

A RESOLUTION

NO. 1884

A RESOLUTION AUTHORIZING THE COVID-19 BUSINESS RELIEF PROGRAM FOR THE CITY OF UHRICHSVILLE

WHEREAS; on March 13, 2020, President Donald Trump declared a national emergency concerning the Novel Coronavirus Disease (COVID-19) outbreak; and.

WHEREAS; in Executive Order 2020-01D, Ohio Governor Mike DeWine declared a state of emergency for the entire State of Ohio to protect the well being of the citizens of Ohio from the dangerous effects of COVID-19 and to assist in protecting the lives, safety, and health of the citizens of Ohio; and

WHEREAS; the City of Uhrichsville desires to assist businesses in the City to address the negative financial effects of the COVID-19 pandemic with a program intended to help with expenses directly resulting from business interruption or arising from the decrease in gross revenue in connection with the COVID-19 pandemic; and

WHEREAS; the State of Ohio adopted House Bill 481, which made funds available for small business programs through the Coronavirus Relief Distribution Fund; and,

WHEREAS; the Council of the City of Uhrichsville's Economic Development Committee in conjunction with the City of Uhrichsville's Auditor's Office and the City of Uhrichsville's Mayor's Office will administer this grant program.

NOW THEREFORE, THE CITY OF UHRICHSVILLE HEREBY RESOLVES:

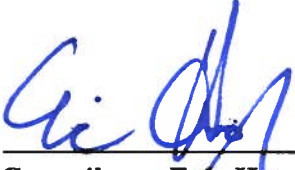
Section I: The Council of the City of Uhrichsville hereby establishes and creates a grant program for City businesses that are impacted by COVID-19, to be funded by the House Bill 481 Coronavirus Relief Distribution Fund and administered by the Uhrichsville Mayor's Office in conjunction with the Uhrichsville Auditor's Office, and the Uhrichsville Economic Development Committee.

Section II: Attached hereto and incorporated herein are the terms and conditions for the program.


Section III: This Resolution is to take effect at the earliest date permitted by law.

Date of Passage: 8/13/20

APPROVAL



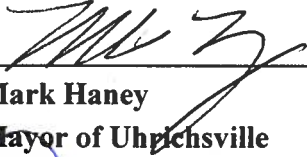
Councilman Eric Harmon
Sponsor



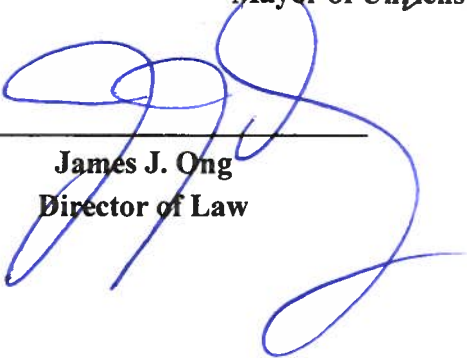
Trish Addison
Clerk of Council



Robert Cottrell
President of City Council



Mark Haney
Mayor of Uhrichsville



James J. Ong
Director of Law

CITY OF UHRICHSVILLE COVID-19 BUSINESS RELIEF GRANT PROGRAM

In an effort to provide additional resources to companies dealing with revenue losses due to the COVID-19 pandemic, the City of Uhrichsville authorized the Business Relief Program. This program is intended to assist for-profit companies with expenses directly resulting from business interruption or arising from the decrease in gross revenue in connection with the COVID-19 pandemic.

Eligible Recipients:

- For profit companies located in the City of Uhrichsville (Applicant must be the business owner/operator).
- Must have fifty (50) or fewer employees or 1099 contractors.
- Must be in business at least twelve (12) months and have positive revenue pre-pandemic.
- Must have a Federal Taxpayer Identification Number.

Eligible Expenses:

- Rent/Mortgage payments (excludes businesses located in or operated from personal residence).
- Machinery/Equipment Payments.
- Utility expenses.
- Salaries, wages, and/or compensation (if not receiving assistance from State/County/Federal Program).
- Personal Protective Equipment (PPE) or expenses related to compliance with Responsible Restart Ohio to meet social distancing requirements.

Ineligible Expenses:

- Any expenses reimbursed through business interruption insurance or other federal aid received in connection with the COVID-19 pandemic.
- New purchases.
- New debt.

Form of Assistance Available:

- Grants up to \$2,500 to be used for reimbursement of Eligible Expenses, as defined above. Documentation of eligible expenses must be submitted with grant application.

Application Process and Review:

The City of Uhrichsville Council's Economic Development Committee will accept and review applications for the Business Relief Program on behalf of the City of Uhrichsville. All applications should be mailed or turned into the Uhrichsville Mayor's Office and submitted to the Economic Development Committee. Applications will be evaluated on a first come-first serve basis. In the event requests exceed available funds, priority will be given to applications based upon the following criteria:

- Need for assistance.
- Likelihood that grant funds will allow businesses to retain jobs in the City of Uhrichsville.
- Overall impact of the grant on qualifying business.

Please note, the COVID-19 Business Relief Program is not an entitlement program, and as such, funding through this program is not guaranteed. The recommendations of the Economic Development Committee and action/approval of the Council of the City of Uhrichsville on matters related to the allocation of these funds are final.

CITY OF UHRICHSVILLE
COVID-19 BUSINESS RELIEF PROGRAM

Applicants seeking COVID-19 Business Relief Program assistance through the City of Uhrichsville must submit the following form and supplemental attachments for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

Business Relief Program Request: \$ _____

Section A: General Information

| **Applicant Information:** Please provide the legal name, address, and other contact information of the applicant for this request.

Applicant Business Name: _____

Contact Name: _____

Applicant Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Website: _____

Daytime Phone Number: _____

Federal Tax ID: _____

| **UHRICHSVILLE LOCATION:** Please specify the street address of the applicant business.

Address: _____

| **TIME IN BUSINESS:** How long has the company that will benefit from the Business Relief Program been in existence at this location?

Years: _____

Months: _____

| **COMPANY OFFICERS/PRINCIPALS:** Please provide the names of all owners, principals, and/or primary officers of the company.

Name and title: _____

Name and title: _____

Name and title: _____

| **CURRENT EMPLOYMENT AND PAYROLL:** For each of the categories listed below, please specify the number of employees currently employed by the applicant and the total annual payroll.

Full-time Permanent: _____

Part-time Permanent: _____

Temporary/Contract: _____

Seasonal: _____

Full-time Payroll: _____

Part-time Payroll: _____

Temporary Payroll: _____

Seasonal Payroll: _____

TOTAL PAYROLL: _____

| **DELINQUENCIES AND JUDGEMENTS:** For each question, please mark yes or no.

Does the applicant, or affiliated company to benefit from the incentive program, owe any delinquent taxes to the State of Ohio or a political subdivision?

Yes _____ No _____

Does the applicant, or affiliated company to benefit from the incentive program, owe any money to the State of Ohio or a State of Ohio agency for the administration or enforcement of any environmental laws?

Yes _____ No _____

Does the applicant, or affiliated company to benefit from the incentive program, owe any other money to the State of Ohio, a State of Ohio Agency, or any State of Ohio political subdivision, that are past due, whether the amounts owed are being contested in a court of law or not?

Yes _____ No _____

Are there any current or pending lawsuits involving either the principals or the company?

Yes _____ No _____

| NEED FOR ASSISTANCE: Applicants must demonstrate the business experienced a decrease in gross revenue due to COVID-19 when comparing March 1 - May 31, 2019 to March 1 - May 31, 2020. Please provide a summary of the impacts of the pandemic on your business and provide supporting financial records or bank statements.

| OTHER ASSISTANCE: Please describe any other assistance you have received to provide relief to your business (i.e. rent reductions, utility waivers, SBA, or PPP funding, etc.). Please note expenses reimbursed through business interruption insurance or other federal aid are not eligible for the Business Relief Program.

Section B: Eligible Expenses

For each of the categories listed below, please estimate the amount to be expended by the applicant related to the COVID-19 pandemic.

Rent/Mortgage Payment: _____

Machinery/Equipment Payments: _____

Utility Payments: _____

Salaries/Wages (not covered by PPP): _____

PPE/Restart Ohio Upgrades: _____

TOTAL EXPENSES: _____

USE OF FUNDS: Please indicate the eligible costs for which Business Relief Program funds will be used. Grant funds are provided on a reimbursement basis. Businesses must submit appropriate documentation related to expenses with the application.

Section C: List of Attachments

- Current Bank Statement.
- 2019 Federal Tax Returns.
- Financial Records/Bank Statements demonstrating decreased revenue from March 1 - May 31, 2019 compared to March 1 - May 31, 2020.
- Completed W-9.
- Documentation of eligible expenses.

Section D: Requirements and Certifications

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Business Relief Program assistance.

I/We certify that the requirements listed below will be met:

- A. I/We agree to notify the City of Uhrichsville immediately of any project modification.
- B. The applicant agrees to supply additional information if requested.
- C. This grant is to be used for COVID-19 business related expenses only.
- D. I/We have not nor do we intend to be involved in illegal activity under federal, state, or local laws. Nor do I/We have any criminal proceedings pending against me/us.
- E. I/We do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Business Relief Program eligible expenses.
- F. The applicant agrees to allow the Uhrichsville Auditor's Office to share relevant income tax withholding information with the Economic Development Committee as part of the Business Relief Program application review process.
- G. The applicant agrees that the City of Uhrichsville may share information publicly regarding grant recipients.
- H. Unspent and/or improperly grant proceeds are to be repaid by the grant recipient to the City of Uhrichsville.

_____ Signature of Applicant	_____ Applicant name (printed)	_____ Title
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_____ Signature of Applicant	_____ Applicant name (printed)	_____ Title

**Please submit completed application to:
Uhrichsville Mayor's Office
Uhrichsville Municipal Building
305 East Second Street
Uhrichsville OH, 44683**

