

# RESTART AUGLAIZE 3.0 COUNTY GRANT APPLICATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Provide best day time phone number)

Email Address: \_\_\_\_\_

EIN: \_\_\_\_\_

Business Type: \_\_\_\_\_ (retail, restaurant, etc.)

Business Name: \_\_\_\_\_

% of Interest Owned: \_\_\_\_\_ Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_

Average Gross Annual Receipts \_\_\_\_\_  
(Provide Gross Annual Receipts prior to COVID rounded to nearest 1,000)

Own or Lease Building? \_\_\_\_\_ Monthly Mortgage or Rent \_\_\_\_\_

Lease Expiration Date \_\_\_\_\_

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## COVID-19 Impact

Please provide a brief narrative of the impact COVID-19 has had on your business. Limited to 300 characters.

% Revenue Loss \_\_\_\_\_

\*Must include Profit/Loss documentation.  
(Documents must show revenue loss due to COVID. An example of an acceptable form of documentation is profit and loss reports from both 2019 and 2020 for comparison.)

Other COVID-19 Financial Assistance Sought  
(select any other assistance applied for)

PPP- Payroll protection program loan

SBA – Disaster Loan

Restart Auglaize County (Round 1) or (Round 2)

Other

Personal Funds Invested

\$ \_\_\_\_\_

(Amount of personal funds invested)

**Other COVID-19 Financial Assistance Obtained**

If you were successful in obtaining any COVID-19 financial assistance list program and amount received. i.e. PPP Loan - \$50,000.

**Plans to Sustain Your Business**

Although there is great uncertainty, Auglaize County hopes 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 Creates for Auglaize County.**

Grant Funds Requested \$ \_\_\_\_\_ (maximum amount is \$15,000 among all funding rounds)

**Provide How Funds will be Used:**

Use of Funds	Amount

**Provide the Number of Jobs that Your Business Employed Prior to COVID-19 and the Number of Jobs that will be Retained and/or Added as a Result of this Grant Funding.**

<i>Full Time Jobs Prior to COVID-19</i>	<i>Part Time Jobs Prior to COVID-19</i>
<i>Full Time Jobs Retained and/or Added</i>	<i>Part Time Jobs Retained and/or Added</i>

**\*\*You Must Submit a Completed W-9 Form with your Application\*\***

Certifications (please initial each):

\_\_\_ I confirm that my business is located within Auglaize County and the business maintains all proper licenses and permits for operation.

\_\_\_ I certify that my revenue has declined by 10% or more as a result of COVID-19 since March 15, 2020.

\_\_\_ I certify that the average annual gross receipts of the business is less than \$2,000,000.

\_\_\_ I agree to document and report the economic impact to the business including how funds are used and jobs retained/created and submit such documentation/report within 90 days of being awarded grant funds.

\_\_\_ I certify that the business is current with all local, state and federal taxes.

\_\_\_\_ I certify that undersigned has the approval to submit this application and execute a grant agreement on behalf of the applicant.

**Final Certification**

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

Business Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_