



CITY OF DOVER COVID-19 SMALL BUSINESS ECONOMIC RELIEF PROGRAM

In an effort to provide additional resources to companies dealing with revenue losses due to the COVID-19 pandemic, the City of Dover authorized the Small Business Economic Relief Program. This program is intended to assist for-profit companies with expenses directly resulting from business interruption or arising from the decrease in gross revenue in connection with the COVID-19 pandemic.

Eligible Recipients:

- For profit companies located in the City of Dover (Applicant must be the business owner/operator).
- Must have fifty (50) or fewer employees or 1099 contractors.
- Must be in business at least twelve (12) months and have positive revenue pre-pandemic.
- Must have a Federal Taxpayer Identification Number.

Eligible Expenses:

- Rent/Mortgage payments (excludes businesses located in or operated from personal residence).
- Machinery/Equipment payments.
- Utility expenses.
- Salaries, wages, and/or compensation (if not receiving assistance from State/County/Federal program).
- Personal Protective Equipment (PPE) or expenses related to compliance with Responsible Restart Ohio to meet social distancing requirements.

Ineligible Expenses:

- Any expenses reimbursed through business interruption insurance or other federal aid received in connection with the COVID-19 pandemic.
- New purchases.
- New debt.

Form of Assistance:

- Grants up to \$5,000 to be used for reimbursement of Eligible Expenses, as defined above. Documentation of eligible expenses must be submitted with grant application.

Application Process and Review:

The City of Dover's CARES Act Committee will accept and review applications for the Small Business Grant Program on behalf of the City of Dover. All applications should be mailed or turned into the Dover Auditor's Office and submitted to the CARES Act Committee. Applications will be evaluated on a first come-first serve basis. In the event requests exceed available funds, priority will be given to applications based upon the following criteria:

- Need for assistance.
- Likelihood that grant funds will allow business to retain jobs in the City of Dover.
- Overall impact of the grant on qualifying business.

Please note, the COVID-19 Small Business Economic Relief Program is not an entitlement program, and as such, funding through this program is not guaranteed.

The recommendations of the CARES Act Committee and action/approval of the Council of the City of Dover on matters related to the allocation of these funds are final.



CITY OF DOVER
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Applicants seeking COVID-19 Small Business Economic Relief Program assistance through the City of Dover must submit the following form and supplemental attachments for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

Small Business Economic Relief Program Request: \$ _____

SECTION A: GENERAL INFORMATION

APPLICANT INFORMATION: Please provide the legal name, address, and other contact information of the applicant for this request.

Applicant Business Name: _____

Contact Name: _____

Applicant Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Website: _____

Daytime Phone Number: _____

Federal Tax ID: _____

DOVER LOCATION: Please specify the street address of the applicant business.

Address: _____

TIME IN BUSINESS: How long has the company that will benefit from the Small Business Economic Relief Program been in existence at this location?

Years: _____

Months: _____

COMPANY OFFICERS/PRINCIPALS: Please provide the names of all owners, principals, and/or primary officers of the company.

Name and Title: _____

Name and Title: _____

Name and Title: _____

CURRENT EMPLOYMENT AND PAYROLL: For each of the categories listed below, please specify the number of employees currently employed by the applicant and the total annual payroll.

Full-time Permanent: _____

Part-time Permanent: _____

Temporary/Contract: _____

Seasonal: _____

Full-time Payroll: _____

Part-time Payroll: _____

Temporary Payroll: _____

Seasonal Payroll: _____

TOTAL PAYROLL: _____

DELINQUENCIES AND JUDGEMENTS: For each question, please mark yes or no.

Does the applicant, or affiliated company to benefit from the grant program, owe any delinquent taxes to the State of Ohio or a political subdivision?

Yes _____ No _____

Does the applicant, or affiliated company to benefit from the grant program, owe any money to the State of Ohio or a State of Ohio agency for the administration or enforcement of any environmental laws?

Yes _____ No _____

Does the applicant, or affiliated company to benefit from the grant program, owe any other money to the State of Ohio, a State of Ohio Agency, or any State of Ohio political subdivision, that are past due, whether the amounts owed are being contested in a court of law or not?

Yes _____ No _____

Are there any current or pending lawsuits involving either the principals or the company?

Yes _____ No _____

NEED FOR ASSISTANCE: Applicants must demonstrate the business experienced a decrease in gross revenue due to COVID-19 when comparing March 1 – May 31, 2019 to March 1 – May 31, 2020. Please provide a summary of the impacts of the pandemic on your business and provide supporting documents.

OTHER ASSISTANCE: Please describe any other assistance you have received to provide relief to your business (i.e. rent reductions, utility waivers, SBA, or PPP funding, etc.). Please note expenses reimbursed through business interruption insurance or other federal aid are not eligible for the Small Business Economic Relief Program.

SECTION B: ELIGIBLE EXPENSES

For each of the categories listed below, please estimate the amount to be expended by the applicant related to the COVID-19 pandemic:

Rent/Mortgage Payment: _____

Machinery/Equipment Payments: _____

Utility Payments: _____

Salaries/Wages (not covered by PPP): _____

PPE/Restart Ohio Upgrades: _____

TOTAL EXPENSES: _____

USE OF FUNDS: Please indicate the eligible costs for which Small Business Economic Relief Program funds will be used. Grant funds are provided on a reimbursement basis. Businesses must submit appropriate documentation related to expenses with the application.

SECTION C: EXAMPLES OF SUPPORTING DOCUMENTATION

- Current Bank Statements.
- 2019 Federal Tax Returns.
- Financial Records/Bank Statements demonstrating decreased revenue from March 1 – May 31, 2019 compared to March 1 – May 31, 2020.
- Completed W-9.
- Documentation of eligible expenses.

SECTION D: REQUIREMENTS AND CERTIFICATIONS

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Small Business Grant Program assistance.

I/We certify that the requirements listed below will be met:

- A. I/We agree to notify the City of Dover immediately of any project modification.
- B. The applicant agrees to supply additional information if requested.
- C. This grant is to be used for COVID-19 business related expenses only.
- D. I/We have not nor do we intend to be involved in illegal activity under federal, state, or local laws. Nor do I/We have any criminal proceedings pending against me/us.
- E. I/We do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Small Business Grant Program eligible expenses.
- F. The applicant agrees to allow the Dover Auditor's Office to share relevant income tax withholding information with the Economic Development Committee as part of the Small Business Grant Program application review process.
- G. The applicant agrees that the City of Dover may share information publicly regarding grant recipients.
- H. Unspent and/or improperly spent grant proceeds are to be repaid by the grant recipient to the City of Dover.

Signature of Applicant

Applicant Name (printed)

Title

Signature of Applicant

Applicant Name (printed)

Title

Signature of Applicant

Applicant Name (printed)

Title

Please submit completed application to:

**Dover Auditor's Office
122 E. Third Street
Dover, OH 44622**