

## COVID-19 SMALL BUSINESS RELIEF PROGRAM

In an effort to provide additional resources to companies dealing with revenue losses due to the COVID-19 pandemic, the City of Sharonville has authorized a Small Business Relief Program. This program is intended to assist for-profit companies with expenses directly resulting from business interruption or arising from the decrease in gross revenue in connection with the COVID-19 pandemic.

### Eligible Recipients:

- For-profit companies located in the City of Sharonville (Applicant must be the owner/operator)
- Must have 25 or fewer employees or 1099 Contractors
- Must be in business at least 12 months and have positive pre-pandemic revenues
- Must have a Federal Taxpayer Identification Number
- Businesses that are ineligible for assistance include: Adult entertainment establishments; Banks, savings and loans or credit unions; E-commerce only companies; Liquor/wine stores; Vaping stores; Tobacco stores; ; Real estate investment trusts; and Independent contractors working on gig platforms (such as Airbnb, Fiverr, Uber, Lyft, Instacart, etc.).
- The City of Sharonville reserves the right to disqualify applicants from businesses who have had excessive use of city public safety resources from police and fire.

### Eligible Expenses:

- Rent/Mortgage Payments (excludes businesses located in or operated from personal residences)
- Utility Expenses
- Equipment Purchases made to encourage social distancing
- Personal Protective Equipment (PPE) or expenses related to compliance with Responsible Restart Ohio to meet social distancing requirements

### Ineligible Expenses:

- Any expenses reimbursed through business interruption insurance or other federal aid received in connection with the COVID-19 pandemic
- Purchases not related to social distancing
- New Debt
- Salaries, wages, and/or other compensation

### Forms of Assistance Available:

- Grants available in the amounts of \$2500, \$5,000, \$7500 and \$10,000 to be used for reimbursement of eligible expenses, as defined above. Documentation of eligible expenses must be submitted with the grant application.

**Application Process and Review:** Grant applications are due October 21st. Administration will evaluate applications on a first come-first served basis. Priority will be given to applicants based upon the following criteria: Need for assistance; Likelihood that grant funds will allow businesses to retain jobs in Sharonville; and the overall impact of the grant on qualifying businesses. If the total amount of eligible grant requests exceeds our grant fund amount, a lottery process will be used to determine final grant award winners. Please note, the COVID-19 Business Relief Program is not an entitlement program, and as such, funding is not guaranteed. The decisions made by City Administration on matters related to the allocation of these funds are final.



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Applicants seeking COVID-19 Business Relief Assistance must submit the following form and supplemental attachments for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

**Business Relief Program Request: \$\_\_\_\_\_ (\$2500, \$5,000, \$7500. Or \$10,000)**

### General Information:

- Applicant Business Name: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Applicant Mailing Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Website: \_\_\_\_\_
- Daytime Phone Number: \_\_\_\_\_
- Federal Tax ID: \_\_\_\_\_
- Sharonville Address: \_\_\_\_\_

**Time in Business:** How long has the company that will benefit from this program been in existence at the Sharonville location?

- \_\_\_\_\_ Years \_\_\_\_\_ Months

**Own or Lease:** Please indicate whether you own your Sharonville location or if you are leasing the space. If lease, when does the current lease-term end? Own \_\_\_\_\_ Lease \_\_\_\_\_ Term \_\_\_\_\_

**Company Officers/Principals:** Please provide the names of all owners, principals and/or primary officers of the company.

- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_

**Current Employment and Payroll:** For each of the categories listed below, please specify the number of employees currently employed by the applicant and the total annual payroll.

- |                        |       |                    |       |
|------------------------|-------|--------------------|-------|
| • Full-Time Permanent: | _____ | Full-Time Payroll: | _____ |
| • Part-Time Permanent: | _____ | Part-Time Payroll: | _____ |
| • Temporary/Contract:  | _____ | Temporary Payroll: | _____ |
| • Seasonal:            | _____ | Seasonal Payroll:  | _____ |



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### Delinquencies and Judgements:

Does the applicant, or affiliated company to benefit from this program, owe any delinquent taxes to the State of Ohio or a political subdivision, including the City of Sharonville?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant, or affiliated company to benefit from this program, owe any money to the State or a State Agency for the administration or enforcement of any environmental laws?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant, or affiliated company to benefit from this program, owe any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are there current or pending lawsuits involving either the principals or the company?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Applicants who answer "yes" to any of the above questions are ineligible for the Small Business Relief Program).

### Building, Zoning, and Property Maintenance Compliance:

Is the company in compliance with all building, zoning, and property maintenance codes?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Need for Assistance:** Applicants must demonstrate the business experienced a decrease in gross revenue due to COVID-19 when comparing March 1 – May 31, 2019 to March 1 – May 31, 2020. Please provide a summary of the impacts of the pandemic on the business below and provide supporting financial documentation (a P&L statement).

**Other Assistance:** Please describe any other assistance you have received to provide relief to your business (e.g., rent reductions, utility waivers, SBA or PPP funding, etc.). Please note - expenses reimbursed through business interruption insurance or other federal aid are not eligible for this program.



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### Eligible Expenses:

For each of the categories listed below, please estimate the amount to be expended by the applicant related to the COVID-19 pandemic.

Rent/Mortgage Payments: \_\_\_\_\_  
Equipment Purchases (social distancing): \_\_\_\_\_  
Utility Payments: \_\_\_\_\_  
PPE/Restart Ohio Upgrades: \_\_\_\_\_  
  
TOTAL EXPENSES: \_\_\_\_\_

Businesses must submit appropriate documentation related to expenses with the application.

### List of Attachments:

Please check that documents have been provided.

- \_\_\_\_\_ Current Bank Statement
- \_\_\_\_\_ 2019 Federal Tax Returns
- \_\_\_\_\_ Financial Records/Bank Statements demonstrating decreased revenue from March 1 – May 31, 2019 compared to March 1 – May 31, 2020
- \_\_\_\_\_ Completed W-9
- \_\_\_\_\_ Documentation of Eligible Expenses



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### Requirements and Certifications:

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Program assistance.

I/we certify that the requirements listed below will be met:

- A. I/we agree to notify the City of Sharonville immediately of any project modification.
- B. The Applicant agrees to supply additional information upon request.
- C. This grant is to be used for COVID-19 business related expenses only.
- D. I/we have not nor do we intend to be involved in illegal activity under federal, state, or local laws. Nor do I/we have any criminal proceedings pending against me/us.
- E. I/we do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Business Relief Program eligible expenses.
- F. The Applicant agrees to allow the City's Finance/Tax Department to share relevant income tax withholding information with the Administration as part of the Business Relief Program application review process.
- G. The Applicant agrees that the City of Sharonville may publicly share information regarding grant recipients.
- H. Unspent and/or improper grant proceeds are to be repaid by the grant recipient to the City of Sharonville.

_____ Signature of Applicant	_____ Applicant Name (Printed)	_____ Title
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_____ Signature of Applicant	_____ Applicant Name (Printed)	_____ Title

Submit completed applications to [businessgrant@cityofsharonville.com](mailto:businessgrant@cityofsharonville.com) and please place COVID-19 Small Business Relief Program in the subject line.