



## 3R GRANT PROGRAM – SUMMARY APPLICATION

**PLEASE DO NOT SUBMIT THIS APPLICATION.** This document is provided as a courtesy to those considering submitting a formal application. Formal applications may only be submitted online at [www.growunioncountyohio.com/application](http://www.growunioncountyohio.com/application) between 8:00 AM on May 15, 2020 until 5:00 PM on June 1, 2020.

Important Note: The online application cannot be saved or edited after submission. Please have all support documents available and ready to upload as part of the application.

All applicants are required to upload PDF files of the following support documents:

- Taxable sales in March 2019 and March 2020, or other evidence of gross revenue decline beginning March 15, 2020.
- Rent/Lease, Mortgage or other documentation **only** if applicant is seeking rent/lease or mortgage assistance.
- If any information submitted is considered by the applicant to be confidential or protected as a trade secret, the information must be clearly marked as such prior to uploading.

Questions marked with an asterisk (\*) indicate that a response to the question is required.

**Full Legal Name of Business: \***

**Business “dba” Name (if applicable):**

**Federal Employer ID#:**

**Local Business Address: \***

**Business Owner/Applicant: \***

**Business Owner/Applicant Home Address: \***

**Business Owner/Applicant Email: \***

**Business Owner/Applicant Phone #: \***

**Business Structure: \***

- Corporation
- Limited Liability Entity
- Limited Partnership
- Partnership
- Trust
- Sole Proprietor
- Other

**What is the business' primary industry? \***

- Retail
- Service
- Restaurant
- Hotel
- Manufacturing

**Business real property status: \***

- Owned
- Leased

**Total Number of Full Time employees as of March 15, 2020:**

**Total Number of Part Time employees as of March 15, 2020:**

**Total Number of Independent Contractors (1099 employees) conducting work for the business as of March 15, 2020:**

**Describe how the business supports community organizations and/or philanthropy in Union County.**

**Is the business a current member of the Union County Chamber of Commerce? \***

- Yes
- No

**Describe how the business has been impacted by COVID-19. \***

**Indicate \$ Amount of estimated loss as a result of COVID-19: \***

**Select the estimated percentage of revenue decline experienced as a result of COVID-19: \***

**Indicate the amount of funding requested. Note: the typical maximum grant award will be \$2,500. Awards of up to \$5,000 may be considered for exceptional cases. \***

**Payment: Please indicate the name that you want to appear on the grant check:**

**Indicate the type of assistance requested. Select as many as are applicable. \***

- Lease, Rent, or Mortgage Assistance
- Operational Assistance
- Unforeseen Expenses

**Describe how the funds requested will be used. Please include dollar amounts and timelines, if possible. \***

**How many weeks or months will the funds requested from this program sustain the business if the current conditions continue? \***

**Has the business applied for or received other types of assistance? Select as many as are applicable. \***

- None

- Paycheck Protection Program Loan
- Economic Impact Disaster Loan
- Other SBA Loan
- SharedWork Ohio Assistance
- Personal or Business Loan
- Other Grants or Assistance

**Required Documentation - All applicants must upload verification of taxable sales in March 2019 and March 2020 (year to year comparison), or other evidence of gross revenue decline beginning March 15, 2020. Applicants seeking rent/lease, or mortgage assistance must also upload verification (e.g. copies of invoices or previous transactions) of rent/lease or mortgage expenses. NOTE: if any information is considered by the applicant to be confidential or protected as a trade secret, the information must be clearly marked as such prior to uploading. Please verify that you understand this requirement. \***

- Yes
- No

**Does the business or business owner have any outstanding judgements, tax liens, pending or threatened bankruptcy proceedings, pending or threatened lawsuits against them, or criminal proceedings? \***

- Yes
- No

**Is the business or business owner delinquent on any Federal, State, or local taxes or assessments; utility payments, direct or guaranteed loans; leases, contracts, grants, child support payments, or any other financial obligations? \***

- Yes
- No

**Does the business owner, owner's spouse, or other relative or household member work for or serve in any official capacity for local or State government or any other entity associated with the 3R Grant Program? \***

- Yes
- No

**If you answered YES to the previous question, please indicate the person(s) and affiliations:**

**Applicant agrees that if awarded, the business will commit in good faith to remain open with current staffing and business operations for a minimum period of six (6) months following the award of the grant. \***

- Yes
- No

**Applicant understands that the information provided in this application or during resulting transactions may be considered public record and may be subject to public disclosure through the Ohio Public Records Act. The grantor will endeavor to retain all submitted information on a confidential basis to the extent allowed by law. If submitted information is considered by the applicant to be confidential or protected as a trade secret, the information must clearly be marked as such. \***

- Yes

No

**Applicant understands that all applications will be uniformly considered based on compliance with eligibility and criteria as established in this document. Awards will not be given, nor considered, on the basis of race or ethnicity, color, sex, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression, marital status, family/parental status, genetic information, immigration status, political belief or affiliation. \***

Yes

No

**Applicant agrees that the grantor reserves the right to reject any application or to provide grants of less than the maximum amount or the amount requested. \***

Yes

No

**Applicant agrees that the 3R Grant program is not intended to and shall not be construed to confer any right, interest or entitlement to any person or business entity, and any or all grants under this program may be suspended, revoked or cancelled at any time. Following an award, if it is determined that the applicant has not met guidelines established as part of the 3R Grant Program or it is discovered that an application contains materially false or misleading information, then as a condition of an award and of this program, the applicant shall immediately refund all grant payments previously made and all costs incurred, including reasonable attorney's fees. \***

Yes

No

**Applicant agrees that by submitting an application or by accepting an award, it is an express condition that the applicant and applicant indemnify, defend, release and hold harmless the CIC, and its members, officials, employees and representatives from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly or indirectly arising from or in connection with any act, omission or conduct of the 3R Grant Program. \***

Yes

No

**Pay it Forward! Although this program is a grant program, it is our desire to make this fund self-sustaining so we have funds available for any future disaster that might impact our community. As such, we are encouraging each grant recipient to contribute financially to the 3R Grant Program once the business returns to profitability, if feasible. Ideal contributions would be an amount equal to, or greater than, the amount of the awarded grant. Contributions are tax deductible, subject to any particular limitations on the donor. Would the applicant/business consider contributing to the 3R Grant Program in the future? Note: A "YES" response to this question is not a requirement for receipt of a grant through this program. \***

Yes

No

**CERTIFICATION: By typing your full name in the space below, you are certifying that all of the information provided in this application is true and accurate. You are also agreeing to assist in the verification of information provided in this application and to provide additional information, if requested. \***