



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: [Hurricane Helene Disaster Recovery Information | High Country](#)

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. County Where Business is Located:
 - Please select the county where your business is located.
5. Mailing Address:
 - Please enter the mailing address for the business if different from the physical location.
6. Company Website
 - Please enter the company website or social media pages if applicable.
7. Years in Business (Must be minimum of two years)
 - Enter the number of years this business has been in operation.
8. Business FEIN:
 - Applicants must have a valid Federal Employer Identification Number, and it must be registered with the NC Secretary of State's Office.
9. The business is up to date on Unemployment Insurance taxes (required)?

- Please select Yes or No
10. The business is in good standing with the IRS (required)?
- Select Yes or No
 - Tax Lien Search [Tax Lien Search Website](#)
11. 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/>
12. Authorized Business Representative:
- Please enter the name and title of the individual who is responsible for operating the business.
13. Authorized Business Representative Phone Number:
- A working telephone number must be included.
14. 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.
15. Number of NC Employees:
- List the current number of W-2 employees that you employ. Do not include any 1099 independent contractors. Only list employees on whom you are paying payroll taxes.
16. Number of non-NC Resident Employees:
- List the current number of W-2 employees that you employ. Do not include any 1099 independent contractors. Only list non-NC resident employees on whom you are paying payroll taxes.
17. Number of Affected NC Employees:
- List the number of NC employees that have been or could be affected if you were to have to lay off personnel.
18. Number of Affected non-NC Resident Employees:
- List the number of non-NC resident employees that have been or could be affected if you were to have to lay off personnel.
19. Average Wage of Affected Workers:
- List the average hourly wage of employees.

20. Average Wage of non-NC Resident Affected Employees:
- List the average hourly wage of non-NC resident affected employees.
21. Company Ownership
- Select the option that identifies the ownership type for your business
 - Sole, Partnership, Corporation, Other
22. If your business is owned by an underserved group listed, check all groups that apply or N/A if none apply.
- Disabled/Female/Minority/Veteran
23. Was the business affected by Hurricane Helene?
- Select Yes or No
24. If yes is selected, please provide a narrative to describe in detail how your business or organization has been affected.
- Provide narrative
25. Background of Business
- Provide a brief background of your company or organization.
26. Layoff Aversion Plan: Measures Taken
- Provide a brief narrative of the layoff aversion plan or steps taken, including information on the specific needs of the employer, the layoff aversion activities, the timeline for the project, and any other relevant information (examples: kept staff on payroll during a specific timeframe during disaster recovery, reassigned job roles to disaster recovery tasks, shifted business model to keep business open, etc.) to avoid laying off personnel or in being able to bring employees back.
27. Layoff Aversion Plan
- Describe in detail what measures are necessary to avoid laying off employees, or to reduce the time your employees will be laid off because of Hurricane Helene. These can be measures you have taken that you wish for reimbursement or estimates of products and services that you need to avoid or reduce layoffs (examples: provide staff laptops to allow for remote working while building/offices are being reconstructed, secure Starlink equipment so offices and workers have internet access, contract with consultant for recovery feasibility assessment, etc.).

28. Amount of Funds Requested:

- The maximum amount of Business Edge Helene Layoff Assistance funding you can request is \$10,000. Please make sure to enter the amount and a description of what is included in this requested amount. Please include if these are funds you wish to have reimbursed or quotes/estimates you anticipate for the products/services needed. Copies of receipts, quotes, and/or invoices are required and will be requested during the review of your application. Please prepare these documents in advance and respond to requests promptly to ensure the process is completed on time.

29. Other Hurricane Helene Relief Received:

- Please select Yes or No.

30. If Yes is selected in question 28, you will be taken to another question to list other sources (and dollar amounts) of Hurricane Helene related relief your business has received such as insurance payouts, FEMA assistance, SBA loan, grant or loan from non-governmental sources.

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

- Please briefly add anything you would like about your current situation.

32. To the best of my knowledge, I verify the information contained within this application is true and accurate.

- Please select Yes or No.