



SMALL BUSINESS RELIEF FUND APPLICATION

PROGRAM OVERVIEW

The City of Parkersburg, 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 and/or creation of job opportunities for low-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 the first round of consideration are due by **Friday, October 16, 2020 at 10 a.m.** Applications can be submitted to Carol Jackson, Executive Director, Mid-Ohio Valley Regional Council, 709 Market Street, Parkersburg, WV 26101 or email carol.jackson@movrc.org. For more information, please call 304.422.4993.

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: _____

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

7. Alternative Contact Person Number: _____

8. Alternative Contact Person Email: _____

II. BUSINESS INFORMATION

1. Number of Years in Business: _____

2. Business Revenue (January 1st – August 31, 2020): _____

3. Business Revenue (January 1st – August 31, 2019): _____

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

First Eight Months of 2020: _____ First Eight Months of 2019: _____

5. Total Number of FTE – LMI (Low- to Moderate- Income) workers, on the payroll.

First Eight Months of 2020: _____ First Eight Months of 2019: _____

For more information on what constitutes an FTE-LMI worker/job opportunity, please review the SBRF Program Guidelines.

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 and 2020 (if applicable)
- List of Current Assets and Liabilities (balance sheet)
- Payroll for first eight months of 2019 and 2020 (if applicable)
- State Unemployment Report for first eight months of 2019 and 2020 (if applicable).
- Additional financial assistance applied for and/or received as a result of the Covid-19 Pandemic (e.g. Emergency Injury Disaster Loan, Payroll Protection Program, etc.)

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

4. Have you applied for additional financial assistance from other local, state or federal sources: 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.).

5. 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 and the SBRF Program Guidelines. 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 also authorizing MOVRC staff to access and review sensitive business numbers to validate the information submitted as part of this application. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C.

Printed Name:

Signature:

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: _____