



**City of Marion, Ohio Small Business Grant Application  
Deadline November 10, 2020**

Completed applications must be dropped off in person at the Marion City Auditors Office, Marion City Hall, 233 West Center Street, Marion, Ohio 43302 prior to the deadline.

All Applications must include supporting documentation:

1. COVID-19 expense related receipts and payment verification.
2. A completed W-9.
3. Additional documents/photos to support application.
4. Quarterly 941 Reports for verification of employees or signed notarized affidavit affirming number of employees.

**PLEASE PRINT LEGIBLY**

Full Legal Name of Business	
Business "dba" Name (if Applicable)	
Federal Employer ID#	
Local Business Address	
Business Owner/Applicant Name	
Applicant Home Address	
Applicant Email	
Applicant Phone #	
Indicate Primary Industry	<input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other
Business Real Property Status	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
How many 941 Employees	
Amounts Requested: Maximum Amounts: Tier 1 - Business has 1 to 5 employees may receive up \$1,000 Tier 2 - Business has 6 to 10 employees may receive up to \$1,500 Tier 3 - Business has 11 or more employees may receive up to \$2,500	

Indicate to Whom to Make Grant Check Payable and the address it should be mailed:	
Has your business applied for other programs? (Please select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Payment Protection Program <input type="checkbox"/> Economic Impact Disaster Program <input type="checkbox"/> Other SBA Loan <input type="checkbox"/> Shared Work Ohio Assistance <input type="checkbox"/> Personal or Business Loan <input type="checkbox"/> Other Grants

Reconciliation of amounts:	Total Amount Requested
1.) PPE (Personal Protective Equipment) – facial coverings, masks, glove, face shields, goggles, etc.	_____
2.) Social Distancing barriers and signage (sneeze guards)	_____
3.) Enhanced disinfectant supplies, hand sanitizer, etc.	_____
4.) Rent, utility and mortgage payments	_____
<b>Grand Total Requested</b>	=====

The Authorized Representative of the Grantee certifies to all the below by initialing next to each one.

\_\_\_\_\_ The dollar amount for which the applicant has requested has not been submitted to other agencies for funding or has not been funded by other agencies.

\_\_\_\_\_ I understand that if the funds were knowingly used for unauthorized purposes, the City of Marion or the federal government may pursue recovery of amounts and/or civil or criminal fraud charges.

\_\_\_\_\_ The applicant has accurately verified the payments for the eligible expenses for the amount requested.

\_\_\_\_\_ The applicant understands that this grant is a reimbursable grant and only those expenses submitted with receipts will be reimbursed up to the maximum amount based on the Tier.

\_\_\_\_\_ The applicant is current with all local taxes and is located in the City of Marion for the principal place of business. Applicant Date

**Applicant Signature**

**Date**

# City of Marion, Ohio Small Business Grant Information & Guidelines

## Amount

Eligible businesses may apply for a one-time grant based upon the number of employees under a Tier.

Tier 1 – 1 to 5 employees up to \$1,000.00

Tier 2 – 6 to 10 employees up to \$1,500.00

Tier 3 – 11 to 50 employees up to \$2,500.00

Applicants should be aware that this grant may be considered income for tax reporting purposes.

## Administration

This program will be administered by the Marion City Auditors Office.

## Eligibility

Any business or non-profit organization needing assistance is encouraged to apply. Only complete and legible applications will be reviewed. Qualified applicants shall meet the following criteria:

1. Business/non-profit must have been impacted by the State-mandated closures that began on March 15, 2020 due to COVID-19.
2. Business/non-profit must be located within the City of Marion, Ohio.
3. No corporation which has a corporate registration based in a State other than Ohio shall be eligible. No corporation with assets greater than 1 million dollars shall be eligible.
4. Business/non-profit must be current with local, state, and federal jurisdictions with respect to taxes, fees, utility payments, and be in compliance with Marion Public Health safety and health guidelines.
5. The applicant must submit for reimbursement actual cost spent between March 1, 2020 and the date of this application. The grant will be issued only as reimbursements for qualified expenses. The business must submit receipts or proof of purchases, along with payment verification (cancelled checks, credit card statement, etc.) with this application.
6. Qualified expenses (any tax deductible):
  - a. PPE (Personal Protective Equipment) – facial coverings, masks, glove, face shields, goggles, etc.
  - b. Social Distancing barriers and signage (sneeze guards)
  - c. Enhanced disinfectant supplies, hand sanitizer, etc.
  - d. Rent, utility, and mortgage payments

Applications will be reviewed as they are received. Grants will be awarded until funds are exhausted

## Equal Opportunity Statement

It is the policy of City of Marion, Ohio not to discriminate against any applicant for grant assistance because of age, color, sex, disability, national origin, race, religion, or veteran status.