



Transylvania Tomorrow: Small Business Emergency Relief Fund

Businesses eligible for a Transylvania Tomorrow Small Business Emergency Relief Grant must meet the following criteria:

- **Must be in good standing** with regard to state and local taxes and licenses
- **Must have less than 50 full-time employees**
- **Must have experienced a significant loss, reduction in revenue, and/or physical damage** due to Hurricane Helene
- **Preference is given to businesses that:**
 - Are headquartered and with primary operations in Transylvania County
 - Are independently owned
 - Have been in operation for an extended time
 - Have a brick and mortar location
 - Have the greatest level of need-priority of grant awards will be directed towards businesses experiencing loss/damage of buildings, inventory, other assets, employee dislocation, revenue reductions due to extended closure of access roads and/or other utilities.
- **Eligible uses of funds:**
 - payroll (exclusive of owner compensation; payroll directed to employees actively working to reopen business)
 - professional restoration
 - recovery, and remodeling services due to storm damage
 - utilities, rent, mortgage payments
 - insurance, or similar expenses
 - products directly used in production of a product for sale
- **Applicants must be willing to provide all information** required on the application, plus supporting documentation if requested
- **Applicants must be willing to complete a survey** providing details on the current state of their business and impact of grant funds both six-months and one-year after receiving funds
- **Nonprofits are not eligible.**

Applications will be scored on a point system based on the above criteria by a review committee composed of members of the Transylvania Business Support Task Force. Application must be complete to be considered.

The review committee is made up of representatives from:

- Transylvania Economic Alliance (TEA)
- Heart of Brevard (HOB)
- Brevard/Transylvania Chamber of Commerce (Chamber)
- Blue Ridge Community College Small Business Center (BRCC-SBC)
- Transylvania County Tourism Development Authority (TCTDA)
- Community Focus Foundation

Please visit www.brevardnc.org/transylvaniatomorrow for more information.

Thank you for your application to the Transylvania Tomorrow Small Business Emergency Relief Fund.

The Transylvania Business Support Task Force

Section 1: Applicant Information

Business Name *

Business Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Business Website *

Business Contact Name *

First Name Last Name

SAMPLE

Business Contact Phone *

Area Code Phone Number

Business Contact Email *

example@example.com

Please Reenter Contact Email *

example@example.com

EIN Number *

Section 2: Business Description & Impacts

Please tell us about your business and the impacts of Hurricane Helene on your operations.

Current number of FULL TIME Employees at the time of this application. *

Including yourself

Current number of PART TIME Employees at the time of this application. *

Including yourself

How many years have you been in business in Transylvania County? *

Does your business have a storefront or brick and mortar location in Transylvania County? *

Yes

No

Did Hurricane Helene cause you to lose any full time or part time employees? If so, how many employees have you lost since September 27, 2024? *

Describe how your business has been impacted by Hurricane Helene. *

0/250

Describe your business: (Does your business fulfill a specific NEED in the community?) *

0/250

Describe your target market: (Who are your customers? Where are they located?) *

0/250

Staffing and Employee Impacts

Briefly describe how Hurricane Helene has impacted your STAFFING: *

0/250

Describe how your business is unique to our local community: (Independently owned, local goods/services, only resource for goods/services in the county, supports local economy/tourism, etc.) *

0/250

Did Hurricane Helene create a need to hire additional full time or part time employees? If so, how many employees have you hired since September 27, 2024? *

How is your business PREPARING for the upcoming months in light of Hurricane Helene? Please provide examples of expected changes to customer demand, operations, or asset requirements. *

0/250

**Please list any other financial assistance that you have received since September 27, 2024:
(friends, family, church, other organizations) ***

0/250

Financial Impact

What is your estimated LOSS OF REVENUE experienced since Sept 27, 2024? *

Do you foresee ADDITIONAL REVENUE LOSSES in the coming months? If so, please quantify briefly. *

0/250

Did you APPLY for any financial assistance related to Hurricane Helene from any of the following: *

- Insurance Company
- SBA Disaster Loan
- FEMA Support
- Bank Loan
- Line of Credit
- Grant

- Community Fund
- None of the above
- Other

Were you APPROVED for any of the above financial assistance? If so, please provide the name of the financial provider and the amount received or expected from them. *

Name of Organization - (\$) Amount Received or Expected 0/250

Has your business SUPPORTED the community in the aftermath of Hurricane Helene? (donations, volunteerism, advocacy, etc.)? If so, please explain in detail: *

0/250

SAMPLE

Please share any other information you would like the committee to know regarding your business finances or financial assistance (payment deadlines, foreseeable cash flow shortfalls, etc.) *

0/250

Please list any business coaching, conferences and trainings related to small business development that you have attended in the past 3 years. Please be specific: *

0/250

Response and Recovery

How is your business CURRENTLY RESPONDING to Hurricane Helene? Please list any changes to operations, marketing strategies, distribution channels, etc. *

0/250

Section 3: Grant Request Information

Please share any other information that you would like the selection committee to know about your business: *

SAMPLE

0/250

Grant Amount Requested (typical awards range between \$1,000-3,000 with the Task Force review committee reserving the right to make discretionary allocations as determined by specific business needs expressed in this application by outlining critical cash flow needs to ensure business viability): *

Community and Connections

Has your business SUPPORTED the community in the aftermath of Hurricane Helene? (donations, volunteerism, advocacy, etc.)? If so, please explain in detail: *

Brevard/Transylvania Chamber of Commerce

Heart of Brevard

Transylvania Economic Alliance

Blue Ridge Community College's Small Business Center
Rotary
Business Councils
SCORE
I am not involved with any of the above organizations
Other

How do you plan to use the grant funding? *

0/250

The Small Business Center at BRCC provides no-cost, confidential business counseling services. They are currently helping business owners develop a disaster response plan and prioritize decisions that may strategically position their business for long term success. Are you interested in receiving business counseling with the SBC? *

Yes, I am interested in business counseling services
No, I am not interested in business counseling services

How will these funds help your business move towards recovery, stability or sustainability? Please be brief and specific. *

0/250

Section 4: Certification Statement

I certify that the information above is correct to the best of my knowledge. I authorize the Transylvania Small Business Emergency Relief Fund selection committee to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the Community Focus Foundation and the Transylvania Small Business Emergency Relief Fund, including officers, directors, employees, agents, volunteers, or other related individuals from either organization, from any and all claims, loss or other liability arising from or related to the services that are provided before, during, and after the Transylvania Tomorrow grant review process.

Notice: The Transylvania Small Business Support Grant selection committee is dedicated to maintaining

the confidentiality of all private client information including proprietary business data, business plans, and tax ID numbers. The Transylvania Small Business Support Grant selection committee reserves the right to deny funding requests for any reason.

Owner or Authorized Representative Name: *

Date *

Month Day Year

Section 5: Documentation Check List

In addition to this application, please submit the following as part of your grant application:

- **Copy of driver's license or other form of ID**

Thank you for filling out this application!
Application must be complete to be considered.

SAMPLE