

City of Circleville

Date Received

SMALL BUSINESS EMERGENCY RELIEF GRANT PROGRAM

The Program has been provided to allow the City of Circleville to assist small businesses throughout the City with the financial hardship imposed by the COVID-19 pandemic and to help pay the costs of business interruption required by closures or the costs businesses face to meet the guidelines established by the Ohio Department of Health in reopening due to the pandemic. This grant is made possible by the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"). Assistance is in the form of a grant. Grants will require repayment only if terms of grant agreement are not met. All eligibility requirements are in the attached program guidelines.

Business Owner Information:

1. Contact Information

Business Name	
Business Address	
City	
State	
Zip	
Owner's Name	
Owner's Address	
City	
State	
Zip	
E-mail Address	
Phone Number	
EIN or SS# <i>attach W-9</i>	
Type of Business <i>(Sole Proprietorship, C, S-Corp, LLC, General Partnership, LP, LLP, Other)</i>	
Years of Operation; Start Date	
Brief Description of Business	
Are you in Receivership or Bankruptcy?	
Are you current on all net profit income tax filings? <i>(Please attach from page of appropriate IRS form.)</i>	
Have you submitted for other forms of assistance? Explain	

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2. Employee Information:

On March 15, 2020 how many people did your business employee (including yourself)?	
How many of those employees worked 20 or more hours a week?	
Did you issue W-2s for the submitted employees?	
Have you laid off any employees? How many?	
Did you receive a loan through the Paycheck Protection Program? <i>(attach copy)</i>	
Are you current on all employee payroll tax filings & payments?	

3. Eligible Expenditures

All eligible expenditures must be accompanied by supporting documentation.

Description	COVID-19 Support Reason	Cost
Mortgage/Rent		
Utilities <i>(excluding water and sewer)</i>		
Vehicle/Equipment Leases		
Payroll		
Payroll Taxes		
Employee Benefits		
Telework Capabilities		
Cost of PPE, Sanitation Supplies, etc.		
Cost of Protective Barriers		
All Other Expenditures		
	Grand Total of Submitted Expenditures	

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4. Estimated Adverse Impact

Please provide a brief explanation of what adverse economic impacts COVID-19 has had on this business:

Certifications

Under penalties of perjury, I declare that I have submitted this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Owner Signature

Date