

WOOD COUNTY SMALL BUSINESS RELIEF PROGRAM GRANT APPLICATION (ROUND 2)

Applications will be accepted beginning at 8:30 a.m. on November 9, 2020 through 4:30 p.m. on November 20, 2020. Completed applications must be emailed (as a PDF file) to grants@co.wood.oh.us. Applicants must submit a complete application for it to be considered under the first-come-first served process. Applications MUST include 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 as 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 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.
- Documentation that business paid for eligible expenses. Business must provide copies of detailed invoices and copies of the canceled checks for payment. This is a reimbursement-only program. If business seeks reimbursement of rent/lease or mortgage payments, business must provide copy of lease or mortgage documents and copies of canceled checks for payment. Rent, lease, mortgage, utility, phone and similar expenses for businesses that are in or operated out of a personal residence are not an eligible expense.

Information, documents or other materials submitted under this program are public records unless a statutory exception exists under Ohio Revised Code 149.43 or other relevant law that exempts the information, document or other material from public release.

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
- Other

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 related costs, such as compliance with Responsible Restart Ohio and other measures taken to protect employees, customers or clients from COVID-19.
- Mortgage – not eligible for businesses that operate out of a personal residence
- Other

9. Identify how much of the requested funds will be allocated to each of the marked categories. Please attach additional sheets, if needed.

10. Has your business received or been approved for greater than \$5,000 of federal assistance for lost revenue or expenses arising from the pandemic from the Paycheck Protection Program or the Economic Injury Disaster Loan ("EIDL") or Grant Program.

- Yes
- No

11. Has your business previously received funding under the Wood County Small Business Relief Program?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

14. Is your business in the bankruptcy process?

- Yes
- No

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

- Yes
- No

16. 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

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

- Yes
- No

18. Has the Applicant business owner been convicted of a felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance within the last five years?

- Yes
- No

19. Is your business one of the following: adult entertainment business, financial institution, liquor/wine store, utility provider, tobacco store, cannabis business, franchise not locally owned and independently operated, club or service organization, place of worship or non-profit, casino or video lottery terminal business, or hospital, ambulatory care surgical center, private school, or long-term care center?

- Yes
- No

ROUND 2

11-9-2020

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

By signing this application, I hereby certify that:

- 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 (Round 2) and my application complies with the requirements set forth therein;
- I am not applying for reimbursement for any expense that has been or will be reimbursed from another source, including any other federal program, government loan, grant program or insurance proceeds;
- I understand and agree that I may be required to submit additional verification information; and
- I understand and agree that I will be required to execute a Grant Agreement should my application be approved.

Business Name

Printed Name/Title

Signature

Date