



**GREENE COUNTY
DEVELOPMENT**

**CARES Grant for Greene County Small Businesses
Application Requirements**

The Greene County Department of Development will be distributing financial assistance to aid small businesses in Greene County with relief from the COVID-19 crisis. Eligible small businesses can apply for up to \$10,000 to use for rent/mortgage, non-municipal utilities, business insurance, and COVID-19 related expenses (e.g. masks, hand sanitizer, gloves, plexiglass partitions, etc.). Greene County is utilizing \$700,000 of its CARES allotment for this grant program.

The intent of this grant is to aid small businesses greatly impacted by COVID-19. This grant is aimed at small businesses that were interrupted through required closures, voluntary closures to promote social distancing, or that were impacted by decreased customer demand due to the COVID-19 pandemic.

We know this pandemic has been difficult for so many people and businesses in Greene County. Our department is here to support you.

ELIGIBILITY CRITERIA

- Must be a for-profit entity located in Greene County, Ohio
- Must have a Federal Taxpayer Identification Number
- Must be a small business with 50 or fewer total employees
- Must have less than \$5 million in gross annual revenue as evidenced by records such as federal income tax returns or financial statements
- Must have a physical storefront (e.g. bar, restaurant, retail, barbershop, etc.) and/or be an allowable home office as reported in the most recently filed tax return
- Must be current on all federal, state, and local taxes
- Must be in compliance with federal, State of Ohio, and local small business requirements

INELIGIBLE BUSINESSES

- Adult entertainment establishments
- Banks, savings and loans, or credit unions
- E-commerce only companies
- Liquor/wine stores
- Non-profits
- Vaping stores
- Tobacco stores
- Cannabis dispensaries
- Franchised businesses not locally owned and independently operated

ELIGIBLE EXPENSES

- Rent or lease costs
 - Rent or lease costs for businesses located in or operated out of a personal residence are not eligible
- Mortgage costs
 - Mortgage costs for businesses located in or operated out of a personal residence are not eligible

ELIGIBLE EXPENSES CONTINUED

- Non-municipal utility costs for gas, electric, phone, and internet services
 - Non-municipal utility costs for businesses located in or operated out of a personal residence are not eligible
- Business insurance costs
- Personal Protective Equipment or other COVID-19-related costs

INELIGIBLE EXPENSES

- Cost of vehicles or equipment leased or purchased after March 23, 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
- Costs already covered or reimbursed by any COVID related funding

APPLICATION SUBMISSION PROCESS

- Applications will be accepted beginning September 21, 2020. The application period will close on October 30, 2020, or when the funds are depleted whichever comes first.
- The applicant should submit the completed application and required documentation via email to contactdev@co.greene.oh.us. In-person, applications will be accepted at 61 Greene St., Xenia, OH 45385 Monday – Friday 8:00 AM – 4:00 PM. For the health of employees and applicants, we encourage submitting your application through email
- The applicant will receive a confirmation once the completed application has been successfully submitted
- Applications will be processed on a first-come-first-serve basis until funds are exhausted

REQUIRED BUSINESS DOCUMENTATION

- Copy of last two (2) years' tax returns, including Form 1040 with Schedule C Profit or Loss from Business, Form 1120 (if corporation), or equivalent documentation (new businesses as of January 1, 2020)
- Copy of most recent Form W-3 Transmittal of Wage and Tax Statements (showing number of employees)
- Form W-9, signed in 2020
- Proof of reimbursable business expenditures (receipts, invoices)

FINAL DECISION AND NOTIFICATION

- The Greene County Department of Development will contact applicants once a decision has been made
- Approved applicants will complete a grant agreement before the release of funds
- All grant funds will be distributed via checks made out in the business's legal name

For additional information regarding the CARES Grant for Greene County Small Businesses, contact:

**Greene County Department of Development
61 Greene Street
Xenia, Ohio 45385
(937) 562-5007
greenecountydod.org
contactdev@co.greene.oh.us**



GREENE COUNTY
DEVELOPMENT

CARES Grant for Greene County Small Businesses Application

*** Required**

Business Name *

Majority Business Owner's Name *

Business Street Address (No PO Box) *

Address Line 2

City *

State *

Zip Code *

Majority Business Owner's Phone *

Majority Business Owner's Email *

Preferred method of communication *

Email

Mail

Year Business
Was Founded *

Number of full-time employees
as of March 15th, 2020 *

Average monthly revenue prior
to the COVID-19 pandemic.
(Numerals only) *

Business Type *:

- Sole Proprietorship
- Partnership
- Corporation

Is your business *:

- Minority-Owned
- Woman-Owned
- Both
- Neither

Please provide a brief description of your business *:

Federal Tax ID – 9-digit number *

DUNS – 6-digit number

NAICS - 6-digit number



Other Sources of Funding & Offsetting Expenses:

Has your business requested funding, including grants and loans of any kind, from other sources (e.g. SBA loans, the Paycheck Protection Program, local jurisdiction grants or loans, etc.) OR has your business been approved for a COVID-19 related business interruption insurance claim since March 1, 2020 relating to financial hardship resulting from COVID-19? *

Yes

No

If "yes," please list all other funding sources applied to, the corresponding amounts, and the status of those applications.

Grant Use, Allowable Business Expenses (Rent/Mortgage, Non-Municipal Utilities and Business Insurance Only):

Please summarize your current situation and how the COVID-19 crisis has impacted your business (e.g. impact to revenue, laying off employees, closures, etc.) *



Please list your allowable Actual fixed recurring business expenses (e.g. rent or commercial mortgage, insurance, non-municipal utilities, only) from March 01, 2020 thru October 31, 2020 *

Please list your COVID-19 related business expenses (e.g. masks, gloves, partitions, hand sanitizer, etc.)
Provide receipts *



Disclosures:

Is the organization, business, or a listed owner delinquent on any federal, state, or local taxes or assessments; direct or guaranteed loans; leases; contracts; grants; child support payments; or any other obligations? *

- Yes
- No

If "yes," please explain.

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

- Yes
- No

If "yes," please explain.

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Greene County or a Greene County Municipality? *

- Yes
- No

If "yes," please explain.

Does your organization or business have less than \$5,000,000 in gross revenue? *

- Yes
- No



List of reimbursable expenditures.

You **MUST provide **ALL** documentation (receipts / invoices): ***

	Expenditures *
Mortgage / Rent	
Business Insurance	
Non-Municipal Electricity	
Gas	
Non-Municipal Water	
Business Internet (If Applicable)	
Business Phone (If Applicable)	
Personal Protective Equipment or other COVID-19-related costs	
Totals *	



Disclaimer:

Application for the CARES Grant for Greene County Small Businesses DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing the box. *

Certification:

By typing your full name in the space below, you are certifying the 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.

Additionally, by typing your full name in the space below, you are agreeing that your business has not received any assistance for the items that you are requesting reimbursement.



Supplemental Information:

Has your business requested and/or received Paycheck Protection Program (PPP), EIDL, SBA or any other COVID related funding since March 1, 2020, relating to financial hardship resulting from COVID-19? *

Yes

No

If "yes," please list the funding source, amount requested/received, the status of funding (applied, pending payment or received), and the expenses covered by those funds.