

## **Village of Fort Recovery COVID-19 Small Business Relief Grant Program**

The Village of Fort Recovery has created a small business relief grant program to provide financial aid to small businesses that have sustained economic hardships as a result of the COVID-19 pandemic. Depending on the number of applicants, eligible entities could receive up to \$5,000.00 (or less depending on the number of applications) in assistance.

### **To qualify, applicants should meet the following criteria:**

1. Business must have been impacted by the State-mandated closures that began March 15, 2020 due to COVID-19. The impacts may include loss of employees or revenue. Revenue must have declined by 10% or more as a result of COVID-19 since March 15, 2020.
2. Business must be located in the village of Fort Recovery and had to be in operation prior to March 1, 2020 and still be in operation as of September 1, 2020.
3. Business must have less than fifty (50) full-time equivalent employees as of March 15, 2020.
4. Annual gross receipts of the business must be less than \$2,000,000.00 for the year 2019.
5. A business is not eligible to apply if it primarily operates as one of the following:
  - a. Adult entertainment establishments
  - b. Bank, savings and loan or credit union
  - c. E-commerce only company
  - d. Liquor/wine store
  - e. Vaping store
  - f. Tobacco store
  - g. Franchised business not locally owned and independently operated
6. Up-to-date on property tax payments, not delinquent on income taxes, and in good standing with the Village of Fort Recovery Tax Department.

### **Eligible Assistance**

If the applicant has experienced expenses directly attributable to the COVID-19 crisis, the following may be eligible for grant assistance:

- Lease or Mortgage Assistance: If the applicant applies for lease or mortgage assistance, proof of a lease or commercial mortgage with the monthly amount due shall be provided by the applicant (excludes businesses located in or operated from personal residence).
- Operation Expenses Assistance: Examples of operational expenses include, but are not limited to: advertising and marketing, supplies, maintenance and repairs, machinery/equipment payments, and utilities.
- Unforeseen expenses: Examples of unforeseen expenses included, but are not limited to: The development of new solutions to problems presented during the COVID-19 crisis, and the purchase of safety supplies such as masks, hand sanitizer, safety barriers, signage, and items to comply with Responsible Restart Ohio.
- Salaries, wages, and/or compensation (not eligible if receiving assistance from a State, County or Federal Program). Utilize payroll only if needed to document you have spent the entire grant amount on eligible expenses.

### **Ineligible Expenses**

- Any expenses reimbursed through business interruption insurance or other federal aid received in connection with the COVID-19
- New purchases
- New debt

### **Application Process**

Applicants are required to complete the application that is available at [www.fortrecovery.org](http://www.fortrecovery.org) or at the village offices. The application and required documentation can either be returned to the Village of Fort Recovery's office at 201 S.

Main St, Fort Recovery, Ohio 45846 or emailed to [rdiller@fortrecovery.org](mailto:rdiller@fortrecovery.org). Applications will be accepted starting September 3, 2020 and **must be submitted by September 18, 2020 at 4:30 p.m.** All applications will be reviewed by the CARES Act Committee formed by the Village of Fort Recovery and will be evaluated based on the criteria listed. Prior to the final approval of a grant application, additional information or documentation may be requested.

In the event requests exceed available funds, priority will be given to applicants based upon the following criteria:

- Need for assistance
- Likelihood that grant funds will allow business to retain jobs in Fort Recovery
- Overall impact of the grant on qualifying business

### **Grant Review Criteria**

The committee will review each application and determine successful applicants. To be awarded funding, applications will be reviewed based on the following criteria:

- Determined to have filed a complete application with any additional information or documentation requested. (5 points)
- Determined to be a qualifying business and meets the established guidelines and rules. (5 points)
- Substantiated the most critical need for grant assistance based on loss of revenues and/or loss of employees. (20 points)
- Determined that the awarded grant will have a direct impact on sustaining the company. (20 points)
- Demonstrated economic and community benefits the business created for the village of Fort Recovery. (10 points)
- Amount of other financial assistance received by applicant from other COVID-19 financial assistance programs. (10 points)
- Any other criteria as determined by the committee. (30 points)

### **Grant Funds Distribution**

Once a decision has been made, applicants will be contacted. All funds will be distributed via checks made out in the business's legal name. A sub-recipient agreement will be required. Please note, the COVID-19 Business Relief Program is not an entitlement program, and as such, funding through this program is not guaranteed. The actions of the CARES Act committee on matters related to the allocation of these funds are final. Note: These grant funds are not excluded from the business's gross income under the tax code and may be taxable.

### **Grant Reporting Requirements**

If awarded, all grant funding distributed as part of this program must be spent and reported within 60 days of the date of distribution. Grant funds can be used to reimburse eligible expenses incurred from March 15, 2020 through 60 calendar days from receipt of grant funds but no later than December 1, 2020. At the end of the grant term, the business shall submit an itemized list of all expenditures along with all supporting documentation. Documentation shall be in the form of paid invoices and canceled checks, bank statements, or similar documentation showing payment of eligible expenses. If the business cannot properly substantiate its eligible expenses, the business will be required to repay the undocumented grant funds.

### **Notes:**

- It will be helpful to the committee for review if you include the documentation of paid eligible expenses with the application. (copies of paid invoices & cancelled checks or bank statements)
- All funds must be spent within 60 days of receipt of the funds and documentation of payment must be submitted to the village no later than December 1, 2020.
- Please understand --- if you can not provide written verification of the funds being spent on eligible expenses for the entire amount received, you will be required to repay the undocumented amount to the village by December 1, 2020.

- If you received any payroll assistance during COVID from any source, you are not permitted to use payroll expenses as an eligible expense.
- Questions should be directed to Randy Diller, 419-733-2542 or [rdiller@fortrecovery.org](mailto:rdiller@fortrecovery.org).



## VILLAGE OF FORT RECOVERY COVID-19 SMALL BUSINESS RELIEF PROGRAM

Applicants seeking COVID-19 Business Relief Program assistance through the Village of Fort Recovery 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: \$ \_\_\_\_\_

### Section A: General Information

**APPLICANT INFORMATION:** Please provide the legal name, address and other contact information of the applicant for this request.

Applicant Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Business Type (Retail, Restaurant, Etc.): \_\_\_\_\_

**FORT RECOVERY LOCATION:** Please specify the street address of the applicant business.

Address: \_\_\_\_\_

**TIME IN BUSINESS:** How long has the company that will benefit from the Business Relief Program been in existence at this location?

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

**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: \_\_\_\_\_

**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		
Total	Total Payroll		
<b>TOTAL PAYROLL</b>			

**DELINQUENCIES AND JUDGMENTS**

Does the applicant, or affiliated company to benefit from the incentive program, owe any delinquent taxes to the State of Ohio, Mercer County or Village of Fort Recovery?

YES		
-----	--	--

Does the applicant, or affiliated company to benefit from the incentive 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 the incentive program, owe any other moneys (such as utilities) 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 any current or pending lawsuits involving either the principals or the company?

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 your business and provide supporting financial records or bank statements. (limited to 500 characters)

% of Revenue Loss: \_\_\_\_\_

\*Must include Profit/Loss documentation. (Documents must show revenue loss due to COVID-19. An example of an acceptable form of documentation is profit and loss reports from both 2019 and 2020 for comparison.)

Personal Funds Invested: \$\_\_\_\_\_ (Amount of personal funds invested)

OTHER ASSISTANCE: Please describe any other assistance you have received to provide relief to your business (i.e. 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 the Business Relief Program.

**Section B: 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	
Machinery/Equipment Payments	
Utility Payments	
Salaries/Wages (not covered by PPP)	
PPE/Restart Ohio Upgrades	
Other	
<b>TOTAL EXPENSES</b>	

USE OF FUNDS: Please indicate the eligible costs for which Business Relief Program funds will be used. Grant funds are

provided on a reimbursement basis. Businesses must submit appropriate documentation related to expenses with the application.

**PLANS TO SUSTAIN YOUR BUSINESS:** Although there is great uncertainty, Village of Fort Recovery hopes that businesses receiving grant funds will successfully persevere through the COVID-19 pandemic. Briefly describe the plan to sustain your business.

DESCRIBE THE ECONOMIC AND/OR COMMUNITY BENEFITS YOUR BUSINESS CREATES FOR THE VILLAGE OF FORT RECOVERY.

**Section C: List of Attachments**

- 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 (to include invoice & cancelled check or bank statement)
- Additional sheets and/or documentation to assist in determining the need for grant funds

**Section D: 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 Business Relief Program assistance. Any misrepresentation is a criminal offense under Section 1001 of Title 18 of United States Code.

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

- A. I/we agree to notify the Village of Fort Recovery immediately of any project modification.
- B. The Applicant agrees to supply additional information upon request.
- C. We hereby agree to allow the CARES Act Committee access to our 2019 Federal Tax Return as on file with the Fort Recovery Tax Department.
- D. This grant is to be used for COVID-19 business related expenses only.
- E. 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.
  
- F. I/we do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Business Relief Program eligible expenses.
- G. The Applicant agrees that the Village of Fort Recovery may share information publicly regarding grant recipients.
- H. Unspent and/or improperly used grant proceeds are to be repaid by the grant recipient to the Village of Fort Recovery no later than December 1, 2020.
- I. I/we confirm that my business is located within the village of Fort Recovery and the business maintains all proper licenses and permits for operation.
- J. I/we certify that revenue has declined by 10% or more as a result of COVID-19 since March 15, 2020.
- K. I/we certify that the average annual gross receipts of the business are less than \$2,000,000.00 during 2019.
- L. I/we agree to document and report the economic impact to the business including how funds are used and jobs retained/created and submit such documentation/report within 60 days of being awarded grant funds but no later than December 1, 2020.
- M. I/we certify that the business is current with all local, state, and federal taxes.

Certified this \_\_\_\_\_ day of September, 2020.

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



Submit completed application to:

Village of Fort Recovery  
201 S. Main Street  
P.O. Box 340  
Fort Recovery, OH 45846  
rdiller@fortrecovery.org