

Harrison County Small Business Relief Program Grant Application

Application may only be submitted between 8:00 AM on October 14, 2020 until 4:30 PM on October 31, 2020.

All applicants are required to email PDF files of the application and following support documents to aanderson@harrisoncountyohio.org

- Have been operational since at least January of 2019. This can be evidenced, at a minimum, by: a) filing(s) with the Ohio Secretary of State, such as articles of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Standing; b) an Ohio vendor's license; c) Federal Schedule C – Profit or Loss from Business (Sole Proprietorship, etc.); or any other documents that demonstrate that the business has been in operation as a for-profit entity since January 2019.
- Applicants seeking rent/lease, or mortgage assistance must also upload verification (e.g. copies of invoices or previous transactions) of rent/lease or mortgage expenses. Rent or lease costs for businesses that are in or operated out of a personal residence are not an eligible expense
- If any information submitted is considered by the applicant to be confidential or protected as a trade secret, the information must be clearly marked as such prior to uploading.

Questions marked with an asterisk (*) indicate that a response to the question is required.

Full Legal Name of Business: *

Business "dba" Name (if applicable):

Federal Employer ID#:

Local Business Address: *

Township, Village, or City: *

Owner/Applicant: *

Business Owner/Applicant Home Address: *

Business Owner/Applicant Email: *

Business Owner/Applicant Phone #: *

Business Structure: *

- Corporation
- Limited Liability Entity
- Limited Partnership
- Partnership
- Trust
- Sole Proprietor
- Other

What is the business' primary industry? *

- Retail
- Service
- Restaurant
- Hotel
- Manufacturing
- Agriculture

Business real property status: *

- Owned
- Leased

Business employee status (Full time equivalent): *

- 0-10 employees
- 11-30 employees

Describe how the business has been impacted by COVID-19. *

Indicate the amount of funding requested. Note: the typical maximum grant award will be \$5,000. *

Payment: Please indicate the name that you want to appear on the grant check: *

Describe how the funds requested will be used. Please include dollar amounts and timelines, if possible. *

Has the business applied for or received other types of assistance? Select as many as are applicable. *

- None
- Paycheck Protection Program Loan
- Economic Impact Disaster Loan
- Other SBA Loan
- Shared Work Ohio Assistance
- Personal or Business Loan
- Other Grants or Assistance

Required Documentation - Have been operational since at least January of 2019. This can be evidenced, at a minimum, by: a) filing(s) with the Ohio Secretary of State, such as articles of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Standing; b) an Ohio vendor's license; c) Federal Schedule C – Profit or Loss from Business (Sole Proprietorship, etc.); or any other documents that demonstrate that the business has been in operation as a for-profit entity since January 2019. Please verify that you understand this requirement. *

Yes

No

Does the business or business owner have any outstanding judgements, tax liens, pending or threatened bankruptcy proceedings, pending or threatened lawsuits against them, or criminal proceedings? *

Yes

No

Is the business or business owner delinquent on any Federal, State, or local taxes or assessments; utility payments, direct or guaranteed loans; leases, contracts, grants, child support payments, or any other financial obligations?

Yes

No

Can the business attest it is in good standing with all applicable government regulations related to building code or property maintenance issues?

Yes

No

Does the business owner, owner's spouse, or other relative or household member work for or serve in any official capacity for local or State government or any other entity associated with the Harrison County Small Business Relief Program?

Yes

No

If you answered YES to the previous question, please indicate the person(s) and affiliations:

Applicant understands that the information provided in this application or during resulting transactions may be considered public record and may be subject to public disclosure through the Ohio Public Records Act. The grantor will endeavor to retain all submitted information on a confidential basis to the extent allowed by law. If submitted information is considered by the applicant to be confidential or protected as a trade secret, the information must clearly be marked as such.

Yes

No

Applicant understands that all applications will be uniformly considered based on compliance with eligibility and criteria as established in this document. Awards will not be given, nor considered, on the basis of race or ethnicity, color, sex, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression, marital status, family/parental status, genetic information, immigration status, political belief or affiliation. *

Yes

No

Applicant agrees that the grantor reserves the right to reject any application or to provide grants of less than the maximum amount or the amount requested. *

- Yes
- No

Applicant agrees that the Harrison County Small Business Relief Program is not intended to and shall not be construed to confer any right, interest or entitlement to any person or business entity, and any or all grants under this program may be suspended, revoked or cancelled at any time. Following an award, if it is determined that the applicant has not met guidelines established as part of the Harrison County Small Business Relief Program or it is discovered that an application contains materially false or misleading information, then as a condition of an award and of this program, the applicant shall immediately refund all grant payments previously made and all costs incurred, including reasonable attorney's fees.

- Yes
- No

Applicant agrees that by submitting an application or by accepting an award, it is an express condition that the applicant and applicant indemnify, defend, release and hold harmless the Harrison County, and its members, officials, employees and representatives from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly or indirectly arising from or in connection with any act, omission or conduct of the Harrison County Small Business Relief Program.

- Yes
- No

CERTIFICATION: By submitting this application, you are certifying that all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested. *