



# Miami County CARES!



## CARES Grant for Miami County Small Businesses

### Application Requirements

The Miami County Commissioners, through the Miami County Department of Development, will be distributing financial assistance to aid small businesses in Miami County with relief from the COVID-19 crisis. Eligible small businesses can apply for up to \$25,000 to use for rent/mortgage, non-municipal utilities, business insurance, and COVID-19 related expenses (e.g. masks, hand sanitizer, gloves, plexiglass partitions, etc.).

*Note: These funds will be awarded on a first come first served basis until the funds are depleted.*

The intent of this grant is to aid small businesses greatly impacted by COVID-19 that have not already received federal or local assistance. 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.

### **ELIGIBILITY CRITERIA**

- Must be a for-profit entity located in Miami County, Ohio
- Must have a Federal Taxpayer Identification Number
- Must be a small business with 50 or fewer total employees as of March 1, 2020
- Must have less than \$5 million in gross annual revenue as evidenced by most recent federal tax return.
- Must not have already received any federal or local assistance for the terms claimed herein (e.g. CARES or COVID-19, SBA loans, local jurisdiction grants or loans, etc.).
- 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, and not currently in bankruptcy.
- 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
- 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 an eligible expense.
- Mortgage costs
  - Mortgage costs for businesses located in or operated out of a personal residence are not an eligible expense.
- Salaries, wages, or compensation paid to employees or 1099 workers.
- Materials and supplies related to interruption of the business caused by required closures.
- Personal Protective Equipment or other COVID-19-related costs such as expenses related to compliance with Responsible Restart Ohio.

## **ELIGIBLE EXPENSES CONTINUED**

- Utility expenses, such as electric, gas, sewer, water, phone, and internet services.
  - Utility costs for businesses located in or operated out of a personal residence are not an eligible expense.
- Sole proprietors can use grant funds as income replacement by providing documentation on lost revenue from March 1, 2020 through April 30, 2020 due to COVID-19 disruption, so long as no unemployment benefits are being received or are expected to be received by the applicant.
  - Must include most recent filed Schedule C--Profit or Loss from Business (Sole Proprietorship).

## **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

## **APPLICATION SUBMISSION PROCESS**

- Applications will be accepted beginning September 8, 2020. The first round of application review will proceed in accordance with demand. If more funds are requested than allotted, the highest amount of eligible reimbursement will receive highest priority. The application period will close on October 31, 2020, or when the funds are depleted, whichever comes first.
- Completed application and required supporting documentation shall be submitted to:

**Jill Meyer--[jmeyer@miamicountyohio.gov](mailto:jmeyer@miamicountyohio.gov)  
Miami County Department of Development  
510 W. Water St., Suite 120  
Troy, OH 45373  
937 440-8144**

## **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.
- 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**

- Applications will be reviewed by the Miami County Department of Development.
- Approved applicants will complete a grant agreement within ten (10) days of notification of an approved grant. No release of funds before an approved and signed agreement is in place.
- All grant funds will be distributed via checks made out in the business's legal name

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

**Miami County Department of Development  
510 W. Water St., Suite 120  
Troy, Ohio 45373  
(937) 440-8144  
[co.miami.oh.us](http://co.miami.oh.us)  
[jmeyer@miamicountyohio.gov](mailto:jmeyer@miamicountyohio.gov)**



# CARES Grant Application for Miami County Small Businesses



**\* 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 15<sup>th</sup>, 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



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## 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.) \*



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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 \*



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## 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 Miami County or a Miami County Municipality? \*

Yes

No

If "yes," please explain.

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

Yes

No



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List of reimbursable expenditures. Provide 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	
<b>Totals *</b>	



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## Disclaimer:

Application for the Miami County Small Businesses CARES Grant Program 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. \*