



NEW RIVER | MOUNT ROGERS REGION

Rapid Response COVID-19 Business Support Initiative Employer Application and Agreement

The New River/Mount Rogers Workforce Development Area Consortium Board has been awarded a \$61,260 grant from the Commonwealth of Virginia to assist small businesses (fewer than 250 at a site) with certain costs related to the COVID 19 crisis that might help them meet certain needs and/or divert expenses in other areas as a form of assistance. The source of funding is the US Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act, Title I. Examples of uses include paying for cleaning services so companies can stay open, paying for cleaning supplies, or purchasing items that can assist employees in teleworking. Other COVID19 related items can be considered on a case-by-case. (Note that “equipment” with a per unit value over \$5,000 is not allowed; nor are wage reimbursements for employees). Another condition is that these funds are only available on a reimbursement basis, meaning the business must first incur the cost and present proof of payment to get reimbursed. Reimbursement is available for allowable costs incurred after the date this agreement is approved through August 31, 2020.

Funding is available for all jurisdictions in our workforce area on a first-come-first-serve basis in order of applications received by Marty Holliday, Executive Director, at Marty.Holliday@vcwnrmr.com. **Maximum per request is \$4,700.**

Business Name	
Business Address	
Business Contact Information Phone and Email	
Projected Start and End Date	
Locality Name	
Industry Sector (2 Digit NAICS)	
Number of Employees Impacted	
Brief Project Description	
Description of Leveraged Resources if applicable	
Total Cost (Use form at Attachment A for line item detail)	

Signature and Certification

BY MY SIGNATURE I VERIFY: (1) THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND FURTHER, THAT ONLY COSTS INCURRED AFTER MARCH 1, 2020 WILL BE SUBMITTED FOR REIMBURSEMENT FOR ACTIVITIES APPROVED IN THIS APPLICATION (2) THAT I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE NAMED BUSINESS AND (3) I CERTIFY THAT THE BUSINESS (CONTRACTOR) WILL COMPLY WITH ALL FEDERAL WORKFORCE INNOVATION AND OPPORTUNITY ACT ASSURANCES AND CERTIFICATIONS. COPIES OF ALL APPLICABLE ASSURANCES AND CERTIFICATIONS ARE AVAILABLE UPON REQUEST.

Typed Name	
Signature	
Title	
Date	

For the New River/Mount Rogers Workforce Development Area Consortium Board:

Marty Holliday, Executive Director

Date

Attachment A – Line Item Budget

LINE ITEMS	Amount	Provide a detailed explanation and the basis for the budget amount requested
GRAND TOTAL		