Brown County Small Business Relief Program Grant Application Round 2

Due no later than November 30, 2020. Submit by email to <u>sbeath@browncountyohio.gov</u> or submit to:

Attn: Small Business Relief Grant, 800 Mount Orab Pike, Suite 101, Georgetown, Ohio 45121

Brown County Commissioners have allocated \$250,000 in Round 2, to award small businesses from \$5,000 to \$10,000 in grant funds, if the total number of applicants exceeds \$250,000 then funding will be awarded by score and date of submission.

Name of Business:	
Is this a for-profit entity with a location	on in Brown County?
Is this a commercial location?	
Is this a residential location?	
Type of Business Entity	
 Sole Proprietor Limited Liability Company Partnership Corporation 	Principal Owners: Phone: Email:
Does the business have a Federal Tax	payer Identification Number for this type of business?
Has this business been operational si	nce January, 2019?
Was the business deemed nonessent	ial and closed by Order of the Governor?
Does this business have less than \$1	million in gross revenue/receipts on an annual basis?
Did the business have 25 or fewer en	nployees or 1099 workers as of March 22, 2020?
Did the business suffer more than a 3 2020 when compared to March 1 thr	35% decrease in revenue for the period of March 1 through April 30, ough April 30, 2019?
Did the business suffer more than a 3 31, 2020?	35% decrease in revenue for the period of May 1 through October
If not, what was the percentage of lo	ss for the above time periods when compared?
Did the business receive or has it bee expenses arising from the COVID-19	en approved for other federal funding assistance for lost revenue or Pandemic?
If so, name of program/s:	

Has the business been approved for a business interruption insurance claim?

If approved for the Brown County Small Business Grant, will the business use grant funds for expenses of said business?

Which of the following business expenses does the business plan to apply grant funds:

Mortgage payment
Rent or Lease
Utility Bills
Insurance Premium
Payroll
Materials or Supplies
Personal Protective Equipment and/or Social Distancing Accommodations
Other
If other was selected, please list a brief description:
Is the business current with all federal, state, county and local taxes and fees?
Is business in compliance with federal, state, county and local requirements applicable to its type of business?
Is business location in good standing with all applicable government regulations related to building code or property maintenance issues?
Can you attest that this is not a nuisance property for police/fire/EMS calls?
Is the principal owner(s) in arrears on Child Support Payments?
Is the business currently in bankruptcy?
List a brief description of the goods or services the business provides:
Name of individual completing application:
Title:
Email Address: Telephone Number:
By signing below, I testify that the above information is true and accurate.
Signature: Date: