

# WOOD COUNTY SMALL BUSINESS RELIEF PROGRAM

## GRANT APPLICATION

Applications will be accepted beginning at 8:30 a.m. on August 3, 2020 through 4:30 p.m. on August 14, 2020. Completed applications must be emailed (as a PDF file) to [wade@woodcounty.com](mailto:wade@woodcounty.com) along with the following support documentation:

- Evidence of the business being an operational for-profit business in Wood County since at least January 2019. This can be evidenced, at a minimum, by: (a) filing(s) with the Ohio Secretary of State, such as articles of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Standing; (b) an Ohio vendor's license; (c) Federal Schedule C – Profit or Loss from Business (Sole Proprietorship, etc.); or any other similar document that demonstrates that the business has been in operation a for-profit entity since January 2019.
- Evidence business has less than \$1 million dollars in gross revenue/receipts on an annual basis. This can be evidenced by records such as the business' 2019 federal income tax return or financial statements.
- Evidence demonstrating business has experienced a decrease in gross revenue/receipts of 25% or more due to COVID-19 when comparing March 1 – May 31, 2019 revenue/receipts to March 1 – May 31, 2020 revenue/receipts (decrease may be for a single month or any combination of months during this period). This can be evidenced by financial information/records, including at a minimum, bank statements.
- Evidence business has 30 or fewer employees or 1099 workers as of March 22, 2020. This can be demonstrated by forms such as 2019 Form W-3 (Transmittal of Wage and Tax Statement) or 2019 Form 1096 (Annual Summary and Transmittal of U.S. Information Returns) and payroll reports or checks that evidence number of workers as of March 22, 2020 or statement attesting/certifying that your business had no employees or 1099 workers.
- Applicants seeking reimbursement of eligible expenses (eligible expenses already paid by the business) must provide proof of payment along with supporting documentation to substantiate the expenditures (e.g., copies of detailed invoices and a copy of the check for payment). Applicants seeking funds to pay eligible expenses with grant funds must provide verification of the expenses (e.g., copies of invoices, cost estimates, previous transactions).
- Applicants seeking rent/lease, mortgage assistance or utilities must provide verification (e.g., copies of invoices or previous transactions) of rent/lease, mortgage or utility expenses. Rent, lease, mortgage and utility costs for businesses that are in or operated out of a personal residence are not an eligible expense.
- Documents submitted under this program may be subject to public disclosure under the Ohio Public Records Act. Applicant must clearly mark all documents that qualify as confidential and/or trade secrets under Ohio law.

APPLICANT BUSINESS INFORMATION:

Legal Name of Business: \_\_\_\_\_

Business "dba" Name (if applicable): \_\_\_\_\_

Federal Employer ID#: \_\_\_\_\_

Physical Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

\_\_\_\_\_

Business Owner Address: \_\_\_\_\_

\_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Business Owner Phone No.: \_\_\_\_\_

1. Is your business a for-profit entity with a location in Wood County?

- Yes
- No

2. What type of activity does your business perform?

- Retail
- Service
- Restaurant
- Hotel
- Manufacturing
- Agriculture

3. What type of business entity are you?

- Sole Proprietor
- Corporation
- Limited Liability Company
- Partnership
- Limited Partnership
- Other

3. Has your business been in operation since January 2019?

- Yes
- No

4. Did your business have less than \$1,000,000 in gross revenues/receipts during 2019?

- Yes
- No

5. Does your business have 30 or less employees and/or 1099 workers (full time or part time) on March 22, 2020?

- Yes
- No

6. Did your business experience a decrease in gross revenues/receipts of 25% or more due to COVID-19 as evidenced by comparing March 1 – May 31, 2019 revenue/receipts to March 1 – May 31, 2020 revenue/receipts (decrease may be for a single month or any combination of months during this period).

- Yes
- No

7. How much funding is being requested? (cannot exceed \$5,000) \_\_\_\_\_

8. Please check all that apply on how the grant funds will be used. Documentation is required to demonstrate proof of payment for use of these funds.

- Payroll
- Rent – not eligible for businesses that operate out of a personal residence
- Utilities – not eligible for businesses that operate out of a personal residence
- Materials and Supplies related to interruption of business caused by related closures
- Personal Protective Equipment or other COVID-19 expenses related to compliance with Responsible Restart Ohio
- Mortgage – not eligible for businesses that operate out of a personal residence
- Other

9. Identify how much of the requested funds will be spent in each of the marked categories. If you are not seeking an expense reimbursement for an item(s) you already purchased, please indicate when you would expend the funds (all funds must be expended within 30 days of receipt). Please attach additional sheets, if needed.

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10. Has your business received or been approved for other federal assistance for lost revenue or expenses arising from the pandemic, including Paycheck Protection Program or Emergency Disaster Loan?

- Yes
- No

11. Has your business been approved for a business interruption insurance claim as a result of COVID-19?

- Yes
- No

12. Is your business in compliance with all federal, state, county, and local requirements applicable to its type of business?

- Yes
- No

13. Is your business in the bankruptcy process?

- Yes
- No

14. Are you a type of entity that is required to file with the Ohio Secretary of State?

- Yes
- No

15. Is your business current with all federal, state, county and local taxes and fees taking into consideration any extended due dates due to COVID-19?

- Yes
- No

16. Is your business in good standing with all applicable governmental regulations related to building code or property maintenance issues?

- Yes
- No

17. Is your business one of the following: adult entertainment, bank, savings and loan, credit union, e-commerce only, liquor/wine store, tobacco store, vaping store, cannabis dispensary or franchise not locally owned and independently operated?

- Yes
- No

18. Summarize how your business has been impacted by COVID-19. Please attach additional sheets, if needed.

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By signing this application, I hereby attest to the following:

- All of the information I provided on this form is complete and accurate;
- I have read and understand the Wood County Small Business Relief Program Guidelines & Requirements and my application complies with the requirements set forth therein;
- I am not applying for reimbursement/payment for any expense that has been or will be reimbursed under any other federal program;
- I understand and agree that I may be required to submit additional verification information, including but not limited to payment of eligible expense documentation; and
- I understand and agree that I will be required to execute a grant agreement and close out report should my application be selected and approved.

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Business Name

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Printed Name/Title

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Signature

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Date