was your business/organization established?

How many employees do you have?

Ethnicity of Primary Owner (optional):

Please describe the impact COVID-19 has had on your business/organization. For Example: Did your business close? Were employees furloughed?

Please describe your business/organizations cost of business interruption caused by closures due to COVID-19.

Is there any projects you would like to implement that would assist with your ability to handle/recover from COVID-19? Possible Cost?

Is there any projects you would like to implement that would help the overall ability of Woodson County to handle/recover from COVID-19? Possible Cost?

Authorized Signature