



Defiance County Board of Commissioners

Gary Plotts, Michael W. Pocratsky, and Ryan Mack

Defiance County, Ohio Small Business Relief Program Grant Application

Application may only be submitted between 12:00p.m on Monday, September 21, 2020, and 5:00pm, Friday, October 2, 2020.

All applicants are required to email PDF files of the application and following support documents to **COVIDrelief@mvpo.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 submitted information 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.

SUBMISSION INFORMATION

Submit by: 5:00pm Friday, October 2, 2020

Submit documentation via e-mail to: COVIDrelief@mvpo.org

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: *

Applicant Title: *

Business Owner/Applicant Home Address: *

Business Owner/Applicant Email: *

Business Owner/Applicant Phone #: *

Company Website URL :

If available, enter your company website address

Date of opening in Defiance County: *

What is the business' primary industry? *

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

Business/Organization Description (services/products offered):*

Business Structure: *

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

Did your business receive PPP funds or an Emergency Disaster Loan?*

Yes No

Comments, questions, or concerns?

Contact Maumee Valley Planning Organization.

www.mvpo.org

Address: 1300 E. Second Street, Suite 200, Defiance, Ohio 43512

Phone: 419-784-3882. Fax: 419-784-2061

E:mail: COVIDrelief@mvpo.org

Business real property status. *

- Owned
- Leased

Lease Expiration Date

If not applicable, please type N/A. Format MM/DD/YYYY.

Business employee status (Full time equivalent): *

- 0-10 employees
- 11-30 employees

Please 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: *

2018 Gross Revenue: Please use your fiscal year when responding.

2019 Gross Revenue: Please use your fiscal year when responding.

Financial Analysis Table: Please enter the 12-month revenue, expenses, and taxable income totals for fiscal years ending in 2018 & 2019.

Income Statement	Fiscal Year 2018	Fiscal Year 2019
Revenue		
Total Expenses		
Taxable Income		

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Gross Revenues (3-month year over year)
 Demonstrating decline due to COVID

Income Statement 2019	March	April	May	June	July	August
Revenue						
Total Expenses						
Taxable Income						

Gross Revenues (3-month year over year)
 Demonstrating decline due to COVID

Income Statement 2020	March	April	May	June	July	August
Revenue						
Total Expenses						
Taxable Income						

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

Provide any documentation to support these expenses when you submit this application.

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Grant Use of Funds Table:

What operations will be covered/reimbursed using these grant funds?

Expense	Description	Cost
Rent		
Mortgage		
Payroll		
Benefits		
Insurance		
Utilities		
Marketing		
Vendor		
Equipment		
COVID-19 Related Supplies		
Other		

Provide any documentation to support these expenses when you submit this application.

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 ([click here to find documents](#)) 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

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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 Defiance 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

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Applicant agrees that the Defiance 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 Defiance 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 Defiance County, Maumee Valley Planning Organization, and 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 Defiance 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**. *By signing below, I authorize Defiance County and Maumee Valley Planning Organization to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for the grant. I certify the above and the statements made in the attachments are true and accurate as of the stated dates. I understand that FALSE statements may result in forfeiture of benefits. *I understand that if I move my business outside of Defiance County within one year of receiving grant funds, I may have to return the full amount of the grant award.*

Printed Name (First and Last)

Date

Signature

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