

CITY OF VIENNA SMALL BUSINESS RELIEF FUND APPLICATION

May 7, 2020

PROGRAM OVERVIEW

The City of Vienna, through the use of Community Development Block Grant – Coronavirus Response (CDBG-CV) funds, has established a Small Business Relief Fund (SBRF) in partnership with the Mid-Ohio Valley Regional Council (MOVRC). The SBRF seeks to assist small businesses in the City avoid job loss caused by closures related to social distancing by providing short-term working capital assistance to enable retention of jobs held by low- and moderate- income persons. Furthermore, this funding can be used to help small business restart their operations after being closed for a period of time due to the coronavirus pandemic.

For more details on basic eligibility criteria, as well as potential terms and conditions for financial assistance and reporting requirements, please review the attached program guidelines. Applications for funding will be considered on a first-come basis. Please email the completed application and/or any questions regarding the program to Carol Jackson, Executive Director, MOVRC at carol.jackson@movrc.org.

I. APPLICANT INFORMATION

1. Business Name: _____
2. Business Federal Identification Employee Number (FEIN) and/or Owner Social Security Number: _____
3. Business Physical Address: _____
4. Business Mailing Address (if different from physical address):

5. Contact Person (First and Last Name): _____
6. Contact Person Phone Number: _____
7. Contact Person Email Address: _____

8. Alternative Contact Person (First and Last Name): _____

9. Alternative Contact Person Number: _____

10. Alternative Contact Person Email: _____

II. BUSINESS INFORMATION

1. Number of Years in Business: _____

2. Business Revenue (January 1st – April 30th, 2020): _____

3. Business Revenue (January 1st – April 30th, 2019): _____

4. Total Number of Full Time Equivalent (FTE) positions on the payroll:

First Four Months of 2020: _____ First Four Months of 2019: _____

5. Total Number of FTE positions, for LMI workers, on the payroll.

First Four Months of 2020: _____ First Four Months of 2019: _____

***To calculate Full Time Equivalent position, take the number of work hours scheduled for an employee and divide that by the employer's hours for a full-time work week. For example, if an employee is normally scheduled to work 20 hours per week, and the employer's full-time work week is 40 hours, then that employee is a 0.5 FTE.**

**** Low- to Moderate- Income (LMI) positions are defined as employment opportunities for individuals that have an annualized income \leq \$32,950 per year (80% Area Median Income). This determination was made in accordance with HUD Income Guidelines effective June 28, 2019 for the Parkersburg Metropolitan Statistical Area.**

In addition to answering the above questions, please provide the following supporting documentation:

- Most Recent W-9 Form
- Statement of Revenues and Expenses for 2019
- List of Current Assets and Liabilities
- Payroll (first four months of 2019 and 2020 respectively)
- State Unemployment Report (first four months of 2019 and 2020 respectively)
- Additional financial assistance applied for and/or received as a result of the Covid-19 Pandemic (e.g. Emergency Injury Disaster Loan, Payroll Protection Programs, etc.)

This will enable MOVRC staff to determine working capital expenses, unmet need and potential duplication of benefits from other local, state and federal sources of financial assistance.

III. ADDITIONAL INFORMATION

1. Please describe how your business had been impacted by the Covid-19 pandemic:

2. Have you applied for additional financial assistance from other local, state or federal source:

- Yes No

If yes, please list the funding source (name), amount requested and status of your application (e.g. Application Approved – Funds Received, Application Approved – Funds Pending, Application Submitted – Review Pending, Application Submitted - Denied, etc.)

3. Were you aware of the Federal Government’s Payroll Protection Program (PPP)?

- Yes No

If Yes, did your business apply for the program? Yes No

If no, please explain why:

IV. APPLICANT CERTIFICATION

I have read and understand the contents of this application. I understand that this assistance is subject to the guidelines and requirements of the Small Business Relief Fund Program and dependent on an executed agreement with the City of Vienna/Mid-Ohio Valley Regional Council. I hereby certify that the information contained in this application, attached exhibits and other information submitted is complete and, in all respects, true and correct, to the best of my knowledge and belief. In certifying this application, you are authorizing MOVRC staff to access and review sensitive business numbers to validate the information submitted as part of this application.

Signature: _____

Printed Name: _____ Date: _____

MOVRC OFFICE USE ONLY

Application No.: _____

Date Received: _____

Application Accepted: Yes No

MOVRC Review Date (completed): _____

Loan Approved: Yes No

Loan Award Amount: _____

Loan Reviewer Signature: _____

Print Title: _____ Date: _____