

Small Business Relief Fund

The Small Business Relief Fund was established by Sauk County's four local Chambers of Commerce and the Sauk County Economic Development Committee.

Eligibility Requirements: Applicants must own a small-business, less than five-employees in Sauk County and must use funds to offset losses due to COVID-19.

Funding Amounts: Awards range from \$500 - \$1,000 until all funds are expended. Awards are based on selected criteria.

Distribution: Distribution will begin in mid-April and continue until all funds are expended

Application: The application for funding is included on the next page. The application must be submitted via email to your local chamber of commerce.

Baraboo Area Chamber of Commerce:

Darren Hornby: (608) 356-8333

Director@BarabooChamber.com

Sauk Prairie Area Chamber of Commerce:

Tywana German: (608) 643-4168

executivedirector@saukprairie.com

Reedsburg Area Chamber of Commerce:

Kristine Koenecke: (608) 524-2850

ED@rucls.net

Spring Green Area Chamber of Commerce:

Julie Jensen: (608) 588-2054

sgacc@springgreen.com



Small Business Relief Fund

Name:					
Phone Number:					
Email:					
Business Name:					
Address:					
Number of Employees:					
Industry:					
What will these funds be used for:	Payroll	Utilities	Product Loss	Incurring Expenses	Rent/Mortgage
Are you financially solvent until April 30 th , 2020:	Yes			No	

How has the COVID-19 Pandemic Impacted your business (please select all that apply)		
Was your business forced to close due to the COVID-19 Pandemic:	Yes	No
If yes, when did you close:	Date:	
If you have not been forced to close, have you had to alter hours of operation:	Yes	No
How much revenue has your business lost:	<10%	
	10-24%	
	25-49%	
	>50%	

Expenditures Certifications

The undersigned hereby certifies and affirms that:

1. They are an authorized representative of the applicant organization;
2. This application has received the approval of the applicant organization's governing board or chief administrative official;
3. The information contained in this application and its attachments is true and correct to the best of his/her knowledge.

Signature / Title of Person Completing This Form	
Date Form Completed	



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