

# Mahoning County Small Business Relief Fund

to be administered by Valley Economic Development Partners

This CARES Act Award relief program is to alleviate sudden and severe economic dislocation caused by the coronavirus (COVID-19) pandemic and to provide monetary relief from any business interruption or additional precautions required to reopen. An eligible business that is interested in participating in the program must fill out the application to determine if it meets all of the eligibility criteria. Each grant up to \$10,000 will be awarded on a reimbursement basis for funds expensed on eligible items incurred from March 01, 2020 through October 31, 2020. The business must submit an itemized list of expenditures along with all supporting documentation showing payments of eligible expenses (paid invoices, receipts, canceled checks or bank statements).

## ELIGIBLE EXPENSES

Grant Funds provided by Mahoning County's Small Business Relief Program can only be used to pay the following:

- Expenses related to the costs of business interruption caused by required closures
- Expenses that the business faces due to its uncertainty as to its ability to pay due to the pandemic.

Examples of eligible expenses include but are not limited to:

- Salaries, wages or compensation paid to employees or 1099 workers.
- Unemployment costs and other employee leave costs directly related to COVID-19.
- Materials and supplies related to interruption of the business caused by required closures.
- Personal Protective Equipment or other COVID-19 related costs such as expenses related to compliance with Responsible RestartOhio.

IF the applicant has suffered a 35% drop in revenue during the months of March, April, May and June as compared to 2019, the following are eligible as well. **PAGE 3** must be completed.

- Mortgage costs.
- Rent or lease costs.
- Expenses for utilities, such as electric, gas, sewer, water, trash removal.

## INELIGIBLE EXPENSES

- Cost of vehicle or equipment leased or purchased after March 01, 2020, except if the purchase of equipment is to comply with Responsible RestartOhio.
- Personal, non-business expenses of the business or its owner(s).
- Construction costs.
- Any tax, license or fee obligations payable to any governmental entity.

Please send all completed applications (including supporting documentation) and/or any questions to [mario@valleyedp.com](mailto:mario@valleyedp.com).

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To be Administered by Valley Economic Development Partners

updated 10/13/2020

## Company Information

Company Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Entity Type \_\_\_\_\_

Date Operations Began \_\_\_\_\_

Is the business establishment effected located in Mahoning County, Ohio? \_\_\_\_\_

Does the business have less than \$1.5 million in gross revenue/receipts on an annual basis? Does the business have 50 or fewer employees or 1099 workers as of March 22, 2020? \_\_\_\_\_

Is this business current with all federal, state, county and local taxes and fees? \_\_\_\_\_

Is the business in good standing with all applicable government regulations? \_\_\_\_\_

Is the business currently in bankruptcy? \_\_\_\_\_

\*Types of ineligible businesses include: Adult entertainment establishment, Bank, savings and loan or credit union, E-commerce only company, Liquor and wine store, Vaping store, Tobacco store, Cannabis dispensary, Franchised business not locally owned and independently operated\*

## Company Ownership (Principal in Charge)

Name \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Grant Request Amount

Amount Requested (up to \$10,000.00) \_\_\_\_\_

The following must be business funds already spent on qualified expenses not already paid for with other government funds such as EIDL or PPP. Proof of each expense is required.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

## Economic Impact

How many jobs were created or retained by utilizing these funds? \_\_\_\_\_

Please provide a summary of the impact these funds had on the business and its operations \_\_\_\_\_

## Certification

By checking this box I certify that everything in this application is true and accurate. The businesses above (and their associated holdings and accounts) are not subject to any lien (other than current loans secured by real property), garnishment, attachment, forfeiture or other like collection effort that could jeopardize the intended purpose of the grant.

I attest MCSBRF dollars will not be utilized for any expenses that the business has already received other federal assistance for in regards to lost revenue or expenses arising from the pandemic, including Paycheck Protection Program, Emergency Disaster Loan, etc. I understand that I must provide proof of payment (paid invoices, cancelled checks, bank statements), in order to receive any funds.

Initials: \_\_\_\_\_

Disclosure: If any information in this application is found to be false, criminal charges may be filed against you in a court of law.

**ONLY COMPLETE IF REQUESTING GRANT FUNDS FOR MORTGAGE AND UTILITIES**

**Rent & Utility Assistance**

*This section should only be completed by businesses applying for rent and utility assistance. Rent and utility assistance is only available to businesses who have suffered a 35% drop in gross revenue during the months of March, April, May and June 2020. To calculate the reduction, revenue for March, April, May and June of 2019 will be totaled and compared to March, April, May and June of 2020 in aggregate.*

By checking this box, I certify that applicant has suffered a 35% year to year reduction in revenue for the months of March, April, May and June 2020 and that applicant was subjected to a substantial change in their business operations due to the COVID-19 pandemic or any of the related Health Department Orders or related laws and regulations.

**Revenue:** (Please complete the below chart and submit supporting documentation of your monthly revenue for the applicable period below)

2019	2019 Revenue	2020	2020 Revenue	Percent Reduction
March		March		
April		April		
May		May		
June		June		
TOTAL:		TOTAL:		

**Rent & Utility Request:** (Please complete the below chart and submit supporting documentation of your monthly rent and utility cost for the applicable period below)

	RENT: Provider:	WATER Provider:	PHONE Provider:	PHONE 2 Provider:	GAS Provider:	Electric Provider:
March 2020						
April 2020						
May 2020						
June 2020						
TOTAL:						

**Total of all Rent and Utility Request: \$** \_\_\_\_\_

By checking this box, I certify that applicant has actually paid the above expenses and is seeking reimbursement.