Wasatch County Collaborative Business

Incentive Grant Program

The Business Incentive Grant Program is intended to help businesses that have suffered a loss during the COVID 19 Pandemic shutdown recover some of those losses through customer incentives. Qualifying businesses can apply for up to $5,000 to be used towards discounts, product offers, or gift card to offer their customers. Businesses can use the $5,000 as compensation for the deal or discount offered to their customers. For example, a business may offer a 25% discount on their products or services and submit for reimbursement the discount off the purchase price.

Applications will be processed and awarded on a first-come first-served basis. Applications will be reviewed by the Heber Valley Economic Development Staff. Please send completed application to Alison at [alison@gohebervalley.com](mailto:alison@gohebervalley.com). For questions please call 435-654-3666.

Qualifications –

* Business Established by January 1, 2020
* Business license from Heber City, Midway or Wasatch County
* Compliant with all local health directives
* Proof of hardship or loss during the period of March, April, May of 2020

Reimbursement details -

Checks will be sent out once a month. The incentive program must be documented to receive reimbursement. Use the provided “**Business Incentive Tracking Sheet**” to track reimbursements. Tracking form must be submitted on or before the following dates to receive reimbursement:

* September 24
* October 22
* November 19

Money received through the Business Incentive Grant Program must be spent on creating an incentive for your customers to shop at your business through a discount. All money awarded must be used by November 30. Any remaining funds not used by November 19 may be used to purchase personal protective equipment for your business. *Please provide receipt of PPE purchase for reimbursement.*

The following documentation must accompany this application:

1. A copy of the current business license
2. A profit and loss compared to 2029 and 2020 (Attached **Profit and Loss Document**)
3. A statement of hardship
   1. how the COVID-19 epidemic has negatively affected the business,
   2. an estimate of revenue lost,
   3. requested amount of grant funds, up to $5000
   4. As proof of hardship, document evidence of a bill or bills
4. Customer Incentive program – Clearly detail the ***COMPELLING*** offering or discount your business plans to offer to your customers, and how you intend to communicate offer to your customers \*\* All incentives will be posted on the gohebervalley.com website as well. \*\*

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| **COMPANY INFORMATION** | | | | | |
| Company Name: | | | | | |
| Industry: | | | | | |
| Business Address: | | | | | |
| City: | | State: | ZIP Code: | | |
| County: | | | | | |
|  | | | | | |
| Mailing Address (If different): | | | | | |
| City: | State: | | | ZIP Code: | |
| County: | | | | | |
|  | | | | | |
| **PRINCIPAL CONTACT INFORMATION** | | | | | |
| First Name: | | Last Name: | Title: | | |
| Email: | | Work Phone: | Mobile Phone: | | |
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| **Funding amount requested (up to $5000):** | | | | | |
| I authorize the Heber Valley Tourism and Economic Development to verify the information provided on this form and the accompanying additional documentation. | | | | | |
| Signature of applicant | | | | | Date |