



Smyth County Economic  
Development Authority  
121 Bagley Circle Suite 100  
Marion, VA 24354

January 7, 2025

Dear Applicant:

Smyth County Economic Development Authority and the Smyth County Board of Supervisors thank you for your interest in the Smyth Strong Disaster Relief Grant Fund. There has been an extensive impact from Hurricane Helene on so many of our County's small businesses. Considering the struggles our community is facing, the Board of Supervisors is pleased to report the County has allocated \$200,000 to the Smyth County Economic Development Authority, which allows us to distribute funds to small businesses to assist in a multitude of ways.

Existing businesses located in Smyth County, Virginia, (including the Towns located in the County), that meet the criteria as provided in this application packet are eligible to apply. Grants will be awarded in amounts ranging from **\$1,000** to **\$10,000** depending upon the number of applications filed and the need described in each application. Any requests received above \$10,000 will be taken into consideration on a case by case basis; depending on the need described and total remaining in the fund.

**Grants must be used for purposes allowed under the guidelines set forth herein. Please see grant eligibility for more information.**

Applicants are limited to one grant application per business, and no more than one grant award from the Smyth Strong Disaster Relief Grant Fund may be made per business.

A Grant Review Committee has been formed to review all applications received. The Committee's goal is prompt, fair, and equitable distribution of funds to help as many small businesses as possible. Grant awards, as well as all communication regarding applications, will be handled through the Smyth County Economic Development Office.

If you have questions, please contact Kendra Hayden, Director of Community & Economic Development via email at [khayden@smythcounty.org](mailto:khayden@smythcounty.org) or by phone at 276-706-8304.

We greatly appreciate your business in Smyth County.

Sincerely,

Montie Fleshman  
Chairman, EDA

*Enc: Grant Eligibility  
Grant Application Instructions  
Grant Application*

## **Grant Eligibility**

Businesses must meet **all** the following requirements to be eligible to apply:

- Established as a formal business located in Smyth County, Virginia (including the towns located in the county) and were established and open prior to Hurricane Helene
- File a complete application
- Business must be located in a declared disaster area
- Damage to Property from Hurricane Helene – OR – Business Interruption
- Promote General Welfare
- Have an active business license if required by the town in which the business is located (This requirement does not apply to business applicants that are not located in a town)
- Be current with payment of all county taxes, for which applicant is responsible, associated with the business and the property on which it is located (If the business or business owner is also not the owner of the physical location of the business, please note that information on the application)
- Business must agree to supply copies of invoices and receipts, and before and after images of damage the grant aided with, to Smyth County Economic Development Office

For the purposes of this round of grant funding related to damage from Hurricane Helene, a business is defined as any organization or entity that operates primarily for profit through the production, provision, or sale of goods and services. This includes a range of business models, such as sole proprietorships, partnerships, limited liability companies (LLCs), and corporations. Registered 501(c)(3) non-profits may also apply.

Additionally, agribusinesses—which encompass agricultural and farming operations that produce or process raw goods, including crops, livestock, or forestry products—are also considered businesses for grant funding eligibility. These enterprises contribute to the agricultural supply chain, which may include activities like farming, harvesting, processing, distribution, and other services tied to agricultural productivity and food supply.

Ineligible categories include, without limitation, the following:

- Individuals
- Home damages
- Tax payments
- Damages covered by insurance or reimbursed by any other program or grant
- Employee Pay

The above criteria applies to this round of grant awards. Subsequent rounds may occur if funds are available. If the criteria excludes your organization, please provide your feedback to [khayden@smythcounty.org](mailto:khayden@smythcounty.org) describing how the above-listed criteria excludes your organization, and explain how the criteria could be amended to include your organization and others that are comparable while still limiting the use of funds to small organizations.

If your business is awarded a grant, the funds must be used **within six (6) months of the award.**

## **Grant Application Instructions**

### **Filing deadlines:**

- **Application deadline for this round is January 14, 2025 at 2pm.**

The grant application will be posted on the Smyth County website, [www.smythcounty.org](http://www.smythcounty.org), in PDF form. All requested information and attachments must be provided. Do not include unsolicited information. If the application is deemed ineligible, it will be rejected.

Once you have completed your application, you may submit it by email to:

[khayden@smythcounty.org](mailto:khayden@smythcounty.org) or you may mail or hand-deliver it to:

Smyth County Administration Office  
Attn: Kendra Hayden  
121 Bagley Circle, Suite 100  
Marion, VA 24354

Applications may NOT be submitted by facsimile. Applications received after the deadline, postmarks notwithstanding, will be considered in the next available application period, if possible.

Applicants should retain a copy of the application and all attachments.

The Grant Review Committee will consist of County Administrator (or appointed representative), Director of Community & Economic Development, and at least three (3) members of the Economic Development Authority, or if possible, the full EDA board and will be known as “The Committee”.

The Committee, or member of the committee, may arrange telephone interviews with applicants to conduct further investigation after initial grant application review and may request additional documentation. Due to the anticipated large number of applications, the Committee expects that it will be unable to make an award to every applicant. Please understand that denial of an award in no way suggests rejection of the business. Smyth County and the Grant Review Committee want all businesses in Smyth County to succeed.

Your application will be considered a public document upon submittal to the County and will be subject to the requirements of the Virginia Freedom of Information Act. Do not include in the application form any information that you want to remain confidential. If you wish to submit with your application any information that you consider to be proprietary information, please clearly mark it, “PROPRIETARY”. The County will maintain the confidentiality of such information to the extent permitted by law and will notify the applicant in the event that disclosure is requested by a third party.

## TERMS AND CONDITIONS

1. The submission of an application for the Grant constitutes an unconditional agreement to, and acceptance of, these Terms and Conditions. The Applicant is responsible for ensuring his or her familiarity with these Terms and Conditions.
2. By submitting this Application, Applicant gives permission and waives confidentiality of tax information concerning Applicant's tax payment status so that the County Treasurer may verify to the Grant Review Committee (Committee), Smyth County (County), and the Smyth County Economic Development Authority (EDA) the tax payment status of Applicant.
3. The funds requested in this application are necessary to continue the ongoing operations of the applicant. Funds will be used by Applicant within six (6) months from receipt of funds, for the purposes as described in the application.
4. Applicant agrees that the information submitted for Applicant's application will be subject to the requirements of the Virginia Freedom of Information Act, which may require public disclosure. If Applicant wishes any information to be considered for exception as proprietary information, Applicant must clearly identify such documents or information. Applicants' requests will be honored to the extent permitted by law.
5. Applicant agrees, if requested, to submit to an audit (or similar) to confirm that grant funds awarded to Applicant, if any, were used as stated in the application.
6. Applicant agrees to reimburse the EDA, in full, within 60 days of written notice from the EDA if all commitments made in this application are not met.
7. Applicant acknowledges the EDA, and Committee have established criteria for qualified Applicants and applications, and that Applicants and applications that do not satisfy the criteria shall not be considered. Applicants agree that determination of whether an Applicant or application satisfies the criteria is solely in the discretion of the EDA, and the Committee, and that all such decisions are final and are not subject to appeal.
8. Applicant agrees that the determination of whether Applicant receives a grant award is solely in the discretion of the EDA and the Committee; and that all grant decisions are final and are not subject to appeal.
9. In consideration of the time, expertise, and other resources provided by the Committee, and the EDA, the Applicant, to the full extent permitted by law, by submitting an application voluntarily releases the Committee, the EDA, and all individuals who comprise the foregoing from any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees, charges, liability, or exposure), however caused, resulting from arising out of or in any way connected with this application and shall hold them harmless from any claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees, charges, liability, or exposure), however caused, resulting from arising out of or in any way connected with this application.

**CERTIFICATION**

I certify that I have read, understand, and agree to the terms and conditions herein. I further certify that I meet the eligibility requirements and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate, and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name and title:

\_\_\_\_\_  
Physical address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_

**(Applicants should retain a copy of the application and all attachments.)**

**Return Applications to:**  
Smyth County  
121 Bagley Circle, Suite 100  
Marion, VA 24354  
or Email: [khayden@smythcounty.org](mailto:khayden@smythcounty.org)

**Must be received in office 2:00pm  
on January 14, 2025**



**Smyth County, Virginia**  
**Small Business Relief Fund Application**

**I. APPLICANT IDENTIFICATION AND CONTACT INFORMATION**

Name of Business: \_\_\_\_\_

Sole proprietorship     Partnership     LLC     Corporation     Other: \_\_\_\_\_

Business license number, if applicable: (Attach a copy) \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Current on all County taxes: Yes      No

**II. BUSINESS DESCRIPTION:**

Short one-line description (4-10 words) of your business:

\_\_\_\_\_

Short one-line description (4-10 words) of how this has affected your employees:

\_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Number of Part-Time Employees: \_\_\_\_\_

**III. AMOUNT REQUESTED: \_\_\_\_\_**

**\*\* At this time the maximum award given will be \$10,000.00**

**Describe business losses that you have incurred in the box below and if possible please attach 2-4 pictures of any damage;**

**CERTIFICATION**

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate, and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

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Signature

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Printed name and title:

*(If you are awarded funds you will need to provide the County a W-9 form)*

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they