



SHELBY COUNTY SMALL BUSINESS RECOVERY GRANT PROGRAM APPLICATION

* Required

In order to be eligible for a grant, businesses will be required to provide documentation to verify data provided. Incorrect or incomplete information will result in disqualification of the business.

Applications will be accepted through 4pm May 31, 2022. Applications can be emailed to ahamberg@shelbycountyrpc.com or dropped off at the Shelby County Annex Building, 129 East Court St., Sidney from 8am to 4pm Monday – Thursday or 8am – 11:30am on Friday.

Business Name* _____

Majority Owner's Name* _____

Business Street Address (No PO Box)* _____

Address Line 2 _____

City* _____ State * _____ Zip Code * _____

Business Type *: Sole Proprietor Partnership S Corporation
 C Corporation Limited Liability Company Other:

List of Business Owners*: _____

Majority Business Owner's Phone * _____

Majority Business Owner's Email * _____

Preferred method of communication * Email Mail

Federal Tax ID- 9-digit number * _____ NAICS- 6 Digit number: _____

Unique Entity ID# (UEI): _____

Effective, April 4, 2022, UEI is the official government-wide identifier used for federal awards. For information on how to acquire a UEI for your business, see the document 'Transitioning to the New Unique Entity ID (SAM)'.

https://www.fsd.gov/sys_attachment.do?sys_id=961b05661bf1cd90fe314000f54bcb9a

(The UEI is not required to submit the application but **will be required prior to grant award**).

Ohio Certificate of Good Standing: Find or request <https://www.ohiosos.gov/businesses/business-reports/>
(Certificate is not required to submit the application but **will be required prior to the grant award**.)

1. Is your business a for-profit entity with a location in Shelby County*? Yes No
2. Has your business been in operation since January 1st 2020*? Yes No
3. Did your business have less than \$2,000,000 in gross revenues/receipts during the following fiscal years*?
 2020 Yes No 2021 Yes No

4. Please enter the number of full-time and part-time employees for each year:

# of Full-Time Jobs (2020) * _____	# of Part Time Jobs (2020) * _____
# of Full-Time Jobs (2021) * _____	# of Part Time Jobs (2021) * _____
# of Full-Time Jobs (2022) * _____	# of Part Time Jobs (2022) * _____

5. How much funding is being requested*? (minimum of \$5,000, maximum of \$25,000) _____

6. Please check all that apply on how the requested grant funds will be used*. Expenses must be incurred after March 31st, 2021, but before December 1st, 2023. (Documentation to demonstrate proof of payment for use of these funds will be required at closeout.)

- General Expense: Salaries, wages or compensation paid to employees
Amount: _____
- General Expense: Mortgage/Rent (*not eligible for businesses that operate out of a personal residence*)
Amount: _____
- General Expense: Utilities (*not eligible for businesses that operate out of a personal residence*)
Amount: _____
- General Expense: Operating Costs Amount: _____
- COVID-19 Prevention measures (*purchase of items meant to protect the public and employees during the pandemic, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures and/or Virus mitigation related to air-quality and ventilation improvements and various other health and safety measures*)
Amount: _____
- Workforce retention and/or attraction efforts (*eligible costs associated with hiring activities needed to address labor shortages, such as expenses related to job fairs, job posting, employment incentives and eligible costs associated with job training of new employees*)
Amount: _____
- Technical Assistance Counseling (*costs associated with 3rd party consultative services directly tied to recovery from financial hardship caused by COVID-19, includes costs such as financial planning, space planning and configuration for the purposes of health/safety, marketing and ecommerce*)
Amount: _____

7. **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
8. **Has your business been approved for a business interruption insurance claim as a result of COVID-19*?** Yes No
9. **Is your business in compliance with all federal, state, county, and local requirements applicable to its type of business*?** Yes No
10. **Is your business in the bankruptcy process*?** Yes No
11. **Is your business current with all federal, state, county and local taxes and fees*?** Yes No
12. **Is your business in good standing with all applicable government regulations related to building code or property maintenance issues*?** Yes No
13. **Is your business property a nuisance property for police/fire/EMS calls*?** Yes No
14. **Is your business one of the following: adult entertainment, bank, savings and loan, credit union, e-commerce only, liquor/wines store, tobacco store, vaping store, cannabis dispensary or franchise not locally owned and independently operated*?** Yes No

The following questions are for monitoring purposes only and have no bearing on the grant approval.

15. **Does any owner, owner's spouse, or household member work for or serve in an official capacity for Shelby County or a Shelby County Municipality? *** Yes No
16. **Which municipality or township is your business located in?**
17. **Is your business a Minority Owned Business Enterprise (MBE)?** Yes No
18. **Is your business a Woman Owned Business Enterprise (WBE)?** Yes No
19. **Is your Business Veteran Owned?** Yes No
20. **Will this grant allow you to retain or create at least 1 job?** Yes No

Negative Economic Impact:

Please summarize your current situation and how the continuance of the COVID-19 pandemic has impacted your business (decline in revenue, laying off employees, closures, etc.). Include specific information as to expenses incurred by the business resulting directly from the continuance of the pandemic. A bullet list is recommended. If you've experienced a decline in revenue, please estimate loss due to COVID-19 during the period March 3, 2021 through the date of this application.*

Certification:

If your business is granted funding, the following documentation will need to be provided:

1. Proof business has been operational in Shelby County since January 1st, 2020. This can be evidenced at a minimum, by:
 - a. filing(s) with the Ohio State 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); or any other documents that demonstrate that the business has been in operation as a for-profit since January 1st, 2020.

2. To prove less than \$2 million in gross revenue/receipts on an annual basis, provide a copy of last two (2) years' tax returns, including Form 1040 with Schedule C Profit or Loss from Business, Form 1120 (if corporation), or equivalent documentation.

3. Proof employment does not exceed 50 FTE employees as of December 31, 2021. This can be demonstrated by forms such as:
 - a. 2021 W-3 (Transmittal of Wage and Tax Statement);
 - b. 2021 Form 1096 (Annual Summary and Transmittal of US Information Returns);
 - c. Payroll reports or checks that evidence numbers of workers as of December 31, 2021.

4. Approved applicants will be required to sign a grant agreement within ten (10) days of notification of an approved grant

5. Submit the following Federal documentation:
 - a. Unique Entity ID# (UEI)
 - b. Signed Form W-9 (2022)

6. All grant funds will be distributed via Direct Deposit/ACH. Approved applicants will need to provide the business bank account/routing number for grant fund payment
7. At close-out, proof of reimbursable business expenditures (receipts, invoices) and a summary of the impact the recovery funds had on the business and its operations.

I hereby certify that the information on this form is complete and accurate. If selected for grant funding, I will provide all supporting documentation required for verification. Please confirm your understanding of certification by initialing. * _____

Disclaimer:

The submission of an application for the Small Business Recovery Grant Program **does not guarantee** an award of funding. The total amount awarded will be based on first-come, first-serve basis and availability of funds. Final authority for approval will be made by the Shelby County Commissioners.

It is the sole responsibility of the applicant to determine or seek independent advice to determine the tax implications to the applicant and its owners. Please confirm your understanding of this disclaimer by initialing. * _
