

COVID-19 BUSINESS RECOVERY ASSISTANCE GRANT

Application and Agreement

Send to: Town of Clover, PO Box 1060, 116 Bethel St, Clover, SC 29710 or aharvey@cloversc.org
[Apply Online](#)

Name of Business(es): _____

Physical Address: _____ (must be located within Clover Town limits)

Owner/Applicant: _____

Owner/Applicant Address: _____

Telephone: _____ Email: _____

Clover Business License # _____ Number of Employees: _____

Check all of the Eligible Uses that you are applying for REIMBURSEMENT for:

- Personal Protection Equipment (masks, hand sanitizer, gloves, etc.)
- Cleaning services and disinfectant products
- Operating Expenses (signage, building modifications, etc.)
- Utilities (water/sewer, electricity, and natural gas ONLY for the time period closed due to COVID-19)
- Other (describe below)

Additional Description or Explanation of purchases: _____

Total Grant Request \$ _____

\$500 maximum grant. Grants will be awarded First Come, First Served. Grants will be issued until available funds are depleted or until September 1, 2020.

By signing below, the Owner acknowledges the following:

- I have received and read the COVID-19 Business Recovery Assistance Grant Guidelines.
- I am duly authorized to act on behalf of the Business and that the Business is properly organized and licensed to conduct business in the state of South Carolina and in the Town of Clover.
- I do not have outstanding fees or payments owed to the Town of Clover except as deferred by COVID-19, e.g. water/sewer bill.
- The Owner agrees that in the event of his/her/their breach of any condition or provision, or whenever deemed to be in the interest of the Town, the Town of Clover has the right to terminate the grant agreement.
- The Owner authorizes the Town to use his/her/its business name, likeness, photos and/or information for media promotional purposes.
- The above information is true and correct.

Signed: _____ Date _____
Owner (required)

Applications must be filled out completely and must include the following documentation; if not included, the application will be deemed incomplete and will not be considered for funding:

- Proof of purchase of Eligible Uses such as receipts, bills, invoices, cancelled checks showing payment, etc.

Date Received: _____ Date Reviewed: _____ Approved Denied
10-535-5419