



**Portage County COVID-19
Small Business Emergency Relief Grant Program
Application**

Business Name _____

Sole Proprietorship Partnership Corporation LLC

Phone _____ Email Address _____

Fed Tax ID _____ Duns Number _____ NAICS Number _____

Business Street Address _____

City, State, Zip _____

Year Founded _____ Full Time employees _____

Majority Business Owner Name _____ Phone _____

Email Address _____

Brief description of business

Has the business received COVID relief funding from PPP, SBA, or any other source?

Y N

If Yes, please list sources.

_____	_____
Source	Amount

_____	_____
Source	Amount

Is the owner or business delinquent on any federal, state or local taxes? Y N

Does the owner or business have any outstanding judgements, tax liens or pending bankruptcies?

Y N

Does the owner/spouse or any household member serve in any official capacity or is an employee of Portage County? Y N . If Yes, please describe _____

Please attach an itemization of expense through September 30, 2020 for CARES grant assistance with supporting documentation. Documentation will be in the form of cancelled checks, paid invoices, bank statements, or similar documents evidencing payment.

Please attach an itemization of estimated expenses from September 30, 2020 through December 30, 2020 with supporting documentation evidencing the estimated expenses.

Total Amount of Assistance Requested \$ _____

Application Checklist

- | | |
|---|--------------------------|
| 1. Completed Application | <input type="checkbox"/> |
| 2. Ohio Secretary of State Business Registration | <input type="checkbox"/> |
| 3. Itemized list of expenses through Sept 30, 2020 | <input type="checkbox"/> |
| 4. Supporting Documentation for #3 | <input type="checkbox"/> |
| 5. Itemized List of estimated expenses through Dec 30,2020 | <input type="checkbox"/> |
| 6. Supporting Documentation for #5 | <input type="checkbox"/> |
| 7. Tax Return Information as required by Program Description | <input type="checkbox"/> |
| 8. Summary Revenue Information as required by Program Description | <input type="checkbox"/> |
| 9. Signed Applicant Certification Form | <input type="checkbox"/> |

Completed Applications may be returned to Neighborhood Development Services, Inc. no later than 4 pm Friday November 6, 2020 to be considered for 1st Round funding.

Via Email: jdavis@ndsohio.org
Via Fax: 330-297-5303
Via Mail: Neighborhood Development Services, Inc.
120 E. Main Street
Ravenna, OH 44266
Via Dropbox: Neighborhood Development Services, Inc.
120 E. Main Street
Ravenna, OH 44266

PORTAGE COUNTY CARES ACT FUNDING APPLICANT CERTIFICATION FORM

By signing below, you make the following representations, authorizations and certifications:

CERTIFICATIONS AND AUTHORIZATIONS:

- I certify that I am an Authorized Representative of the Applicant for CARES Act Funding, and in that capacity, I have authority to complete and sign all necessary documents associated with the application for CARES Act Funding;
- I, as the Authorized Representative, have read and understand the statements included with this Certification Form, along with all of the application documents for the CARES Act Funding;
- The Applicant is eligible to receive a grant under the CARES Act Funding guidelines in effect at the time the application is made;
- The Applicant is a small business that has sustained a disruption of business operations due to the COVID-19 public health emergency;
- Applicant was in operation on March 1, 2020 and 15 months prior;
- This Application is made to support the ongoing and continued business operations of Applicant;
- I affirm, as the Authorized Representative, that all funds received under the CARES Act will be utilized only for business related purposes as specified in the Application, and consistent with the guidelines of the CARES Act Funding;
- The Applicant is not engaged in any activity that is illegal under federal, state or local law;
- Applicant certifies that all information provided in support of the application for CARES Act Funding is true and accurate.

CERTIFICATIONS:

- Applicant has provided Portage County and its authorized agents with all documentation requested to support its Application for CARES Act Funding;
- Applicant certifies that the information provided in the Application, and all information provided in all supporting documents and forms, is true and accurate in all material respects;
- Applicant understands that additional information and documentation may be requested by Portage County, and in the event additional documentation is requested, Applicant agrees to comply and provide true and accurate information;
- Applicant understands, acknowledges and agrees that Portage County will determine eligibility for CARES Act Funding based upon all documents submitted. Applicant acknowledges and agrees that Portage County may share any information that Applicant has provided with Portage County's authorized representatives for the purpose of determining eligibility for CARES Act Funding;
- Applicant further understands and agrees that in the event payment has been made to Applicant under the CARES Act Funding, and it is later determined that the

Recipient/Applicant failed to provide true and accurate information and documentation, Recipient/Applicant will be responsible for reimbursing Portage County any and all monies paid to Recipient/Applicant of CARES Act funds;

- Applicant further understands and agrees that in the event a government agency under Federal, State or Local law later determines the Recipient/Applicant should not have received payment of CARES Act Funds, Recipient/Applicant will be responsible for reimbursing Portage County any and all monies paid to Recipient/Applicant of CARES Act funds;
- Applicant further understands and affirms that in the event reimbursement is required and it does not occur, Portage County may bring legal action against you to collect any and all such payments made to Recipient/Applicant, which include, but are not limited to, the reimbursement of any and all paid to Recipient/Applicant of CARES Act funds, as well as attorney's fees and court costs incurred.

Signature of Authorized Representative of Applicant

Date

Printed Name of Authorized Representative
