



**Mayor Jack W. Bradley**

**CITY OF LORAIN**  
*American Rescue Plan Act (ARPA)*

**MINOR STOREFRONT  
RENOVATION PROGRAM**

A program designed to assist businesses, address code enforcement violations through minor façade improvements to create more aesthetic retail and commercial districts for a recovering economy from the COVID-19 pandemic.

**Eligible improvements outlined on page 3.**

*Please complete the application in its entirety. Incomplete applications will not be considered.*

**OFFICE USE ONLY:**

- ☐ Received Date and Time: \_\_\_\_\_
- ☐ Received by: \_\_\_\_\_
- ☐ Method Received: \_\_\_\_\_
- ☐ Eligible Expenditure Category: \_\_\_\_\_



**CITY OF LORAIN**  
*American Rescue Plan Act*  
**MINOR STOREFRONT RENOVATION PROGRAM**

**INTRODUCTION**

The City of Lorain (the “City”) conducted a city-wide survey to determine the prioritization for the use of its American Rescue Plan Act (ARPA) funds. Based on these results, the City through its Building, Housing, and Planning Department has created a preliminary Minor Storefront Renovation Program to assist City of Lorain businesses improve and renovate their façade.

This program intends to assist eligible City of Lorain businesses and nonprofits recover from the COVID-19 pandemic by addressing code enforcement violations and creating more vibrant commercial districts. Eligible businesses include businesses located within qualified census tracts that have been negatively impacted by the COVID-19 pandemic and economic fallout.

Mayor Jack Bradley intends for this program to be fair, straightforward, and easy to navigate. If you have questions regarding this program or its guidelines and application process, please do not hesitate to contact the Department of Building, Housing, and Planning:

**Hannah C. Kiraly, MNO**

Program Manager of Community and Economic Development

(440) 204 – 2087

[Hannah\\_Kiraly@cityoflorain.org](mailto:Hannah_Kiraly@cityoflorain.org)

The City of Lorain Department of Building, Housing, and Planning, is accepting applications on a rolling basis from interested local businesses and non-profits for minor renovations to the exterior of eligible storefronts to mitigate code violations and reduce the perception of blight in retail designated districts, please note this is not a deferred maintenance program.

The preliminary Minor Storefront Renovation Program (MSRP) is funded through the American Rescue Plan Act. Applicants may apply up to \$25,000 per façade project. A detailed list of presumable eligible projects are outlined on the following page.

**SUBMITTAL PROCESS:** All completed applications and supporting documents must be submitted via email to: [Josue\\_Soto@cityoflorain.org](mailto:Josue_Soto@cityoflorain.org) or Lorain City Hall 200 W Erie Ave, 5<sup>th</sup> Floor, Building, Housing, and Planning Department. Grants will be awarded on a first come, first served basis pending funding availability. Applicant’s that submit a completed application will be reviewed in the order received. Applications will be awarded based upon need of the business (or nonprofit) and giving priority to project’s located within Qualified Census Tracts (QCT).

**Please note:** Incomplete application will not be considered until all necessary documents have been received.

## **ELIGIBILITY**

- Any business or nonprofit operating out of a storefront located within a commercial/retail district (defined below).
- Business or nonprofit must be registered at the local, state, and federal levels
- Must have 50 or fewer employees
- Must be located within the City of Lorain
- Eligible districts include:
  - B-1
  - B-2
  - MU
  - I-1
  - I-2
- Building Owners outside of the Business Owner are eligible to apply
  - If storefront space is not Renovations must tie back to “business attraction”

***Any business or organization that primarily sells tobacco products, cigarettes, electronic smoking devices, THC, or vapor products as those terms are defined in Section 2927.02 of the Ohio Revised Code or operating as a sexually oriented business as that term is defined in Section 2907.40 of the Ohio Revised Code are ineligible.***

## **SCOPE OF WORK AND ELIGIBLE RENOVATIONS**

The following minor renovations are eligible for funding. The funds may be used for labor, supplies, operation costs, materials, etc. ineligible expenses include the purchase of food or drinks.

Eligible projects include, but not limited to:

- |   |   |
|---|---|
| • Replacing or fixing display windows                                   | • Sidewalk Repairs  |
| • Replacing or fixing secondary floor windows in unoccupied residential | • Bulkheads   |
| • Replacement of awnings  | • Lighting  |
| • Replacement of Doors  | • Signage (including removal of old signage, design, construction, and installation of new)Additional |
| • Masonry repairs   | façade improvements   |
| • Exterior Painting   |   |
| • Minor Paving projects   |   |

Grants will be awarded based on the availability of funding, evaluation of the building façade (i.e. application photos/site visit), and a completed application.

Qualified applicants are eligible to receive up to a maximum of \$25,000. Applicants will be monitored quarterly to ensure compliance with all local, state, and federal requirements. Additional monitoring will be held as needed. Letters will be provided after each monitoring to ensure compliance or risk of repayment.

*The proposed renovation(s) must be completed in its entirety within 1-12 months of the grant date depending on the scope of work.*



CITY OF LORAIN  
*American Rescue Plan Act*  
**MINOR STOREFRONT RENOVATION PROGRAM**

**Incomplete applications will not be considered.**

***\*Please note this application and all related materials are subject to public records requests.\****

**Amount Requested:**

\$ \_\_\_\_\_

**INDIVIDUAL INFORMATION:**

Applicant Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**BUILDING OWNER INFORMATION (if applying for the program):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**BUSINESS INFORMATION:**

Legal Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

EIN #: \_\_\_\_\_ UEI#: \_\_\_\_\_

Breakdown of Business Ownership				
Name/Title:	Address:	% Owned:	Race*	Sex*

*\*Optional information*

## **ECONOMIC IMPACT**

The Minor Storefront Renovation Program (MSRP) is intended to provide grants to City of Lorain businesses and non-profits that have been impacted by the COVID-19 pandemic directly or indirectly.

Use this section to support your request as a result of the COVID-19 pandemic.

### ***Economic Impact***

Definition: How your business or organization has been financially impacted by the COVID-19 pandemic.

1. Estimated adverse financial impact since March 3, 2021:

\$ \_\_\_\_\_

2. Check all the boxes that apply:

- ☐ Offset due to decrease in annual revenue
- ☐ Increase in general operating expenses
- ☐ Increase in administrative time
- ☐ Retrofit/rehab of building to serve people through the pandemic
- ☐ Increase of business materials
- ☐ Increase in utility bills
- ☐ Customer loss/decrease
- ☐ Other

### ***Hardship Letter***

Briefly describe how this grant, if approved, will help your business recover from the economic impacts of the COVID-19 public health emergency within a couple sentences:

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**Provide a separate, typed hardship letter detailing and supporting your grant request. This should describe how your business or organization has been negatively impacted by an adverse financial impact and how this grant, if awarded, will enable your business to recover. Please include the following elements:**

- Describe the adverse financial impact
- Outline other sources of funding (approved or denied) and their use
- Detail how and when the grant funds would be utilized
- Detail how the grant will allow your business or organization to recover from the adverse financial impact

## **BUILDING INFORMATION**

Storefront dimensions: \_\_\_\_\_

1. How many tenants occupy the building as their primary residency? \_\_\_\_\_
2. If the project requires the business or organization to be temporarily shut down, is the business or organization able and willing to relocate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How many employees would a temporary shutdown impact? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PROJECT INFORMATION**

Storefront dimensions: \_\_\_\_\_

Storefront Renovation Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the renovation within a few sentences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PROJECT FINANCING INFORMATION**

Definition: **Budget** - what the total cost is to complete the project and where the funding will be sourced from.

<b>Project Budget</b>	
<b>ARPA Funds Requested</b>	\$
<b>Other Secured Funds</b>	\$
<b>Total Project Budget</b>	\$

*Expenses incurred prior to March 3, 2021 are ineligible.*

**Please provide an itemized budget. If not applying for the total cost of the project, please include commitment letters from other sources.**

1. Has your business or organization received any COVID-19 related funding (e.g., RLF, SBA, CARES, PPP, ARPA) before ?  
☐ Yes      ☐ No
2. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does any City of Lorain employee perform paid work with the business or organization?  
☐ Yes      ☐ No
4. If yes, will the employees be paid from the ARPA grant (if approved)?  
☐ Yes      ☐ No

***Completed applications must be received by the Department of Building, Housing, and Planning***

## CERTIFICATIONS

APPLICANT AGREES TO AND ACKNOWLEDGES THAT IN SUBMITTING THIS APPLICATION, THE CITY HAS THE RIGHT TO OBTAIN AND ACCESS LOCAL TAX RECORDS OF THE APPLICANT TO VERIFY ANY INFORMATION PROVIDED IN THIS APPLICATION.

The undersigned certifies that he/she is authorized to complete, sign, and submit this application on behalf of the applicant/owner/chairperson. Further, the undersigned certifies that the information contained in this application has been reviewed by him/her and that all information, including additional documents, are to the best of his/her knowledge, complete and accurate and presents fairly the condition of the applicant and project accurately. Intentionally falsifying information in this document constitutes a criminal offense. The undersigned understands that information submitted to the City as part of this application is considered a public record.

The undersigned understands that additional information may be required to finalize the approval process. The undersigned also understands that the submission of the application for financial assistance does not automatically constitute applicant will receive full or partial award of the requested amount.

By signing below, you certify that your business is registered with the State of Ohio, Internal Revenue Service, and the City of Lorain as a business (or nonprofit) entity. If it is not registered, the City of Lorain has the right to dismiss this application in its entirety.

*By signing below, I acknowledge that I have read, understand, and agree to the policies and procedures outlined in this document. I further agree to be interviewed, photographed and/or have my business (or nonprofit) photographed for economic development marketing purposes. If you have questions, please contact the Department of Building, Housing, and Planning as detailed on page two (2) of this application.*

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Applicant's Signature

Print Name

Date

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Building Owner's Signature  
(if different from Applicant)

Print Name

Date



This page is intended for:

# **BUSINESS W-9**

The most recent form can be found at:

<https://www.irs.gov/forms-pubs/about-form-w-9>

This page is intended for:

# **CERTIFICATION OF CONTRACTOR FORM**

To be completed by CONTRACTOR & CITY

**CERTIFICATION THAT  
CONTRACTOR IS NOT DEBARRED,  
SUSPENDED NOR EXCLUDED**

**1. To be completed by CONTRACTOR**

Name of Contractor: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_  
\_\_\_\_\_

Is contractor listed as:	Debarred	<input type="checkbox"/> yes <input type="checkbox"/> no
	Suspended	<input type="checkbox"/> yes <input type="checkbox"/> no
	Excluded	<input type="checkbox"/> yes <input type="checkbox"/> no

If any of the categories are checked 'yes', attach Contractor's explanation and a written statement that the listing is no longer valid, or that the Contractor is able to participate in this City Contract.

**2. To be completed by the CITY**

Date that City checked the Federal Government's website  
[www.sam.gov/portal/public/SAM](http://www.sam.gov/portal/public/SAM) (System for Award Management)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Dept: \_\_\_\_\_ Printed Name: \_\_\_\_\_

This form must be completed and placed in all city contracts.

This page is intended for:

# **RESIDENT BUSINESS REGISTRATION**

City of Lorain Business Registration.

Form Attached.

Please send a copy to Terri Soto, City of Lorain Treasurer:

[Terri\\_Soto@cityoflorain.org](mailto:Terri_Soto@cityoflorain.org)



CITY OF LORAIN INCOME TAX DEPARTMENT  
605 WEST 4<sup>TH</sup> STREET, LORAIN OH 44052  
PHONE (440) 204.1002 FAX (440) 204.1006

**BUSINESS REGISTRATION FORM**  
**Lorain City Income Tax Rate 2.5%**

Company Name \_\_\_\_\_  
DBA or Trade Name: \_\_\_\_\_ SSN or Fed ID #: \_\_\_\_\_  
Nine Digit Number \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date Started or Acquired  
in Lorain: \_\_\_\_\_

Lorain Job Site  
Address: \_\_\_\_\_ Lorain Phone: \_\_\_\_\_  
\_\_\_\_\_ Lorain Fax: \_\_\_\_\_

Main Office Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail Address For  
Net Profit Accounts: \_\_\_\_\_ Accounting Period Used:  
Calendar Year \_\_\_\_\_ FYE Month \_\_\_\_\_

E-mail Address For  
Withholding Accounts: \_\_\_\_\_ Number of Persons Employed in Lorain: \_\_\_\_\_

**OR:** ☐ Payroll Service (no forms will be sent)

Type of Ownership: ☐ Corporation ☐ Partnership ☐ 1120S ☐ Individual ☐ Non-Profit  
Other: \_\_\_\_\_

Complete The Following Information For All Partners, Officers And/or Associates:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Signature

Print Name

Date

This page intended for:

# **BUSINESS CERTIFICATE & ORGANIZATIONAL DOCUMENTS**

A certificate that shows the business is registered with the Ohio Secretary of State (SOS) to do business in the State of Ohio.

This can be obtained at: <https://businesssearch.ohiosos.gov/>

This page intended for:

# **IRS FILING**

This is a letter from the IRS that determines your business registration and assigns an EIN.  
Please provide a copy of this letter to verify the business' EIN.

Information can be found here:

<https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers>

This page is intended for:

# **UNIQUE ENTITY IDENTIFIER (UEI)**

The UEI is a 12-character alphanumeric ID assigned to an entity by SAM.gov that has replaced the DUNS number. The UEI is required by and used across the federal government to identify, validate, and verify contractors and organizations.

You will need a SAM.gov account to register. This can be obtained here:

<https://sam.gov/content/home>



This page intended for:

# **BUSINESS INSURANCE POLICY**

Please include a copy of the declaration page.

This page intended for:

# **BUILDING INSURANCE POLICY**

Please include a copy of the declaration page.

This page is intended for:

# **COPY OF VALID PROPERTY DEED**

Existing Mortgage or  
Commercial Lease (should match rent/lease)

Copy of Deed can be found here:

<https://cotthosting.com/ohlorainexternal/LandRecords/protected/SrchQuickName.aspx>

This page intended for:

# **DOCUMENTATION SHOWING NEGATIVE ECONOMIC IMPACT**

This will require:

- Profit and Loss Statement for March 2021 and Current Month
  - Copy of 2020 and 2021 Tax Return

(Only provide personal tax returns if you do not have business tax returns)

This page intended for:

# **BEFORE PHOTOS**

Please include photos of the current façade or other proposed improvements

This page is intended for:

# SCOPE OF WORK

This should include a detailed scope of work, anticipated timeline of the project, and an itemized budget.

This can include, but is not limited to:

- Scaled Drawings
- Dimensions of Renovations
- Location of New Signage, Lights and other Amentities
- Timeline for Construction
- Anticipated End Date
- List of Materials
  - Colors
  - Prices