

Mahoning County Small Business Relief Fund II

to be administered by Valley Partners

Application Period:

November 01, 2021 – Applications will be accepted for first-time grant recipients

November 08, 2021 – Applications will be open to all businesses

This American Rescue Plan Act Award relief program is to alleviate sudden and severe economic dislocation caused by the coronavirus (COVID-19) pandemic and to provide monetary relief from any business interruption or additional precautions required to reopen. An eligible business that is interested in participating in the program must fill out the application to determine if it meets all of the eligibility criteria. Each grant *up to* \$10,000 will be awarded on a first come-first serve basis. Grant Amounts are not to exceed 25% of Gross Revenues as shown on the business' 2020 Tax Return. The business must submit a complete, signed application along with their 2019 and 2020 tax returns that have been FILED with the IRS. If an application is not complete or signed or additional documentation is requested, the business shall deliver requested documentation within 7 days of the date of the request or they will be removed from the queue and have to resubmit.

ELIGIBLE SMALL BUSINESSES

- Must show a revenue reduction of at least 25% on Tax Returns filed with the IRS from 2019 to 2020. This reduction is determined by the following:
 - IRS Form 1120 or 1120S line 1.c.
 - IRS Form 1065 line 1.c.
 - IRS Form 1040, Schedule C line 1
- Must be a for-profit or not-for-profit entity with a location in Mahoning County.
- Have been operational since January of 2019. This can be evidenced, at a minimum, by: a) filing(s) with the Ohio Secretary of State, such as articles of incorporation other registration documents; b) an Ohio vendor's license; c) Federal Schedule C - Profit or Loss of Business (Sole Proprietorship); or any other documents that demonstrate that the business has been in operation as a for-profit entity since January 2019.
- Have less than \$1.5 million gross revenue/receipts on an annual basis as evidenced on tax returns.
- Have 50 or fewer employees or 1099 workers as of December 31, 2020.
- Must be able to attest that it is current with all federal, state, county and local taxes and fees.
- Must be able to attest that it is in good standing with all applicable government regulations.
- Must be able to attest that it is not currently in bankruptcy.
- Must be able to attest MCSBRF II dollars will not be utilized for any expenses that the business has already received other federal assistance for in regards to lost revenue or expenses arising from the pandemic, including Paycheck Protection Program, Emergency Disaster Loan, etc.
- Businesses (and their associated holdings and accounts) may not be subject to any lien (other than current loans secured by real property), garnishment, attachment, forfeiture or other like collection effort that could jeopardize the intended purpose of the grant.
- Only ONE grant recipient per eligible SSN/EIN is allowed. (multiple locations only considered if different EIN)

Please send all completed applications (including supporting documentation) to madison@valleyedp.com. For any questions on the application, please contact Mario Nero at 330-759-3668 ext 122 or mario@valleyedp.com.

Mahoning County Small Business Relief Fund

To be Administered by Valley Economic Development Partners

Return completed application and attachments to madison@valleyedp.com - For questions call Mario at 330-759-3668 ext 122

Company Info

Company Name _____

Business Location Address _____

City _____ State _____ Zip _____

Type of Business (i.e. restaurant, manufacturing, marketing, etc.) _____

Entity Type _____ *Companies must have Articles in good standing from the State of Ohio

Date Operations Began _____ (Must be in operation 1/1/2019 or earlier to be eligible)

Is the business establishment affected located in Mahoning County, Ohio?

Does the business have less than \$1.5 million in gross revenue/receipts on an annual basis?

Does the business have 50 or fewer employees or 1099 workers as of December 31, 2020?

Is this business current with all federal, state, county and local taxes and fees?

Is the business in good standing with all applicable government regulations?

Is the business currently in good financial standing (not in bankruptcy)?

Types of ineligible businesses include: Adult entertainment establishment, Bank, savings and loan or credit union, E-commerce only company, Liquor and wine store, Vaping store, Tobacco store, Cannabis dispensary, Franchised business not locally owned and independently operated

Company Ownership (Principal in Charge)

Name _____ Title _____ % of Ownership _____

Address _____ SSN _____

Phone # _____ Email _____

Eligibility

Did you receive a MCSBRF grant in 2020? _____

25% Revenue Reduction: 2019 Total _____ 2020 Total _____ Reduction % _____

Amounts must be entered from FILED Tax Returns as follows: IRS Form 1120 line 1.c.; 1120S line 1.c.; IRS Form 1065 line 1.c.; IRS Form 1040, Schedule C line 1. A copy of each return MUST be attached to this application.**

Economic Impact

How many jobs will be created or retained by utilizing these funds? _____

Please provide a summary of the impact these funds will have on the business and its operations _____

Certification

By checking this box I certify that everything in this application is true and accurate. The businesses above (and their associated holdings and accounts) are not subject to any lien (other than current loans secured by real property), garnishment, attachment, forfeiture or other like collection effort that could jeopardize the intended purpose of the grant.

I attest MCSBRF dollars will not be utilized for any expenses that the business has already received other federal assistance for in regards to lost revenue or expenses arising from the pandemic, including Paycheck Protection Program, Emergency Disaster Loan, etc.

I understand that I must provide proof of revenue reduction by providing copies of 2019 and 2020 tax returns that have been filed with the IRS. I understand that my application will be pulled from the que if all supporting documents are not included.

Signature: _____ Date: _____

Disclosure: If any information in this application is found to be false, criminal charges may be filed against you in a court of law.

Sex: _____ Race: _____ Ethnicity: _____

Optional Gender/Race/Ethnicity data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the grant application decision.