



King William County CARES Relief Support Program Application

Date

Phone Number

Name of Applicant

Email Address

Name of Business

Physical Address of Business

Website of Business

Total Reimbursement Request

Mailing Address of Business

Phone Number of Business

Please select what best describes your business.

Please select a category that applies for reimbursement of business expenses.

If more than one category or other (please specify below)

I certify that all the information I have submitted in this application is true.

I certify that the business applying for the King William County CARES Relief Support Program funding was operating prior to the COVID-19 declared emergency, March 1, 2020.

I certify that the business applying for the King William County CARES Relief Support Program funding has not received any federal grant or loan assistance to cover the same items requested for reimbursement with this application. If the business has applied for and received Federal aid, please denote the program and how the funding has been used.

I certify that I will not request reimbursement for the same expense applied for here from a different federally funded program.

Statement of COVID-19 Financial Impact

Please list out in this format (DATE /AMOUNT /ITEM) of each item in the receipts requesting reimbursement for.

DOCUMENTS REQUIRED:

Upload or attach copies of receipts. Please highlight items requested for reimbursement.

Upload or attach photos of improvements to the business where reimbursement is being requested.

Upload or attach copy of current business license. If no business license is required, please explain.

Please sign above.

CONTACT US

Questions about the program or having issues with your application? Please contact Ms. Nita McInteer, 804-769-4968, or jmcinteer@kingwilliamcounty.us or Ms. Natasha Joranlien, 804-769-4929, or nlangston@kingwilliamcounty.us.