



texascrossroadsbp.com
(P) 979-733-8282 · (F) 979-732-8213

**PROJECT: City of Columbus COVID-19 Utility Assistance Program
605 Spring St, Columbus, TX 78934**

**Full Legal Name of
Business Requesting Funds:** _____

Date your business was directly affected by COVID-19: _____

Type of Business*: _____ **Essential (\$150)**
_____ **Non-Essential (\$300)**

(*CCIDC will make final determination based on the definitions in the
Declaration No. 2020-D-1 dated March 18, 2020)

Number of Employees: _____

Contact Name: _____

Business Address: _____

Utility Account #: _____

Phone: _____

Email: _____

Signature: _____

Applications must be submitted by **Monday, June 1, 2020.**

Applications can be mailed, dropped off, faxed (979.732.8213), or emailed to
(ccidc@columbus-texas.net)

Application Review and Approval

_____ **Board President**
_____ **City Manager**
_____ **Assistant City Secretary**

