

**RESOLUTION #**

**A RESOLUTION TO ENACT THE SMALL BUSINESS WORKING CAPITAL GRANT PROGRAM**

WHEREAS, Small business within the community significantly contribute to the character, desirability, of the and economic vitality of the city; and

WHEREAS, in the wake of the COVID-19 shutdown and recent social, economic, and environmental challenges, the city is committed to providing recovery assistance for small businesses; and

WHEREAS, the attached Small Business Working Capital Grant Program has been developed to provide temporary relief to off set the operational costs to reopen, reestablish business operations, and return employees to work as a result of the COVID-19 Pandemic; and

WHEREAS, funding in the amount of \$100,000 will be provided for the Program from the City's COVID Relief Fund.

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF MARION, STATE OF OHIO, THAT:**

**SECTION 1.** This council hereby enacts this Small Business Working Capital Grant Program, as attached hereto and made a part thereof in Exhibit "A".

**SECTION 2.** This resolution shall take effect the earliest opportunity allowed by law.

# EXHIBIT A

## Small Business Working Capital Grant Program

Small businesses within the City of Marion significantly contribute to the character and economic vitality of the community. The City has long been aware of the importance of supporting small businesses and over the years devised and utilized available tools to create a thriving business environment. In the wake of the COVID-19 pandemic and subsequent shutdown, the once thriving environment changed and our community is facing unprecedented challenges. The City is committed to providing temporary recovery assistance for those small businesses reliant on customers frequenting their “brick and mortar” establishments.

**Program description:** The purpose of this program is to provide temporary relief to help small businesses offset some of their operational costs to reopen/reestablish operations to return their associates to work.

**Program oversight:** This program is available through the City’s allocation of funds received through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Upon the sunset of the CARES Act or through the complete disbursement of allocate funding this program shall terminate. Marion Port Authority in coordination with Regional Planning will serve as the program administrator in accordance with the parameters established below in order to retain employment opportunities and improve the economic welfare of the City.

### Participation Requirements

**Small business:** For the purpose of this program, an eligible small business is considered a for-profit business employing a maximum of 25 full-time equivalent (FTE) associates, locally owned and operated within the corporation limits of Marion City, and aligning generally with the characteristics below:

- Conducts a majority of its business on site (pre-COVID) and therefore reliant on customers frequenting its brick and mortar establishment.
- Employs associates who are unable to perform their jobs remotely due to the nature of their work.
- Does not operate as a national retailer or restaurant establishment (franchises of such establishments who operate two or fewer may apply).

**Administrative note:** Full-time equivalent (FTE) employees means the total number of regular straight time hours worked (i.e., not including overtime or holiday hours worked) by employees divided by the number of compensable hours applicable for each fiscal year.

Example: 23,000 hours worked / 2,008 business hours = 11.45 FTEs

## Program funding

- A. Funding amount:** Grants are available in an amount of up to \$2500 per business. Funds may only be used toward operations within the City of Marion. Businesses may use the grant to cover prior expenditures toward qualifying programs or services (see below).
- B. Qualifying Programs and Services:** Approved grants are provided to serve as working capital to offset lost funds due to the current COVID-19 disruption and recent socioeconomic and environmental challenges. Eligible recovery costs may include but are not limited to the following:
- Working capital/ product and inventory
  - Advertising and marketing
  - Technology upgrades to adapt to changing preferences involving customer interactions (website, online ordering, infrastructure/internet connectivity)
  - Purchasing of personal protective equipment (PPE) or sanitizer/ cleaning products
  - Building modifications that aid in complying with social distancing requirements
- Administrative note:** Other associated recovery efforts in addition to guidelines provided above may be approved as well.
- C. Criteria Funding:** Responses to the questions below on the application will be used to demonstrate need for funding.
- Demonstrated loss of business, as a result of State or Federal governmental mandates whereby the business was required to shut down or restricted from conducting its normal operation.
  - Demonstrated loss of revenue that can be attributed to the pandemic.
  - Number of employment opportunities that have been created/offered/retained as a result of reopening or reestablishing normal operations.
- Administrative note:** Applications will be reviewed in the order they are received until program funds are depleted or the sunset of the CARES Act funding.
- D. Disbursement:** Once the application is approved the City will issue the disbursement.
- E. Tax implication:** This grant may be treated as income subject to Federal Income Tax. The City of Marion is not liable for any tax implications resulting from the approval of a grant award. See your tax advisor for clarification.

**Conflict of Interest:** No official or agent of the City shall have any personal interest, either direct or indirect, in the grant program, nor shall any such official, employee, or agent participate in any decision relating to the grant program which affects his/her personal interests or the interests of any corporation, partnership or association in which he/she is, either directly or indirectly, interested.

**Grant Process:****STEP 1 Application:**

The materials contained in a submitted application will be used to determine eligibility for grant requests and establishing the maximum amount the City may disperse. Applications will be reviewed in the order they are received. A completed W-9 shall be submitted as part of the funding request. Additional submittal requirements are set forth on the application form. Applications will not be considered complete and eligible for participation in the program unless all items on the application are answered and all required attachments included.

**STEP 2 Funds released:**

Funds are in the form of a check.

# COVID-19 RECOVERY ASSISTANCE

## Marion City Small Business Working Capital Grant Program

- Business Name
- Employer of Record for Full-Time Equivalent (FTE) Associates (if different than applicant's name)
- Business Address:  
Street Address  
City State ZIP Code
- Mailing Address (if different than billing address)  
Street Address  
City State ZIP Code
- Other Marion City Business Address (s), if applicable.
- Phone
- Email
- Website (Enter "n/a" if none)
- Business Tax Identification Number
- Name of Contact
- Amount of Grant Funding Requested



- How many associates will the business employ (including workforce/job retention)?
- In order to finalize your grant request, you must complete and submit a W-9 form to the Marion Port Authority. Please add a current profit/loss statement comparison for 2019 and 2020.
- By checking "I agree" below, I affirm the answers provided herein are true and valid to the best of my knowledge. I understand that failure to meet all of the guidelines listed above will result in my disqualification from the program.

I agree [ ]

- All correspondence should be submitted to the Marion Port Authority 222 W. Center St. 2<sup>nd</sup> floor, Suite 2002, Marion, OH 43302
- For questions please contact Marion Regional Planning at [regionalplanning@co.marion.oh.us](mailto:regionalplanning@co.marion.oh.us)

**CITY OF MARION, OHIO and MARION PORT AUTHORITY  
MARION, OH  
MARION CITY SMALL BUSINESS WORKING CAPITAL GRANT PROGRAM  
Information & Guidelines**

**Amount**

Eligible businesses may apply for a one-time grant of up to \$2,500. Applicants should be aware that this grant may be considered income for tax reporting purposes.

**Administration**

This program will be run by the MARION PORT AUTHORITY BOARD, which has members with extensive business experience, with day to day assistance of the Marion County Regional Planning Commission.

**Eligibility**

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

1. Business must have been impacted by the State-mandated closures that began on March 15, 2020 due to COVID-19. The impacts may include the loss of employees or revenue. Documented loss of business by governmental mandated shut down or restricted from conducting its normal operation is required.
2. Business must be located within the City of Marion, Ohio.
3. Business must have at least one, but no more than twenty-five (25) full-time equivalent employees as of March 15, 2020.
4. Business must be a targeted use and conducting a majority of its business on site, which includes retail, service, and restaurants.
5. Employs associates who were unable to perform their jobs remotely due to the nature of their work.
6. Does not operate as a national retailer or restaurant establishment (franchises of such establishments who operate two or fewer may apply)
7. Ineligible organizations include non-pharmacy related drugs sales, political organizations, sexually oriented businesses, non-profits, and places of worship. Churches or other non-profits running a service to COVID-19 impacted citizens, for example, a clothing donation center, may be granted an exception by the Marion Port Authority.
8. Business 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.
9. Business must attest that it is not currently in bankruptcy.
10. Business has not been approved or likely to be approved for a business interruption insurance or other claim as a result of COVID-19 public health emergency.
11. The applicant should demonstrate that it has pursued or has attempted to pursue federal and state assistance programs. Applicants should verify with their financial institutions and/or the SBA that funds received through the Small Business Working Capital Grant Program funds can be used in tandem with federal and state assistance. Additionally, applicants should consult with their CPA regarding any potential tax implications.



12. Business must have the ability to use grant for expenditures over and above those expenses already paid for. With other federal, state, local or other assistance.
13. Enhanced consideration may be given to businesses that have a recognizable street presence, such as a City or downtown storefront, verses one run from a residential location.
14. **Conflict of Interest:** No official or agent of the City shall have any personal interest, either direct or indirect, in the grant program, nor shall any official or agent participate in any decision relating to the grant program which affects his/her personal interests or the interests of any corporation, partnership or association in which he/she is either directly or indirectly, interested.
15. Extra consideration will be given to an applicant who has been involved in supporting community organizations in Marion City.
16. All applications must be submitted by the end of business on November 27, 2020.

### **Eligible Assistance**

If the applicant has experienced expenses a demonstrated loss of business due to the COVID-19 crisis, the following may be eligible for grant assistance. *These grants will be issued only as reimbursements for eligible costs.* The business must submit receipts or proof of purchases, along with payment verification (cancelled checks, credit card statement, etc.) with this application.

### **Eligible Reimbursement Costs:**

- Working capital/ product and inventory.
- Technology upgrades to adapt to changing preferences involving customer interactions (website, online ordering, infrastructure/internet connectivity)
- The cost of conversion of products or services to meet the Ohio Department of Health, health and safety requirements.
- Development of new solutions to problems presented during the COVID-19 crisis.
- The purchase of safety supplies such as masks, hand sanitizer, safety barriers, signage, and items to enforce physical and social distancing.
- Planned expenses as a result of COVID-19 which **will occur before October 31, 2020.** Quotes for the services or equipment will need to be submitted as a part of the application. Receipts for these planned expenses will need to be provided to the Marion Port Authority, care of Marion County Regional Planning Commission within sixty (60) days of the grant award.

*Applications will be reviewed as they are received. Grants will be awarded until funds are exhausted; please understand that some grant applications will not be funded. Minor exceptions from these guidelines may be considered by a vote of the Marion Port Authority where it is clear that the overall intent of the program is being fulfilled.*

### **Equal Opportunity Statement.:**

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

**MARION CITY SMALL BUSINESS WORKING CAPITAL GRANT PROGRAM  
APPLICATION COMPLETENESS & REVIEW TOOL**

Business Name:	
Address:	
Date/Time Application Received:	
<b>APPLICATION COMPONENTS</b>	<b>YES / NO</b>
1. Application Form a. Signature b. All Responses Completed	 <hr/> <hr/>
2. Eligibility Thresholds a. Appears to be Impacted by COVID-19 b. -Total Estimated \$ Loss: _____ - Estimated Revenue Loss: ____% - ____% c. Business Located in Marion City d. Employees: from 1 to 25. Number of Full Time/Equivalent : _____ e. Targeted Use: _Retail_ _Service_ _Restaurant_ _Hotel _Manufacturing_ _Other: _____ f. Ineligible Business: _Political_ _Home Occupation_ _Other g. Self-Certifying Business Is In Good Standing h. Self-Certifying Other Assistance Sought i. Community Organization Member/Supporter j. Other: _____	 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
3. Attachments: Product/Service Conversion to Meet ODH Requirements a. Receipts Dated March 15, 2020 to Present b. Payment Verification Dated March 15, 2020 to Present c. Receipts Correlate to Reimbursement Category d. Payment Verifications Correlate to Receipts e. Planned Expenditures and Estimated Costs f. TOTAL: _____	 <hr/> <hr/> <hr/> <hr/> <hr/>
4. Attachments: New Solutions Development to COVID-19 Crisis a. Receipts Dated March 15, 2020 to Present b. Payment Verification Dated March 15, 2020 to Present c. Receipts Correlate to Reimbursement Category d. Payment Verifications Correlate to Receipts e. Planned Expenditures and Estimated Costs f. TOTAL: _____	 <hr/> <hr/> <hr/> <hr/> <hr/>
5. Attachments: COVID-19 Safety Supplies a. Receipts Dated March 15, 2020 to Present b. Payment Verification Dated March 15, 2020 to Present c. Receipts Correlate to Reimbursement Category d. Payment Verifications Correlate to Receipts e. Planned Expenditures and Estimated Costs f. TOTAL: _____	 <hr/> <hr/> <hr/> <hr/> <hr/>
6. Attachment: W-9 Form a. Completed, Signed, and Dated W-9 Form	 <hr/>
7. Attachment: Additional Supporting Documentation	

a. Photographs b. Documents	_____ _____
<b>8. GRANT AMOUNT REQUESTED: \$</b> _____	
<b>APPLICATION COMPLETE:</b>	
<b>DATE:</b>	
<b>REVIEWER SIGNATURE:</b>	<b>DATE:</b>
<b>PRINTED NAME:</b>	
<b>GRANT AMOUNT RECOMMENDED:</b> <b>\$</b> _____	
<b>REVIEWER SIGNATURE:</b>	<b>DATE:</b>
<b>PRINTED NAME:</b>	
<b>APPLICATION SCORE:</b>	_____
<b>GRANT AMOUNT AWARDED:</b> <b>\$</b> _____	
<b>REVIEWER SIGNATURE:</b>	<b>DATE:</b>
<b>PRINTED NAME:</b>	
<b>AUTHORIZATION</b> <b>REVIEWER SIGNATURE:</b>	<b>DATE:</b>
<b>PRINTED NAME:</b>	

(May 2020)

**SMALL BUSINESS WORKING CAPITAL GRANT PROGRAM  
APPLICATION SCORING TOOL**

Thank you for reviewing the applications for the Small Business Working Capital Grant Program. Your participation in this process is crucial to the success of the program. Please know that your valuable time and attention is appreciated.

As you prepare to score the applications, below are a few tips to guide your review:

**SCORING**

- The scoring mechanism is based on a 5 qualifying statements, each assigned 1 point that the business either qualifies for or does not. The total score possible for these qualifying statements is 5 points.
- One statement allows for an additional 0 to 5 Discretionary Points and is optional, at your discretion. Thus, the highest possible score is 10 points. You may assign these points based on your evaluation of the applicant's responses.
- 0 points is the lowest rating indicating that the business does not qualify for the grant, with little impact and lowest need.
- 10 points is the highest rating indicating outstanding responses, severe impacts, and highest needs.

The maximum grant award is \$2,500.00

**QUALIFICATION STATEMENTS:**

(1) Business Has Demonstrated Hardship as a Result of COVID-19 *(Worth 1 Point)*

Business has experienced severe hardship and economic loss as demonstrated by total estimated dollar loss and percentage of estimated revenue loss.

(2) Loss of the Business Will Negatively Impact the Community *(Worth 1 Point)*

The loss of the business will have a profound impact on the community in regard to employment, tax generation, the attraction of visitors, and/or community spirit as demonstrated by the number of Full Time or Equivalent employees and statement of how the business has been impacted by COVID-19.

(3) Business Self-Certified Receiving or Attempting to Receive Additional Relief Funding *(Worth 1 Point)*

Business has sought or received additional assistance above what is offered by this grant program.

(4) Applicant is Business Owner AND Property Owner *(Worth 1 Point)*

Applicant bears all financial responsibility of both the impacted business and the impacted property.

(5) Business Is a Member/Supporter of Community Organizations *(Worth 1 Point)*

Business is supportive of community organizations and is generally a good steward in the community as demonstrated by membership and support.

(6) Discretionary Points *(0-5 Points Possible)*

The business is in immediate threat of closure or is otherwise deserving of additional points.

July XX, 2020

Mr. / Ms. Business Owner  
1 My Business Way  
Marion, OH 43302

**RE: Marion Port Authority  
City of Marion  
Small Business Working Capital Grant Program  
Notice of Award**

Dear Mr. / Ms. Business Owner:

The Marion Port Authority and the City of Marion Ohio are pleased to notify you that your application for grant reimbursement assistance from the Small Business Working Capital Grant Program has been approved.

Program funds in the amount of **\$X,XXX.00** have been committed to provide working capital for your business at *1 My Business Way*, Marion, OH 43302.

You will receive a grant of **\$X,XXX.00** that you do not have to repay. No lien is placed on your business or property.

A check will be issued payable to the party and mailed to the address you indicated in your application.

Please contact the Marion County Regional Planning Commission by phone at 740-223-4140, or by email at [regionalplanning@co.marion.oh.us](mailto:regionalplanning@co.marion.oh.us) should you have any questions. We hope this grant will help ease your burden sustained in this unique time in our City's history. You and your business are vital to the successful economy of our community!

Sincerely,