

Hurricane Helene Layoff Aversion Business Edge Fund Application Guide

This application guide should be used as a tool to help you complete the application process and ensure all the required information is submitted. The application can be found online at: [MAWDB Helene Business Edge Fund Application – Fill out form](#)

Please do not submit your application unless you have all the required documentation. Incomplete applications could be delayed/rejected.

1. Business Legal Name:

- Please enter the official name of your business or organization as registered with the State of North Carolina.

2. Business DBA

- Please enter the common name of the business if different from the legal name.

3. Physical Address:

- Please enter the complete address where the business is located.

4. Billing Address:

- Please enter the mailing address for the business if different from the physical location.

5. County Where Business is Located:

- Please select the county where your business is located.

6. Years in Business (Must be minimum of two years)

- Enter the number of years this business has been in operation.

7. Business FEIN:

- Applicants must have a valid Federal Employer Identification Number, and it must be registered with the NC Secretary of State's Office.

8. The business is up to date on Unemployment Insurance taxes (required)?

- Please select Yes or No
- Use this website to look up status: <https://DES.nc.gov>

9. Is the business in good standing with the IRS?

- Select Yes or No
- Tax Lien Search [Tax Lien Search Website](#)

10. North American Industry Classification System (NAICS) Code:

- Please enter the NAICS code that identifies the type of business or organization that you have.
- NAICS Codes can be found at <https://www.naics.com/search/>

11. Authorized Business Representative:

- Please enter the name and title of the individual who is responsible for operating the business.

12. Authorized Business Representative Phone Number:

- A working telephone number must be included.

13. Authorized Business Representative Email:

- A working e-mail address must be included; it should be the address of the contact person or someone who will be able to respond to correspondence promptly. Failure to respond to communication attempts may result in your application being denied.

14. Number of NC Employees:

- List the current number of W-2 employees that you employ (must be between 3-250). Do not include any 1099 independent contractors. Only list employees on whom you are paying payroll taxes.

15. Average Wage of Affected Workers:

- List the average hourly wage of employees.

16. Company Ownership

- Select the option that identifies the ownership type for your business
- Sole, Partnership, Corporation, Other

17. If your business is owned by an under-served group listed, check all groups that apply or N/A if none apply.

- Disabled/Female/Minority/Veteran

18. Background of Business

- Provide a brief background of your company or organization.

19. Please provide a narrative to describe in detail how your business or organization has been affected by Hurricane Helene.

- Provide narrative

20. Amount of Funds Requested

- No more the \$10,000 may be requested

21. Please describe what is included in the amount requested

- This is a reimbursement program; funds will be disbursed after proof of payment is provided for approved invoices. Initial quotes/estimates may be submitted for initial consideration, but receipts/paid invoices will be needed for final reimbursement.
- The maximum amount of any single line-item cannot exceed \$5,000.
- After internal review and approval, you will have to submit your receipts and PAID invoices via email.

22. Is there anything you would like to add about your current situation?

- If yes, provide a narrative

23. To the best of your knowledge, you verify the information contained within this application is true and accurate.

- Please select Yes or No