



COMMUNITY WORKS

**OHIO COUNTY FISCAL COURT
SMALL BUSINESS GRANT APPLICATION**

A.R.P.A. FUNDING

Ohio County Fiscal Court
130 E Washington Street, Ste215
Hartford, KY 42347
270-298-4493

Ohio County Coronavirus Relief Fund Small Business Grant Program Application

Applicant Information

Name of Business _____

Business Address _____

City: _____ Zip: _____

Does your business have multiple locations? If yes, provide addresses:

Business Owner(s): _____ Email: _____

Home Address: _____ Phone: _____

Date Business Established: _____

Ohio County Coronavirus Relief Fund application process:

The Federal Government has allocated funding through the American Rescue Plan Act (ARPA) to assist counties and cities in response to Covid-19. A portion of Ohio County's allocation, which is based on population, has been set aside for immediate grant assistance to already existing and qualifying small businesses with less than 25 employees. The purpose of this grant program is to capture those businesses that were not assisted by other sources.

The following application will be reviewed by a scoring committee comprised of 5 individuals with various backgrounds. The committee will be chosen by the Ohio County Judge Executive, David Johnston. The scoring committee will be approved by the members of the Fiscal Court. The members of the scoring committee will not see the application until the day of scoring. Additionally, all business-related identifying information on the application will be unavailable to the scorer.

Grants will be based on the following employee count.

\$1,000	1 employee
\$2,000	2-4 employees
\$3,000	5-10 employees
\$4,000	11-15 employees
\$5,000	16-25 employees

Please note that there will be businesses that do not qualify for this program

The application process will be open starting on September 1, 2021 and will close on September 30, 2021 to give ample time for submission.

This application will be scored based on your answers. Your application will be assigned a number and your business name will not be available when scoring. A Committee will be appointed by the Judge Executive of Ohio County to score the applications. The funding for the money will be capped at \$100,000. Applications will be dated and reviewed in that order. Applications will be awarded based on your score and date turned in.

APPLICATION : _____

_____ Is your business located in Ohio County? If not you are not eligible for this Grant.

_____ Is your business for profit (P) or is your business non-profit (NP)?

_____ Do you personally reside in Ohio County?

_____ Do you pay Occupational Taxes in Ohio County?

_____ Does your business have multiple locations? If yes, provide addresses:

_____ Nature of Business.

Check all that apply

_____ Provides a service to the public

_____ Customer facing business

_____ Restaurant/Bar

_____ Health related business

_____ Other (Explain)

_____ Is your business a franchise?

_____ Is your business licensed?

_____ Are you an independent contractor?

_____Number of employees prior to the Pandemic?

_____Were you forced to lay off or terminate employees due to Pandemic?

_____Was your business considered essential? Must have stayed open.

_____Has your business ever received funding or loans from Ohio County Fiscal Court or Ohio County Economic Development Authority? If yes, please detail.

_____Did your business have loss of business income insurance that was collected?

Pandemic Related Information

_____Was your business forced to shut down due to Covid-19?

If yes, please elaborate with dates of shutdown.

_____Has your business altered due to Covid-19? Explain:

_____Overall, what was the effect of Covid-19 to your business?

_____Provide your Covid-19 related expenses to reopen or keep your business open that are relative to current operating standards that now exist.
May attach a separate itemized list to better understand your expenses.

SBA Related Questions:

_____ Did you apply for an SBA (Small Business Administration) Loan or Grant?
Including PPP (Payroll Protection Program) or
EIDL (Economic Injury Disaster Loan)

_____ Was your application denied? If so, explain why.

_____ If accepted list the loan or grant amount with amount due if any.

_____ Did your business receive any other assistance related to Covid-19
(ex. US Chamber, GRADD, ? Unemployment Insurance etc.)
If yes, detail source and amount:

_____ Total Score

I hereby certify that all statements and information provided on this application are true, complete, and correct to the best of my knowledge. If asked, I agree to provide proof of the information on this application and /or provide additional information if needed.

Applicants Signature _____

Date Submitted: _____

Witnessed: _____