

APPLICATION FORM

COLUMBIANA COUNTY
SMALL BUSINESS RELIEF PROGRAM

Businesses will be required to provide documentation to verify data provided in order to be eligible and approved for the grant. Incorrect or incomplete information will result in disqualification from the program.

Applications will be accepted October 1, 2020 through October 16, 2020.

Complete Applications can be e-mailed to:

If you are a for-profit business *related to the tourism industry*, please send your application to vbcfrgrant@columbianacodev.org

If you are a for-profit business *not related to the tourism industry*, please send your application to portcrfgrant@columbianacodev.org

If you are a non-profit business, please send your application to therold@columbianacodev.org

Name of Business	Click here to enter text.
Street Address	Click here to enter text.
Apt/Ste	Click here to enter text.
City	Click here to enter text.
Zip	Click here to enter text.
Mailing Address (if different than above)	
Street	Click here to enter text.
City	Click here to enter text.
Zip Code	Click here to enter text.
Business Owners	Click here to enter text.
	Click here to enter text.
	Click here to enter text.
	Click here to enter text.
Contact Person Information	
Contact Name	Click here to enter text.
Contact Phone	Click here to enter text.
Contact E-mail	Click here to enter text.
Business Federal Tax ID #	Click here to enter text.

1. Please categorize your business:

- ☐ Columbiana County For-Profit Business related to tourism
- ☐ Columbiana County For-Profit Business not related to tourism
- ☐ Columbiana County Non-Profit Business

2. What type of business entity is this?

- ☐ Sole Proprietor
- ☐ S Corporation
- ☐ Partnership
- ☐ C Corporation
- ☐ LLC
- ☐ Other

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

- ☐ Yes
- ☐ No

4. Did this business have less than \$3,000,000 in gross revenues/receipts during 2019?

- ☐ Yes
- ☐ No

5. Select the total number of employees and 1099 workers (full or part-time) on March 22, 2020 (if you are a sole proprietor, count as 1):

- ☐ 1-10
- ☐ 11-50
- ☐ 51 or more

6. Did this business experience a decrease in gross revenue receipts of 35% or more due to COVID-19, as evidenced by comparing year-over-year monthly receipts?

- ☐ Yes
- ☐ No

7. How much funding is being requested? (Max. is \$10,000) [Click here to enter text.](#)

8. The grant funds will be used for the following (check all that apply):

- ☐ Payroll
- ☐ Rent—not eligible for businesses operated out of a personal residence
- ☐ Utilities—not eligible for businesses operated out of a personal residence or for utilities paid to a governmental subdivision
- ☐ Materials and supplies related to interruption of business and related closures
- ☐ Personal Protective Equipment or other COVID-19 expenses related to opening
- ☐ Mortgage—not eligible for businesses operated out of a personal residence
- ☐ Other: [Click here to enter text.](#)

NOTE: The following are not permissible uses of grant funds: cost of vehicle or equipment leased or purchased after March 23, 2020; personal, non-business expenses of the business or its owner(s); construction costs; any tax, license, or fee obligations payable to any governmental entity.

9. Has this business received or been approved for other federal assistance for lost revenue or expenses arising from the pandemic, including the Paycheck Protection Program (PPP) or Emergency Disaster Loan (EDL)?
- ☐ Yes
☐ No
10. Has this business been approved for a business interruption insurance claim as a result of COVID-19?
- ☐ Yes
☐ No
11. Is this business in compliance with all federal, state, county, and local government requirements applicable to its type of business?
- ☐ Yes
☐ No
12. Is this business in the bankruptcy process?
- ☐ Yes
☐ No
13. Is this entity required to file with the Ohio Secretary of State?
- ☐ Yes
☐ No
14. Is this business current with all federal, state, county, and local taxes and fees?
- ☐ Yes
☐ No
15. Is this business in good standing with all applicable regulations related to building code or property maintenance issues?
- ☐ Yes
☐ No
16. Is this business considered a “nuisance property” for police/fire/EMS calls?
- ☐ Yes
☐ No
17. Is this 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. Please summarize the financial and operational impacts COVID-19 has had on this business: [Click here to enter text.](#)

The following questions are for monitoring purposes only and will have no bearing on your pre-application approval:

19. In which municipality or township is this entity located? [Click here to enter text.](#)

20. Is this business a minority-owned business enterprise?

☐ Yes

☐ No

21. Is this business a woman-owned business enterprise?

☐ Yes

☐ No

22. Is this business veteran-owned?

☐ Yes

☐ No

23. Will this grant allow for the retention or creation of at least one job?

☐ Yes

☐ No

APPLICANT STATEMENT

☐ **By checking this box and entering my name below, I hereby certify and attest that the information on this form is complete and accurate. I further certify and attest that I will provide all supporting documentation required for verification.**

Signature: [Click here to enter text.](#)

Date:[Click here to enter text.](#)

If it is determined that the applicant appears to qualify for funding under this program, the following documentation will be required:

- 1. Documentation that proves the entity has been operational since January 1, 2019.**
- 2. Documentation that proves the entity has less than \$3 million in gross revenues.**
- 3. Documentation that the entity experienced a decrease in gross revenue of 35% or more Y-O-Y.**
- 4. Documentation that the entity has fifty or fewer employees and/or 1099 employees in total.**
- 5. Documentation that the business is located in Shelby County, Ohio and the grant funding will be used for expenses at that site.**