

**Historic Kennett Square  
Small Business Response Fund**

**Date Application Received**  
(For Office Use)

**Application**

TOTAL FUNDS REQUESTED: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Business Owner Names (20% or more ownership): \_\_\_\_\_

Business/Organization/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If Awarded, Grant Payable To: \_\_\_\_\_

Nature or Type of Business/Organization: \_\_\_\_\_

Do you operate a Consumer Facing Retail Small Business/Organization\*? Y N

Is your business independently owned (not a franchise or national chain)? Y N

Date Business/Organization Opened: \_\_\_\_\_

Are you a Minority-Owned or Woman-Owned Business? Y N

# of Employees (Only for Kennett locations. Include owner if owner-operated): \_\_\_\_\_

Has your business been open and continuously operating for more than two years?

Y N

*\*Consumer facing retail small businesses are defined, for the purposes of grant eligibility, as those directly serving the public in some form of storefront setting. Examples include retail, restaurants, cafes, hair salons, barbershops, breweries, retail art galleries, non-profits with a traditional storefront presence, etc. All determinations of grant eligibility are at the sole discretion of the Grant Review Committee (GRC).*

**Have you been formerly approved, or received funding, from any of the small business support programs listed below? If yes, please indicate the amount received or that you plan to receive:**

<b>Program</b>	<b>Amount</b>
<i>Economic Injury Disaster Loan-----</i>	_____
<i>Economic Injury Disaster Grant Advance-----</i>	_____
<i>Payroll Protection Program-----</i>	_____
<i>PIDA CWCA Program-----</i>	_____
<i>SBA Debt Relief-----</i>	_____
<i>Chester County Main Street Preservation Fund-----</i>	_____
<i>Borough RLF CRP Loan-----</i>	_____
<i>Other-----</i>	_____
 <b>TOTAL</b>	 _____

Please provide any additional information regarding your experience applying for these various business support programs. (Please be specific. Complete information helps the committee make decisions):

**Have you received any type of rental/mortgage assistance from your landlord or bank? If yes, please indicate the amount and nature of this assistance.**

TOTAL RENTAL/MORTGAGE ASSISTANCE: \_\_\_\_\_

Please provide any additional information regarding your experience receiving rental or mortgage assistance (Please be specific. Complete information helps the committee make decisions):

**Describe the impact that the pandemic has had on your business/organization.**

Preference will be given to businesses/organizations that have seen a 50% decrease in revenue as a result of the pandemic, and/or businesses in which income/profits are “household sustaining”. Additional preference will be given to businesses developing/planning new operational approaches in response to the pandemic. (Attach additional documents as necessary. Please be specific. Complete information helps the committee make decisions):

**Describe how you intend to utilize these funds.** Preference will be given to businesses/organizations retaining or rehiring employees, and/or providing other public benefits to the community. Note: Funds should not be used to pay down pre-pandemic business debt unless there is compelling justification. (Attach additional documents as necessary. Please be specific related to projected cost/expenditures. Complete information helps the committee make decisions):

**Describe and demonstrate Community Support for your business/organization.**

Examples of Community Support include sharing your social media metrics, sharing testimonials from customers, providing a description of how you support the community through giving back, etc. Do you support local fund-raisers or a local Little League team? Tell us how you positively impact our community! Be creative. (Include attachments or additional documents as necessary. Please be specific. Complete information helps the committee make decisions):

**Describe the following average monthly fixed costs associated with your business/organizations.**

<i>Monthly Fixed Cost</i>	<b>Amount</b>
Rent/Mortgage Payments:	_____
Utilities:	_____
Insurance:	_____
Other Fixed Costs:	_____
	_____
TOTAL (Monthly):	_____

Historic Kennett Square will not discriminate on the basis of race, color, religion, sex, age, disability or national origin in the providing services or administering grant program.

**USE OF FUNDS PLEDGE  
HISTORIC KENNETT SQUARE  
SMALL BUSINESS RESPONSE FUND**

I, \_\_\_\_\_ pledge that:

- **Information contained in this application is accurate and completed to the best of my understanding.**
- **I will utilize grant funds for the purposes outlined in this application.**
- **I will make best efforts to continue operating my business after the pandemic (and during if deemed legal and safe by the appropriate regulating agency).**
- **I did not have plans to close my business prior to the pandemic.**
- **I agree to participate in a follow-up survey to determine how funds were used and the impact of the program.**
- **I pledge to use all grant funds for my business located in the Borough of Kennett Square and/or Kennett Township.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant must supply the following items with the completed the Grant Application:

1. \_\_\_\_\_ Completed and Signed Application
2. \_\_\_\_\_ Proof of Insurance
3. \_\_\_\_\_ Signed Pledge

The applicant acknowledges the terms and conditions of the Small Business Response Fund grant as specified in the guidelines by signing this application and any other related, attached documents.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant pledges to utilize funds for the purposes specified in this application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit Grant Applications to:

Small Business Response Fund  
[SBRF@historickennettsquare.com](mailto:SBRF@historickennettsquare.com)

Contact Nate Echeverria at 610-742-5506 or [nate@historickennettsquare.com](mailto:nate@historickennettsquare.com) with any questions regarding this application or eligibility.

For Office Use Only

- Completed Application
- Insurance
- GRC Review: \_\_\_\_/\_\_\_\_/\_\_\_\_
- GRC Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Applicant Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Fund Distributed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Historic Kennett Square will not discriminate on the basis of race, color, religion, sex, age, disability or national origin in the providing services or administering grant programs.