



City of  
**MANASSAS**  
**PARK**

## CARES Act Small Business Recovery Grant Program

This information is considered confidential and privileged. It is exempt from the Virginia Public Records Act pursuant to the exemptions for individual tax returns of persons or entities subject to income, estate, personal property, or business license taxes. Applications must be completed in full, to include a W-9. Applicants must be in good financial standing with the City of Manassas Park to include all tax payments and regulations as of June 2020. Applications must be received by **30 September 2020**.

When complete, please submit this application either to: **Email:** [econdev@manassasparkva.gov](mailto:econdev@manassasparkva.gov)

**Mail:** Christopher Himes  
One Park Center Ct  
Manassas Park, VA 20111

### Applicant/Business Information

Business Name \_\_\_\_\_

Contact/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Briefly state the primary business need for the grant (% loss in sales, closure, layoffs, etc.).

3. Briefly state the purpose(s) that the grant will be used for your business (rent, salaries, etc.).

4. Briefly state the positive impact you believe this grant will have on your business.

**To complete your application please certify and provide the following information**

- A blank W-9 form (with instructions) is available from the IRS website (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>). Each business must attach a completed and signed W-9 in order to submit the application.
- A blank copy of this form can be located on the City of Manassas Park website: <https://www.cityofmanassaspark.us/city-services/economic-development.html>
- Upon request, I agree to provide the City of Manassas Park with any supplementary filings or financial statements in order to further prove my business' good financial standing with the City.
- I will repay all grant funds received from this program if my business ceases operations prior to **31 December 2020**
- I hereby certify, to the best of my knowledge, that all provided information is true and accurate.

**Applicant Signature:** \_\_\_\_\_

**\*For questions on this application, please call (703)-335-0050 or email [econdev@manassasparkva.gov](mailto:econdev@manassasparkva.gov)**