



# City of Mission Business Recover Program **APPLICATION**

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

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

**I have attached the required documents below (checked):**

**“Continue to Employ” Grant** - Mission businesses may receive up to \$5,000 to keep employees on their payroll. (\$500 per employee up to 10)

Requirement: \_\_\_\_\_ Established business inside city limits  
\_\_\_\_\_ Application  
\_\_\_\_\_ Copy of photo I.D. (drivers license, passport, state issued I.D.)  
\_\_\_\_\_ 941 Form - 2<sup>nd</sup> Qtr of 2020 (April, May, June)  
\_\_\_\_\_ Copy of W-9 Form  
\_\_\_\_\_ Verification Affidavit - Signed & Notarized

**One application per business**

**941 Form MUST be filed with the Internal Revenue Service.**

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**City of Mission Commercial Utility Accounts Grant - \$500**

Requirements: \_\_\_\_\_ Proof of Active commercial account (**City of Mission Water bill**)  
\_\_\_\_\_ Application  
\_\_\_\_\_ Copy of photo I.D. (drivers license, passport, state issued I.D.)  
\_\_\_\_\_ Copy of W-9 Form  
\_\_\_\_\_ Verification Affidavit – Signed & Notarized

**One application per business**

**Checks will be made payable to the registered Business listed on W-9 Form**



# City of Mission Business Recover Program Verification Affidavit

I \_\_\_\_\_ hereby attest, under penalty of the law, that I am an authorized representative for \_\_\_\_\_ and would like to apply for the **City of Mission Commercial Utility Accounts Grant** and that the information that I am providing as required is true and correct. I understand that I will be required to pay back the money granted if the information that I have provided is not true or is fraudulent.

I attest that my business has been negatively impacted by the COVID-19 pandemic. I understand that the funds granted are designated for the recovery of businesses affected by COVID-19.

I further understand that the submission of my application is subject to funding availability and not guaranteed.

Business name: \_\_\_\_\_

Signature: \_\_\_\_\_

State of Texas, County of Hidalgo:

I, do hereby confirm that on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, appeared before me personally \_\_\_\_\_  
\_\_\_\_\_.

(known to be the person(s) who executed the foregoing instrument)

\_\_\_\_\_  
Notary Public in and for the State of Texas

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# City of Mission Business Recover Program Verification Affidavit

I \_\_\_\_\_ hereby attest under penalty of the law, that I am an authorized representative for \_\_\_\_\_ and would like to apply for the **“Continue to Employ” Grant** which requires a copy of the 2020 2<sup>nd</sup> Quarter (April, May, June) 941 Form which has been filed with the Internal Revenue Service. Furthermore, I attest that the information that I am providing as required is true and correct. I understand that I will be required to pay back the money granted if the information that I have provided is not true or is fraudulent.

I attest that my business has been negatively impacted by the COVID-19 pandemic. I understand that the funds granted are designated for the recovery of businesses affected by COVID-19.

I further understand that the submission of my application is subject to funding availability and not guaranteed.

Signature: \_\_\_\_\_

State of Texas, County of Hidalgo:

I, do hereby confirm that on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, appeared before me personally \_\_\_\_\_

(known to be the person(s) who executed the foregoing instrument)

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Notary Public in and for the State of Texas

Printed Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_