



**Miami County  
Small Business COVID-19 Recovery Grant  
Program**



As a result of the COVID-19 pandemic, Miami County recognizes local businesses have been significantly impacted by closed or interrupted operations, employee furloughs or lay-offs, and other economic losses. To support Miami County's business community, the County has created this Small Business Recovery Grant Program to help offset economic losses caused by the continuing pandemic. This program will provide grants to reimburse eligible business owners for COVID-19-related expenses, which are defined in the following document along with eligible reimbursement costs and additional program guidelines.

**Important note: only expenses incurred on or after March 3, 2021 are eligible.**

Eligible bricks-and mortar businesses may apply for a one-time grant of up to \$25,000 to reimburse for pandemic-related expenses. Eligible at-home businesses may apply for a one-time grant of up to \$10,000 for pandemic-related expenses. Award determinations will be based on availability of funds as well as the applicant's submitted receipts, mortgage or rent records, and other documentation indicating COVID-19 public health emergency-related business expenses. Applicants should be aware that this grant may be considered income for tax-reporting purposes.

In the event assistance requests received by the County exceed available funding, the County may give priority to those businesses that did not receive other federal or state COVID-19-based financial assistance (such as Paycheck Protection Program funding).

For assistance in completing this application, please contact:

Michael Clarey, Development Services Manager (mclarey@miamicountyohio.gov or 937-440-5456)

Completed applications can be submitted via email at SmallBizGrants@miamicountyohio.gov. The application may also be submitted at the Department of Development (510 W. Water Street, Suite 120, Troy, OH 45373). When submitting your application, please make sure all materials (application, financial statements, receipts, etc.) are submitted together. You may need to send multiple emails depending on the size of your attachments.

Applications will be accepted until 05/31/22 at 4:00pm. Applications will not be accepted after these dates without exceptions.

**Applicants must be a for-profit business**

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**Miami County**  
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**Program**



**Program Details:**

**I.) Eligibility:**

- 1.) Must have been negatively impacted by the COVID-19 pandemic.
- 2.) Must have 50 full-time-equivalent employees or less at time of application.
- 3.) Must have less than \$5 million in gross annual revenue per most recent federal tax return.
- 4.) Must be registered to do business in Ohio and been in operation since at least January 1, 2020.
- 5.) Must be operating within the jurisdictional boundaries of Miami County, Ohio.
- 6.) Ineligible organizations are those that are in pending bankruptcy proceedings or that will file for such bankruptcy protections within six months of the date of application for assistance.
- 7.) Must be in good standing with local, state, and federal jurisdictions with respect to taxes, fees, utility payments, and other financial obligations.

**II.) Additional Qualifiers (must also meet all of the above criteria):**

- 1.) Businesses serving underserved communities.
- 2.) Businesses involved in pandemic-impact mitigation efforts
- 3.) Business demonstrating increase in expenses likely caused by COVID (recruitment costs, employee retention costs, etc.).
- 4.) Start-ups and microbusinesses.

**III.) Eligible Assistance:**

If the applicant has borne quantifiable expenses directly attributable to the COVID-19 pandemic the following may be eligible for grant assistance. The County's grant assistance is federally sourced and will be issued as reimbursements for the following eligible costs. The business must submit receipts, accounting records and/or financial statements, documents or proofs of purchases, along with payment verification (cancelled checks, credit card statement, etc.) with its application.

**1.) General Expenses**

- Payroll
- Benefit Costs
- Mortgage/Rent
- Operating Costs
- Utilities



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### **2.) COVID Prevention**

- Purchase of items meant to protect the public and employees during the pandemic, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures.
- Virus mitigation related to air-quality and ventilation improvements and various other health and safety measures.

### **3.) Workforce Retention/Attraction**

- Eligible Costs associated with hiring activities needed to address labor shortages. Such as expenses related to job fairs, job posting, employment incentives.
- Eligible costs associated with job training of new employees.

### **4.) Technical Assistance Counseling**

- Costs associated with 3<sup>rd</sup> party consultative services directly tied to recovery from financial hardship caused by COVID-10.
- Includes costs such as financial planning, space planning and configuration for the purposes of health/safety, marketing and ecommerce.

### **IV.) Required Documentation**

- Copy of last two (3) years' tax returns, including Form 1040 with Schedule C Profit or Loss from Business, Form 1120 (if corporation), or equivalent documentation.
- Copy of most recent Form W-3 Transmittal of Wage and Tax Statements (showing number of employees).
- Form W-9, signed in 2021.
- Proof of reimbursable business expenditures (receipts, invoices).

### **V.) Final Decision and Notification**

- Applications will be reviewed by the Miami County ARPA Committee and the County Administrator.
- Final authority for approval is the Miami County Commissioners.
- Approved applicants will complete a grant agreement within ten (10) days of notification of an approved grant.
- All grant funds will be distributed via check made out in the business's legal name according to the provided documentation.



# Application



**\* Required**

Business Name \*

Majority Owner's Name \*

Business Street Address (No PO Box) \*

Address Line 2

City \*

State \*

Zip Code \*

Majority Business Owner's Phone \*

Majority Business Owner's Email \*

Preferred method of communication \*

Email

Mail

Business Type \*:

Sole Proprietorship

Partnership

Corporation

Is your business \*:

Minority-Owned

Woman-Owned

Both

Neither

# of Full-Time Jobs (2020):\*

# of Part-Time Jobs (2020):\*

# of Full-Time Jobs (2021):\*

# of Part-Time Jobs (2021):\*

# of Full-Time Jobs (2022):\*

# of Part-Time Jobs (2022):\*

Year Founded\*

Federal Tax ID – 9-digit number \*

NAICS - 6-digit number



# Application



## Negative Economic Impact:

Please summarize your current situation and how the COVID-19 crisis has impacted your business (decline in revenue, laying off employees, closures, etc.). Include specific information as to expenses incurred by the business resulting directly from the pandemic. A bulleted list is recommended. If you've experienced a decline in revenue, please estimate loss due to COVID-19 during the period March 3, 2021 through the date of this application. \*

## Other Sources of COVID-19 Relief Funding:

Has your business requested funding, including grants and loans of any kind, from other sources (SBA loans, Paycheck Protection Program, local grants or loans, etc.)? Or, has your business been approved for a COVID-19 related business interruption insurance claim since March 3, 2021 relating to financial hardship resulting from COVID-19? If so, please specify. \*



# Application



## Allowable Fixed Recurring General Expenses:

Please list allowable (per page 2, section III., item # 1.) fixed recurring business expenses from March 3, 2021 to present.

## COVID-19 Prevention Expenses:

Please list your COVID-19 related business expenses (masks, gloves, partitions, hand sanitizer, etc.) from March 3, 2021 to present. Provide receipts.



# Application



## COVID-19 Workforce Impact

Please summarize how allowable (per pg. 2, section III, item # 3) workforce expenses have increased due to COVID-19. Documentation of costs from March 3, 2021 through present compared with similar costs during the same time period in 2019 must be included.

## Technical Assistance/Counseling:

Certain costs associated with consultative assistance may be eligible (see pg.2, section III, item #3). If you have, or plan to contract for such services, please describe the purpose, its connection to COVID-19 hardship recovery. Please provide documentation such as receipts, invoices or quotes.



# Application



## Grant Request Summary:

Below, please state the grant amount being requested. Place the specific amount(s) within the appropriate allowable use category. Include documentation (receipts, invoices, quotes, etc.)

| Category   | Amount |
|--|--------|
| Mortgage / Rent  |        |
| Operating Costs  |        |
| Utilities (specify by type)  |        |
| Benefit Costs  |        |
| Job Recruitment/Retention Costs (job posting costs, employee retention/attraction incentives). |        |
| Training   |        |
| COVID-19 Prevention Expenses (masks, gloves, partitions, etc.)                                 |        |
| Technical Assistance/Counseling  |        |
| Other  |        |
| <b>TOTAL</b>   |        |





# Application



## Disclosures:

Is the organization, business, or a listed owner delinquent on any federal, state, or local taxes or assessments, direct or guaranteed loans, leases, contracts, grants, or any other obligations? \*

Yes

No

If "yes," please explain.

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

Yes

No

If "yes," please explain.

Does any owner, owner's spouse, or household member work for or serve in an official capacity for Miami County or a Miami County Municipality? \*

Yes

No

If "yes," please explain.

Does your organization or business have less than \$5,000,000 in gross revenue? \*

Yes

No



# Application



## Disclaimer:

Application for the Miami County Small Businesses ARPA Grant Program DOES NOT GUARANTEE award of funding. The total amount awarded will be based on funds available. It is the sole responsibility of the Applicant to determine or to seek independent advice to determine the tax implications to the Applicant and its Owners. Please confirm your understanding of these disclaimers by initialing the box. \*

## Certification:

By typing your full name in the space below, you are certifying the 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. \*