



PERRY CARES Assistance Program

Small Business Application

- All fields are required and must be completed.
- Applicants and businesses awarded funding from the PERRY CARES Assistance Program are required to comply with the U.S. Department of Treasury Guidelines, the State of Ohio Office of Budget and Management Guidelines and the PERRY CARES Assistance Program Guidelines. To apply for the PERRY CARES Assistance Program, you need to meet the following criteria:
 - Business must be based in Perry Township. No corporate ownership.
 - Must be classified as a small business.
 - Business must operate for profit.
 - Business must have been in operation on January 1, 2020.
 - Business must maintain a commercial or retail store front in Perry Twp. and not be home-based or nonprofit.
 - Business must be current on all local, state and federal obligations such as taxes and/or assessments.
 - Business must be impacted by the COVID-19 pandemic.
 - The business must not be permanently closed.
 - Applicant is eligible for CARES Act Coronavirus Relief Funding if they have previously been approved and used funding from other CARES Act Funding or COVID-19 Relief funding, but the applicant cannot request and use funds for the same expenses as other relief funding. Expenses already funded by federal, state or local assistance are not eligible under this Program. Applicants who have not received COVID relief assistance funding (Federal or Local) will be given priority when reviewing applications and distributing funds.

Applications are required to be completed in the entirety. Failure to complete the application will cause your application to be denied.

- Applicant Name: _____
- Name of Business: _____
- Business Legal Name (if different): _____
- Name of Business Owner: _____
- Business Address: *
Street Address: _____
City: _____ State: OHIO Zip Code: _____
- Circle One: OWNED LEASED
- Mailing Address: *
Street Address: _____
City: _____ State: _____ Zip Code: _____



- Business Phone: (____)____ - _____
- Mobile Phone: (____)____ - _____
- Email Address: _____
- Organization Type: Circle One
CORPORATION LIMITED LIABILITY ENTITIY LIMITED PARTNERSHIP
TRUST SOLE PROPERITOR OTHER _____
- Business Activity (Type of Business): _____
- Date Business was Organized (Legal Formation): _____
- Date Business Began Operations in Perry: _____
- Federal EIN: _____
- Describe Business:

- If affiliates exist, where are they located?: _____
- Have you applied/received other funding to offset COVID-19 expenses? If yes, please describe. _____

- Has the pandemic economically impacted your business? If yes, when did the impact start?

Describe the impact of COVID-19 on your business *



- Is there any additional information you would like to share about your revenue between March 1, 2020 and current date?

- Describe the expenses you have incurred related to COVID-19. Consider items not budgeted, such as personal protective equipment, modification to counters, windows, desks, equipment purchases as well as additional unanticipated expenses to accommodate curbside service. PLEASE ITEMIZE THESE ITEMS AS WELL AS PROVIDE A COPY OF EACH RECEIPT FOR FASTER PROCESSING

- Has your business requested funding, including grants and loans of any kind, from other sources since March 1, 2020, related to financial hardship resulting from COVID-19?

YES NO

What type of assistance were you awarded? _____

- Is there any additional information that should be considered when evaluating your application? *

I am requesting the total amount of \$ _____ in a reimbursable one time grant.

I have attached all receipts totaling the amount above.

My signature acknowledges that all information provided in this application is true to the best of my knowledge. I understand this application, and attached receipts are subject to audit. Grant funds received will be subject to 1099 reporting.

Signature

Date