Welcome to the City of Akron Great Streets Storefront Relief Grant application.

For complete information on eligibility requirements, application and selection process, or other program details, see our Frequently Asked Questions page at: <u>gaccovid19.org/great-streets-grant</u>.

Before you begin your application, we recommend you gather the following information so that it is available to you when you begin the application process:

- 1. Contact information for the primary applicant
- 2. Legal business name and any DBA or trade name
- 3. Employer Identification Number (EIN) or Social Security Number (SSN) for sole proprietors
- 4. Business address legal and storefront, if different
- 5. Which Great Streets District your business is located in
- 6. Demographic information on the business and owner
- 7. Number of employees as of March 1, 2020
 - 1. For the purposes of this application, "employees" should be counted as any individual who is:
 - 1. employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year, or
 - 2. independently contracted with the business, regularly works at least 20 hours per week and who receives an IRS Form 1099 at the end of each calendar year.
- 8. Annual revenue for 2020 and 2019 (if applicable)
- 9. Your type of organization
 - 1. For example: Sole Proprietorship, C-Corporation, S-Corporation, Limited Liability Company (LLC), General Partnership, Limited Partnership (LP), Limited Liability Partnership (LLP), Cooperative.
- 10. An estimate of the lost revenue and increased business expense that your business has incurred due to the pandemic
- 11. Brief description of your business
- 12. You will be asked whether or not your business is current or on a payment plan on all federal, state, and local taxes.
- 13. You will be asked to upload the following documents:
 - 1. An up-to-date W-9
 - 2. Your most recent tax return form (2019 or 2020) for the business
 - 1. If you file as a sole proprietor on a 1040 or 1040-SR, we will also need a copy of the related Schedule C for your business income and expenses.
 - 2. If your business is too new to have a tax return, but have been in operation since March 1, 2020 or earlier, please upload a copy of your Secretary of State registration instead.
 - 3. Documentation verifying eligible business costs incurred by the business during the period March 1, 2020, through June 1, 2021.
 - 1. Eligible business costs include: payroll, utility bills, rent or mortgage, and supplies or equipment.
 - 2. You can upload up to ten files, and the total eligible business costs covered in these files should cover the full amount of a grant under this program, which is estimated to be up to \$4,000.
- 14. During the completion of your application, you will be asked to agree to a series of acknowledgements and attestations (statements of fact) related to your business and business activity. Please be prepared to review each statement carefully before acknowledging and advancing to the next page.

City of Akron Great Streets Storefront Relief Grant Application

1. Please provide the following contact information for the person who will serve as the primary contact for communication about this grant application. Please note, if we cannot reach you about your application at the contact information provided below, you will miss important communication, agreements and other correspondence that may eliminate you from consideration for the grant.

Fi	irst Name
La	ast Name
Р	hone Number
E	mail

2. Please enter the name of your business. If your business is registered with the Ohio Secretary of State, please enter the name as it appears on your registration. (Example: The ABC Company, LLC)

If you would like to search for your business on the Ohio Secretary of State's business search page, you can do so at: https://businesssearch.ohiosos.gov/

- 3. Please enter any DBA(s) or trade name(s) of your business. (Example: The ABC; ABC Co.)
- 4. Please provide the 9-digit Employer Identification Number (EIN) for your business (or the primary owner's Social Security Number (SSN) if the business is a sole proprietorship). (Example: 023456789)
- 5. Is the number provided above an individual's Social Security Number (SSN) or a business's Employer Identification Number (EIN)? (Circle one) SSN EIN
- 6. Please enter the legal address used for filings, notifications and other legal correspondence for your business. (example: 123 Main Street, Suite 201; Akron; Ohio; 44311; Summit)

Street Address		
City		
State		
Zip Code		
County		

- Does your business have a physical storefront or retail facility located in Akron, Ohio? (Circle one) Yes
 No
- 8. Please enter the physical storefront or retail facility address of your Great Streets District business (if different from legal address entered above).

	(example: 123 Main Street, Suite 201; A Street Address	kron; Ohio; 44311; Summit)
	City	
	State	
	Zip Code	
	County	
9.	In which of the Great Streets Districts be	elow is your business located? (Circle one)
	Aster Avenue – Firestone Park	Canton Road – Ellet
	East Copley	Goodyear Heights
	Kenmore Boulevard	Maple Valley
	Merriman Valley	Middlebury
	Sherbondy Hill	Temple Square – North Hill
	Wallhaven	West Hill
10.	Was your business in operation on or be Yes	efore March 1, 2020? (Circle one) No
11.	When did your business begin its operat	tions? (mm/dd/yyyy)
12.	Which of the following does your organi will not affect decision making for this g Check Here	ization identify as? (select all that apply - your response to this question grant in any way)
	□ Minority-owned	
	Woman-owned	
	□ Veteran-owned	
	LGBTQ+-owned	
	 Other disadvantaged by None of the above 	usiliess (piedse specify)

13. What is the race/ethnicity of the business owner? (Select all that apply)

Check Here

- □ Black
- □ African American

- □ Hispanic or Latinx
- Asian
- American Indian
- □ White
- Other Race or Ethnicity

For the following questions, "employees" should be counted as any individual who is:

(i) employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year, or

(ii) independently contracted with the business, regularly works at least 20 hours per week and who receives an IRS Form 1099 at the end of each calendar year.

If you are a self-employed entrepreneur, enter "1" for yourself.

- 14. As of the time this application is submitted, does your business employ fewer than 50 employees? (Circle one) Yes No
- 15. As of March 1, 2020, how many employees did your business employ? (enter 0 if your business was not in operation on March 1, 2020)
- 16. At the time of this application, how many employees does your business employ?
- 17. Did your business have less than \$5 million in gross annual receipts for 2020? (Circle one) Yes No
- 18. What were your business's gross annual receipts (revenue) for 2019? (Please enter 0 if your business was not open prior to January 1, 2020) ______
- 19. Approximately what were your business's gross annual receipts for 2020? (Example: 625,000)
- 20. Which of the following describes your business? (Circle one) Non-Profit For-Profit
- 21. Please specify the type of your organization. (Check one) Check Here
 - □ Sole Proprietorship
 - C-Corporation
 - □ S-Corporation
 - □ Limited Liability Company (LLC)
 - General Partnership
 - □ Limited Partnership
 - □ Limited Liability Partnership
 - □ Cooperative
 - Other_____

22. Please estimate your business's lost revenue due to the pandemic. (Example: \$25,000)

23. Please estimate your business's increased business expense due to the pandemic. (Example: 1000)

24. Please provide a description of the activities of this business or the nature of its goods/services sold.

25. Is your business current on all federal taxes? Please answer "Yes" if you are current on taxes filed to date. You may also answer "Yes" if you have not filed and paid your 2020 federal taxes. (Circle one)

Yes No If you answered "No," to #25 above, Is your business a party to a valid and current delinquent tax contract or payment plan for these federal taxes? Yes No

26. Is your business current on all state taxes? Please answer "Yes" if you are current on sales and CAT taxes filed to date. You may also answer "Yes" if you have not filed and paid your 2020 state taxes for which you are liable, but have not yet filed.

Yes No If you answered "No," to #26 above, Is your business a party to a valid and current delinquent tax contract or payment plan for these state taxes? Yes No

27. Is your business current on all local taxes (local income tax and property taxes for which due dates have passed)?

Yes No If you answered "No," to #27 above, Is your business a party to a valid and current delinquent tax contract or payment plan for these local taxes?

Yes No

In this section of the application, we will list documents required to complete our full review of all submissions. Files to prepare for upload in this form (print and submit or scan and email to greatstreetsgrant@greaterakronchamber.org):

- 1. An up-to-date copy of your IRS Form W-9.
 - To access a blank W-9 form online, copy and paste this link into a new window of a web browser:

akronohcoc.weblinkconnect.com/External/WCPages/WCWebContent/WebContentPage.aspx?ContentID=804

Please ensure that the W-9 is completed using the business's EIN if it has one. Otherwise, for sole proprietors, use the business owner's SSN.

- 2. A copy of your most recent (2019 or 2020) tax return.
 - Include at least the first full page of your tax return or the entire document. This page should include total income, expenses and tax. Some tax filing programs use a "cover page" as page one that identifies the business or tax filer, but does not include income, expense and tax information. In this case the correct "summary" page is usually page 2.
 - If your business is too new to have a tax return, please attach a copy of your Secretary of State registration instead.
- If you are providing an IRS Form 1040 or 1040-SR, then you must also provide a copy of your Schedule C which summarizes your business income and expenses. If you submit a business tax form (not a 1040 or 1040-SR), then we will not ask you for a Schedule C.
- 4. **Documentation verifying eligible business costs were incurred by the applicant** from March 1, 2020, through June 1, 2021. The attachment must clearly identify the business name and must match the name submitted in this application. The total eligible business costs covered in these files should cover the full amount of a grant under this program, which is estimated to be up to \$4,000.

Only the following documentation will be accepted to prove business costs incurred:

- Payroll records
- o Utility bills charged to the business named in the application
- Rent or mortgage payments for business premises (only payments for non-residential properties will be accepted) charged to the business named in the application
- Supplies or equipment purchased by, leased, financed or charged to the business named in this application between March 1, 2020, and June 1, 2021
- 28. What expenses under eligible business costs are attached?

Check Here

- Payroll documentation
- □ Utility bills documentation
- □ Rent or mortgage documentation
- □ Supplies or equipment documentation
- Other_____

29. What is the total cost covered by the documentation you have attached for Eligible Business Costs?

30. What are your 3 most pressing concerns as an entrepreneur? Please order them so that the most pressing is on

top.	
a.	
b.	
с.	

31. If you could receive actionable support or help in any one area of your business, what would it be?

32. How would you rate the level of support that the City of Akron provides to its entrepreneurs and business owners? (Your response will have no impact on your grant application, and will help the city continuously improve the services it provides)

Check Here

- ExcellentGood
- □ Average
- Poor
- □ Terrible
- 33. Could you please elaborate on your response above?

- 34. By checking "Yes, I acknowledge" below and submitting this application, I attest that the business identified in
 - this application meets the definition of "eligible business" as defined below:
 - Yes, I acknowledge

The applicant is a for-profit entity
The applicant business has fewer than 50 employees as of the time this application is submitted. Here, "employees" should be counted as any individual who is: (i) employed as an employee who regularly works at least 20 hours per week and who is provided an IRS Form W-2 at the end of each calendar year, or (ii) independently contracted with the business, regularly works at least 20 hours per week and who receives an IRS Form 1099 at the end of each calendar year.
The applicant business had less than 5 million in gross annual receipts in 2020.
The applicant business has a physical storefront or retail facility in a Great Streets District in Akron, Ohio.
The applicant business is currently operating and has done so since March 1, 2020, except for interruptions required by COVID-19 public health orders, and has the ability to continue operations as a going concern, taking into account a potential program grant.
The applicant business has experienced revenue loss or incurred unplanned costs substantially caused by COVID-19 and you believe a grant from the program will have an impact on your ability to fund the costs of disruption and support your operations and recovery due to the impact of COVID-19. Furthermore, the applicant business intends to continue its business operations following the pandemic.
The applicant business is in good standing with the Ohio Secretary of State, the Ohio Department of taxation, and any other governmental agency charged with regulating the business.
If the applicant business has received a forgivable PPP loan or other grant funding made available through CARES act resources (Summit County Small Business Emergency Relief Grant Program, Downtown Akron COVID-19 Recovery Grant Program, Downtown Akron CARES Act Grant, State of Ohio Small Business Relief Program, etc.) the money received from this grant, if awarded, will not be spent on the same specific cost items that were submitted and reimbursed for those programs.

35. By checking "Yes, I acknowledge" below and submitting this application, I attest that the business identified in this application does not meet the definition of **"ineligible business"** as defined below.

Applicant businesses are ineligible if:

- Yes, I acknowledge
 - The applicant business is a non-profit entity.
 - The applicant business is publicly traded.
 - The applicant business is operated by a governmental agency or entity.
 - The applicant business is a "Club," as defined in Section 4301.01 of the Ohio Revised Code.
 - The applicant business is primarily engaged in political or lobbying activities, or political issue advocacy?
 - The applicant business operates as a sexually oriented business as that term is defined in Section 2907.40 of the Ohio Revised Code.
 - The applicant business engages in conduct regulated by the state casino control commission or operates Video Lottery Terminals as that term is defined in Section 3770.21 of the Ohio Revised Code.
 - A majority legal interest in the applicant business is owned by individuals who are under the age of eighteen.
 - The applicant business is a hospital, ambulatory surgical center, private school, or long-term care center.
 - The applicant business is primarily engaged in the sale, cultivation or distribution of cannabis products.
 - The applicant business is primarily engaged in the sale or distribution of liquor, not including restaurants or bars.
 - The applicant business primarily sells tobacco products, cigarettes, electronic smoking devices, or vapor products as those terms are defined in Section 2927.02 of the Ohio Revised Code.
 - □ The applicant business is a utility provider.
 - The applicant business is in bankruptcy or receivership.
 - The applicant business does not generate revenue that is solely considered as passive activity by the Internal Revenue Service for income purposes and/or that is a sole proprietor without employees that reports business income on a 1040 Schedule C that is less than 25% of the adjusted gross income of the individual filing the 1040 Schedule C.
 - The applicant business is a financial institution that makes loans or issues credit to the public including, but not limited to, banks, credit unions, payday lenders, or any other similar business.
- 36. By checking "Yes, I acknowledge" below and submitting this application, I attest that the expenses submitted for reimbursement by this grant are "eligible costs" as defined below, and were incurred between March 1, 2020, and June 1, 2021, for which payment has been uncertain, difficult or not possible due to revenue loss or unplanned costs caused by COVID-19:
 - Yes, I acknowledge

- Personal protective equipment to protect employees, customers, or clients from COVID-19.
 Measures taken to protect employees, customers, or clients from COVID-19.
 Mortgage or rent payments for business premises (personal residences explicitly excluded).
 Utility payments (excludes utilities for personal residences and cellular phones not used primarily for business purposes).
- Salaries, wages, or compensation paid to contractors or employees, including an employer's share of health insurance costs.
- Business supplies or equipment.
- 37. Please estimate how much total "eligible costs", as defined above, your business has incurred between March 1, 2020, and June 1, 2021. (Example: \$25,000) \$______
- 38. By checking "Yes, I acknowledge" below and submitting this application, I attest that the applicant business identified in this application will not use a City of Akron Great Streets Storefront Relief Grant award for

"ineligible costs" as defined below:

Yes, I acknowledge

- Costs incurred for Federal, State or local tax obligations.
- Costs incurred for non-business purposes.
- Costs incurred for political purposes.
 - Costs incurred for which the business has or will receive reimbursement from another source, including any other government loan or grant program and insurance proceeds.
- 39. By checking "Yes, I acknowledge" below and submitting this application, I attest that the applicant business will keep records of all specific expenses for which the funds were used for a period of five (5) years from the final expenditure of received funds. And, I agree to produce those records should an audit of the program or the business's use of funds require me to do so.

_____ Yes, I acknowledge the above statement

- 40. By checking "Yes, I acknowledge" below and submitting this application, I attest that:
 - Yes, I acknowledge

- I am an authorized representative of the applicant business with authority to submit an application for the City of Akron Great Streets Storefront Relief Grant. Under penalty of perjury and/or recapture of City of Akron Great Streets Storefront
- Relief Grant funds received, all of the information in this application is true and correct to the best of my knowledge as an individual authorized to submit an application for the City of Akron Great Streets Storefront Relief Grant on behalf of the applicant business.
- Under penalty of perjury and/or recapture of City of Akron Great Streets Storefront Relief Grant funds received, the attachments contained in this application are true and complete records of the applicant business.
- I certify that the business identified in this application has suffered a negative economic impact as a result of COVID-19 and that total amount of COVID-related

economic impact incurred exceeds the total amount of support received from state, local and federal relief programs funded by the CARES Act. Additionally, I verify that any grant funds received from the City of Akron will not be used to pay for expenditures that have already been reimbursed through any other state, local and federal relief programs funded by the CARES Act

41. By clicking "Yes, I acknowledge" below and submitting this application, the applicant represents and certifies to the City of Akron and the Greater Akron Chamber ("Grantor") that the applicant is a duly authorized representative, capable of legally binding the applicant business ("Grantee").

Grantee acknowledges that any person who knowingly makes a false statement to obtain an award of financial assistance may be required under Section 9.66(C) of the Ohio Revised Code to repay such financial assistance and shall be ineligible for any future economic development assistance from the State of Ohio, any state agency, or political subdivisions. Also, any person who provides a false statement to secure economic development assistance may be guilty of falsification, a misdemeanor of the first degree, pursuant to Section 2921.13(F)(1) of the Ohio Revised Code.

Furthermore, the undersigned certifies that the Grantee has suffered losses as a result of COVID-19 and that the total amount of COVID-related costs incurred exceeds the total amount of support received from state, local and federal relief programs funded by the CARES Act. Additionally, the undersigned verifies that any grant funds received from the City of Akron will not be used to pay for expenditures that have already been reimbursed through any other state, local, or federal relief programs funded by the CARES Act.

Furthermore, the Grantee agrees to indemnify and hold harmless Grantor and their officials, employees, agents, and assigns from any and all liability, loss, claim, damage, cost and expense arising from or related to the Grant, including the failure of any certification of Grantee to be correct in all respects.

_____ Yes, I acknowledge the above statement

42. I understand that I am applying for a grant that is being funded with public dollars, and that a final list of businesses who receive grants under this program will be made public.

_____ Yes, I acknowledge the above statement

How to submit this paper application and all required documentation:

- 1. If you have access to a scanner, you can submit...
 - via email to: greatstreetsgrant@greaterakronchamber.org
 - o via fax to (330) 379-3164
 - via traditional mail to:

Greater Akron Chamber Attn: Heather Flohr 388 S. Main Street Suite 205 Akron, OH 44311

 You can contact Mark Greer at <u>mark.greer@akronohio.gov</u> or Heather Flohr at <u>greatstreetsgrant@greaterakronchamber.org</u> to schedule a time to drop off your application. Due to COVID-19 restrictions, applicants must make an appointment to drop off their application.

The application period is noon on April 7, 2021 through noon on June 1, 2021. All applications must be submitted by noon on June 1, 2021, to be considered.