



City of Bellefontaine Small Business Relief Grant Application

Funds from this grant are intended to assist businesses in the City of Bellefontaine who have incurred additional business expenses as a result of the COVID-19 pandemic OR revenue losses due to the COVID-19 pandemic that have strained the business' ability to pay ordinary business expenses. Grants will be awarded on a first come, first served basis.

ELIGIBILITY CHECKLIST

Please read the checklist below carefully and mark each box if applicable. All eligibility criteria must be met in order to be considered for this grant.

I hereby attest that the applicant business:

- has a physical location within the City of Bellefontaine
- was operational as of 3/31/2020
- is current on all federal, state, and local taxes (including county real estate tax)
- is currently open for business and intends to continue operations
- is in good standing with all applicable government regulations related to building code and property maintenance
- is the primary source of income for business owner (if business has less than two FTEs)
- has incurred additional business expenses as a result of the COVID-19 pandemic OR revenue losses due to the COVID-19 pandemic that have strained the business' ability to pay ordinary business expenses in an amount greater than or equal to the amount being requested
- has not been approved for the \$10,000 State of Ohio Small Business Relief Grant
- did not receive a Logan County Chamber Emergency Small Business Relief Grant in 2020

GENERAL INFORMATION

Name of Organization: _____

Primary Physical Business Address: _____

Tax ID (FEIN or SSN): _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Type of Entity: Corporation LLC Partnership Sole Proprietorship Nonprofit Other:

Business Sector (Retail, Professional Service, etc.): _____

Description of Business: _____

If operational in 2019, please provide your 2019 gross revenue as reported on your 2019 tax return. If NOT operational in 2019, please provide your gross revenue from 1/1/2020 – 6/31/2020*: _____

* Revenue in 2020 must also include proceeds from the Paycheck Protection Program and Emergency Disaster Loan program

Full-Time Employees as of 10/31/2020**: _____ Part-Time Employees as of 10/31/2020**: _____

1099 Employees as of 10/31/2020**: _____ TOTAL FTEs as of 10/31/2020: _____

***For the purposes of this grant, any employee regularly working 40 or more hours per week will be counted as a full-time employee (FTE); any employee regularly working fewer than 40 hours per week will be counted as one-half FTE.*

A 1099 employee is defined as an individual who regularly works at least 20 hours per week and who received IRS Form 1099 at the end of each calendar year. If a business utilizes multiple contractors whose individual hours are less than 20 hours per week, then contractor weekly hours can be combined to determine a combined contractor FTE count. Combined contractor hours totaling 20-40 hours per week amounts to 1 FTE.

Based on your FTE count, you are eligible for the following grant amount:

1-4 FTEs: \$1,500 5-19 FTEs: \$2,500 20-50 FTEs: \$5,000

Grant Amount Eligible: _____

REQUIRED ADDITIONAL MATERIALS

TO HAVE A COMPLETE APPLICATION YOU MUST PROVIDE DOCUMENTATION OF BUSINESS EXPENSES INCURRED AS A RESULT OF THE COVID-19 PANDEMIC. Please provide documentation showing business expenses greater than or equal to the requested grant amount were incurred from 3/31/2020 – 10/31/2020. Documents may include payroll records, rent/mortgage statements, utility bills, invoices/sales receipts for PPE, and/or other documentation as applicable. Please submit documentation as a pdf if submitting electronically. Expenses covered by the Paycheck Protection Program and Emergency Disaster Loan Program are ineligible.

AGREEMENTS

The Logan County Area Chamber of Commerce will manage the program and administer the distribution of grants in accordance with the Guidelines provided.

The Logan County Area Chamber of Commerce reserves the right to require supplemental information and documentation in support of this application.

Nothing contained herein is intended to obligate or bind, nor shall it be construed to obligate or bind, the Logan County Area Chamber of Commerce to make, award, or fund any grant to any entity whatsoever, and no entity shall have any claim, action, or cause of action against the Logan County Area Chamber of Commerce for failure to make, award, or fund any grant. All determinations will be made with the best efforts of the Verification Committee. The decisions of the Verification Committee are final, not subject to appeal, and fully within the discretion of the Verification Committee subject to whatever process modifications they find necessary in the dispatch of their work to meet the guidelines of the program.

I hereby verify that the information provided is accurate and honest to the best of my knowledge and agree to the statements above.

Authorizing Signature Required

Signature

Date

Name (please print)

Title