

VILLAGE OF GREENWICH, STATE OF OHIO

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www.villageofgreenwich.com



The Village of Greenwich CARES Small Business Grant Application DEADLINE FOR APPLICANTS – SEPTEMBER 18TH, 2020

Business Name *

Name *

First Name

Last Name

Phone Number *

() -

Area Code

Phone Number

Address*

Street Address

Street Address Line 2

City

State

Zip Code

Are you *

- For Profit
 Nonprofit

EIN# *

-

Business Type*

- Sole Proprietorship
 Limited Liability Company
 Corporation
 Partnership
 Other
-

Type of Business (i.e. Dine-in Restaurant, Hair Salon, etc.)*

Do you Own or Lease Building? *

- Own
- Lease / Rent

Monthly Mortgage or Rent Payment *

\$ _____

Lease Expiration Date *

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

Please list your projected allowable fixed recurring business expenses (e.g. rent or commercial mortgage, insurance, personal protective equipment, technology, utilities, and other operating costs) from June 01, 2020 through December 31, 2020 *

COVID-19 Impact *

Please list a brief narrative of the impact COVID-19 has had on your business.

% of Revenue Loss *

- 30% to 45%
- 46% to 60%
- 61% to 75%
- 76% to 90%
- More than 90%

Other COVID-19 Financial Assistance Sought (Select All that Apply) *

- PPP Payroll Protection Program
- SBA Disaster Loan
- None
- Other _____

If other is chosen above please explain:

Personal Funds Invested *

Other COVID-19 Financial Assistance Obtained

If you were successful in obtaining any COVID-19 financial assistance list program and the amount you received (i.e. PPP Loan-\$50,000.00)

Plans to Sustain Your Business *

Although there is great uncertainty, The Village of Greenwich hope that businesses receiving grant funds will successfully persevere through the COVID-19 pandemic. Briefly describe how you plan to sustain your business.

Describe the Economic and/or Community Benefits Your Business Created for the Village of Greenwich *

Grant Funds Requested *

- \$2,500.00
- \$5,000.00
- \$10,000.00

Use of Funds *

- Rent / Mortgage Payment
- Utilities and/or Insurance
- Payroll Expenses
- PPE or Other Supplies
- Advertising or Marketing
- Maintenance or Repair

Amount for Each Use: *

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Full Time Jobs Prior to COVID-19 *

Provide the number of jobs that your business employed prior to COVID-19.

Part Time Jobs Prior to COVID-19 *

Provide the Number of Part Time Jobs that Your Business Employed Prior to COVID-19

Full Time Jobs Retained and/or Added *

Number of jobs that will be Retained and/or Added as a Result of the Grant Funding.

Part Time Jobs Retained and/or Added *

Number of Jobs that will be Retained and/or Added as a Result of the Grant Funding.

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

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

Please Let the Committee Know Anything They Should Consider While Evaluating Your Business and Application.

REQUIRED APPLICATION SUBMITTALS AND ELIGIBILITY CERTIFICATIONS

Certifications *

- I confirm that my business is located within The Village of Greenwich and the business maintains all proper licenses and
- I certify that my revenue has declined by 30% or more as a result of COVID-19 since March 15th, 2020
- I certify that the average annual gross receipts of the business are less than \$2,000,000.00
- I agree to document and report the economic impact to the business including how funds are used and jobs.
- I certify that the business is current with all local, state, and federal taxes.
- I certify that the undersigned has the approval to submit this application and execute a grant agreement on behalf of: _____

1. Please submit any proof of Profit / Loss.
2. Attach a Completed W-9 Form

Final Certification

I certify that the above information to the best of my knowledge is accurate and true. I understand that the Village will rely on the accuracy of the submittals and cortication made in the application. Any misrepresentation is a criminal offense under Section 1001 of Title 18 of the United States Code.

Business Name *

Title *

Authorized Representative *

Date *

_____ / _____ / _____