



KNOX COUNTY EMERGENCY BUSINESS GRANT DESCRIPTION & TERMS SHEET

Given the current economic uncertainty caused by the COVID-19 situation, businesses around the country are suffering. While the state and federal governments have done much to prevent business closures there is still a large demand for working capital assistance to local businesses. The Knox County Commissioners have created an **Emergency Business Grant (EBG)** for Knox County based businesses that have been impacted by the COVID-19 pandemic.

Target Businesses & Area:

The EBG seeks to provide assistance for any private, for-profit business operating within Knox County's geographic boundaries.

Program Objectives:

The program intends to fill short-term working capital "gaps" for for-profit businesses to lessen the effects of the disruption of the COVID-19 pandemic.

Program Details:

- This program offers grants up to \$10,000 – This money does NOT have to be paid back.
- Money must be used for working capital.

Approval Criteria:

Applications must demonstrate:

- Stable business operations pre-COVID 19 pandemic.
- The existence of a current working capital "gap" arising from the current economic situation.
- Demonstrated attempts to reduce working capital expenses.

Grant Application & Administration:

Interested businesses should contact the **Area Development Foundation at (740) 393-3806** for an application. Applications should be **submitted by noon on Wednesdays** to be vetted on Thursdays by a 12-member committee made up of local business and finance experts. Once approved, a grant agreement will be executed between the borrower and the Commissioners.

Funding is provided by the Knox County Commissioners through the Coronavirus Aid, Relief and Economic Security (CARES) Act local government funds. It is intended to assist local businesses that have been impacted financially by the unprecedented COVID-19 situation. This program is administered by the Area Development Foundation.

Completed applications should be returned to the **Area Development Foundation at 507 W. High Street, Mount Vernon, OH, 43050**. There is a drop box outside the front door.

KNOX COUNTY EMERGENCY BUSINESS GRANT APPLICATION

This Emergency Business Grant (EBG) provides grants to businesses in Knox County with emergency working capital in response to the economic disruption caused by the COVID-19 outbreak. The questions below are intended to capture relevant data to determine whether a project is eligible and appropriate for participation in the EBG program.

Company Background			
<i>Company Name</i>			
<i>Contact/Title</i>			
<i>Physical Address</i>			
<i>Mailing Address</i>			
<i>Phone</i>	()		
<i>E-Mail</i>			
<i>Employer Identification Number (Federal Tax Identification Number)</i>	_____ - _____		
<i>Name and location of parent company (if any)</i>			
<i>Company structure:</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Employee Stock Ownership Plan (ESOP) <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (specify JV partners): <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> </td> </tr> </table>	<input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Employee Stock Ownership Plan (ESOP) <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (specify JV partners): <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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<i>Total Number of Current Full-Time Employees</i>	In Knox County: _____ (Include W2 & 1099)		

Briefly describe the company's general product and/or service offerings

Company Background (continued)

Company Principals	Name: _____	Title: _____	Ownership (%): _____ %__
	Name: _____	Title: _____	Ownership (%): _____ %__
	Name: _____	Title: _____	Ownership (%): _____ %__
	Name: _____	Title: _____	Ownership (%): _____ %__
	Name: _____	Title: _____	Ownership (%): _____ %__
Company's Accountant			
Company's Legal Counsel			
Company's Financial Institution(s)			

Demonstrated Emergency Need

<p><i>Narrative – Describe in detail how the recent COVID-19 outbreak has impacted your business' operations and finances:</i></p>	
<p><i>What specific steps have you taken in response to the current situation to</i></p>	

lessen your economic impact?

Monthly Expenses Amount

Rent: _____ Utilities: _____
 Inventory: _____ Payroll (including taxes): _____
 Insurance: _____ Non-Payroll Taxes: _____
 Other Operations: _____ Debt Service: _____
 Other: _____
Total Monthly Expenses: _____

Available Emergency Assistance Funding

	Applied	Approved	Denied	Not Applicable
SBA - Economic Injury Disaster Loan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBA Paycheck Protection Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRS - Employee Retention Tax Credit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SharedWork Ohio Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BWC Deferred Payments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lending Institution Deferrals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all of the "Other" relief programs you plan to/ are taking advantage of:

How much do/ will all of the above relief programs save you monthly?	Total Estimated Relief Savings: _____
Requested Grant Amount	\$ _____ (\$10,000 Max)

Company Disclosures

Whether or not the amounts are being contested in a court of law, does the company owe any of the following:

<i>Delinquent taxes to the State of Ohio or a political subdivision of the State</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
<i>Monies to the State or a state agency for the administration or enforcement of environmental laws of the State?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
<i>Is the company the subject of any existing tax liens?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:

Has the company or any of its officers:

<i>Been convicted of a felony?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Been convicted of or enjoined from any violation of state or federal securities law?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Been a party to any consent order or entry with respect to an alleged state or federal securities law violation?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Been a defendant in a civil or criminal action?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Declared bankruptcy?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what year?

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Impact of COVID-19 Verification Documentation

<u>REQUIRED Attachments</u>	<input type="checkbox"/> 2018 - Profit & Loss Statement AND Balance Sheet <input type="checkbox"/> 2019 - Profit & Loss Statement AND Balance Sheet <input type="checkbox"/> 2020 - Year-To-Date Profit & Loss Statement AND Balance Sheet <input type="checkbox"/> W9 <input type="checkbox"/> The company's operating agreement <i>*Additional financial documentation may be requested to assist the committee in determining financial need.</i>
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As an authorized representative of the company, I hereby submit this Application for Emergency Assistance. This application is being made directly in response to disruption to my business caused by the COVID-19 crisis. I understand that additional information may be requested by the Area Development Foundation, Inc., acting as the grant administrator. I also understand that this document, once submitted, in no way constitutes a commitment of funds.

I hereby represent and certify that I have reviewed the information contained in this Application for Assistance, and the foregoing and attached information, to the best of my knowledge and belief, is true, complete and accurately describes the financial assistance for which assistance is being sought.

I am aware that Ohio law sets forth the crime of falsification, regarding applications for economic development assistance, which could result in the forfeiture of all current and future economic development assistance benefits as well as fines and/or imprisonment (*see* Ohio Revised Code §2921.13(A)(4)).

Company Representative Signature
Date

Printed Name & Title

ADF Use Only

Received: _____