

November 9, 2020

Dear Trenton Small Business Owner:

First, we would like to commend you for all the steps you have taken to keep your employees and customers healthy during this pandemic. We know this has been a stressful time for our small businesses and want you to know that you are appreciated.

In an effort to help you with the unexpected expenses you have incurred and revenues you have lost since the beginning of this pandemic, Trenton City Council has passed legislation allowing small businesses to share in the relief that the City has received from the United States Treasury, through the State of Ohio Office of Budget and Management.

Enclosed with this letter is information and an application for some relief from your added expenses and lost revenues that you have incurred in trying to keep our community safe. Each business is eligible for up to \$10,000, subject to the approval of the application.

Please carefully review the information and feel free to contact the City of Trenton with any questions. Applications should be returned by December 10th to City of Trenton, Business Relief Program, 11 East State Street, Trenton, Ohio 45067-1439; telephone 513-267-0864; or email laura@cityoftrenton.com.

Sincerely,

The Trenton Business Relief Committee



Economic Development Director James Foster



Finance Projects Manager Laura Fletcher



Treasurer Michael E. Engel

City of Trenton

COVID-19 Business Relief CARES Act Grant Program Application

In an effort to provide additional resources to companies dealing with revenue losses and increased expenses due to the COVID-19 pandemic, the Trenton City Council authorized the Business Relief Program. This program is intended to assist for-profit companies with expenses directly resulting from business interruption or arising from the decrease in gross revenue in connection with the COVID-19 pandemic. Grants will be awarded at the sole discretion of the City of Trenton.

Eligible Recipients:

For-profit companies located in the City of Trenton (Applicant must be the business owner/operator).

Must have 50 or fewer full time or equivalent employees.

Must be a business in Trenton for at least 12 months.

Must have a Federal Taxpayer identification number.

Eligible Expenses:

Business Rent/Mortgage Payments (Excludes expenses of businesses located in or operated from personal residence).

Facility upgrades or changes.

Machinery/Equipment payments.

Utility Expenses.

Salaries, wages and/or compensation.

Personal Protective Equipment PPE.

Cleaning materials and/or disinfectant.

Assistance Available:

Grants of up to \$10,000 per approved applicant.

Application Process and Review:

The Trenton Business Relief Committee will accept and review applications for the Business Relief Program on behalf of the City of Trenton. Applications will be evaluated on a first come/first serve basis. Funds will be disbursed in order of approval until all funds are depleted. Please note, the COVID-19 Business Relief Program is not an entitlement program, and as such funding through this program is not

guaranteed. The actions of the Business Relief Committee on matters related to the allocation of these funds are final.

Trenton Relief Program Committee members, employees, their spouses, and immediate families are not eligible to receive these funds.

City of Trenton

COVID-19 Business Relief Program CARES Act

Applicants seeking COVID-19 Business Relief Program CARES Act assistance through the City of Trenton must submit the following form and supplemental attachments for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

Section A: General Information

Applicant information: Please provide the legal name, address and other contact information of the applicant for this request.

Applicant Business Name: _____

Contact Name: _____

Applicant Mailing address: _____

City/State/ZIP: _____

Email Address: _____

Website: _____

Daytime Phone Number: _____

Federal Tax ID: _____

Trenton Business Location: Please specify the Trenton street address of the applicant business.

Address: _____

Time in Business? How long has the company that will benefit from the Business Relief Program been in existence in the City of Trenton?

Years: _____

Company Officers/Principals: Please provide the names of owners, principals, and/or primary officers of the company.

Name and Title: _____

Name and Title: _____

Name and Title: _____

Current Employment and Payroll:

For each of the categories listed below, please specify the number of employees currently employed by the applicant and the total annual payroll in dollars.

Number:

Dollar Amount:

Full-Time Permanent: _____

Full-Time Payroll: _____

Part-Time Permanent: _____

Part-time Payroll: _____

Temporary: _____

Temporary Payroll: _____

Seasonal: _____

Seasonal Payroll: _____

Total: _____

Total Payroll: _____

Delinquencies and Judgments:

Does the applicant, or affiliated company to benefit from the incentive program, owe any money or delinquent taxes to the Federal Government, the State of Ohio or any other political subdivision including the City of Trenton?

Yes: _____ No: _____

Are there any current or pending lawsuits involving either the principals or the company?

Yes: _____ No: _____

Need for Assistance:

Applicants must demonstrate the business experienced a decrease in gross revenue due to COVID-19 when comparing March 1 – September 30, 2019 to March 1 – October 31, 2020 or was required to be shut down by order of the Governor of Ohio. Please provide a summary of the impacts of the pandemic on your business and provide supporting financial records or bank statements.

Other Assistance:

Please describe any other assistance you have received to provide relief to your business (i.e. rent reductions, utility waivers, SBA or PPP funding, etc.). Please note expenses reimbursed through business interruption insurance or other federal aid are not eligible for the Business Relief Program.

Section B: Eligible Expenses:

For each of the categories listed below, please estimate the amount expended by the applicant related to the COVID-19 pandemic. Grant funds are provided on a reimbursement basis. Businesses must submit appropriate documentation related to expenses with the application. These expenses are to have already been incurred and paid by the business, and documentation is required.

Rent/Mortgage Payments: _\$_____

Machinery/Equipment Payments: _\$_____

Facility Upgrades or Changes: _\$_____

Utility Payments: _\$_____

Salaries/Wages: _\$_____

PPE: _\$_____

Cleaning materials and/or disinfectant: \$_____

Total Expenses: _\$_____

Section C: List of Attachments:

Current Bank Statement

2019 Federal Tax Return

Financial Records/Bank Statements demonstrating decreased revenue from March 1 – October 31, 2020

Completed W-9

Section D: Requirements and Certifications:

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Business Relief Program assistance.

I/we certify that the requirements listed below will be met.

I/we agree to notify the City of Trenton immediately of any request modification.

I/we agree to supply additional information upon request.

I/we understand this grant is to be used for COVID-19 business related expenses only.

I/we have not nor do we intend to be involved in illegal activity under federal, state, or local laws. Nor do I/we have any criminal proceedings pending against me/us.

I/we do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Business Relief Program eligible expenses.

I/we agree to allow the City of Trenton Finance Department to share relevant income tax withholding information with the Economic Development Department as part of the Business Relief Program application review process.

I/we agree that the City of Trenton may share information publicly regarding who the grant recipients are.

I/we understand unspent and/or improper grant proceeds are to be repaid by the grant recipient to the City of Trenton.

_____	_____	_____	_____
Signature of Applicant	Applicant Name (Printed)	Title	Date

_____	_____	_____	_____
Signature of Applicant	Applicant Name (Printed)	Title	Date

_____	_____	_____	_____
Signature of Applicant	Applicant Name (Printed)	Title	Date

Submit completed application by mail, e-mail, or in person to:

City of Trenton

Business Relief Committee

11 East State Street

Trenton, OH 45067-1439

Email: laura@cityoftrenton.com

Telephone: 513-267-0864