



Mayor Jack W. Bradley

CITY OF LORAIN
American Rescue Plan Act (ARPA)

RELIEF & RECOVERY FUND

A program designed to assist hospitality, tourism, and small businesses economically impacted by the COVID-19 pandemic. Eligible expenses include rent/mortgage, general operating/business expenses, utilities, payroll, and other ancillary impacted business needs.

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
RELIEF AND RECOVERY FUND

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 the City of Lorain Relief and Recovery Fund (RRF) program. This program intends to provide grant assistance to local hospitality, tourism and small businesses located within qualified census tracts that have been affected and 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 Building, Housing, and Planning Department:

Hannah C. Kiraly, MNO
Program Manager of Community and Economic Development
(440) 204 - 2087
Hannah_Kiraly@cityoflorain.org

FUNDING AVAILABILITY & USE OF FUNDS: The City will provide grants based on financial need to assist impacted businesses for any or all of the following purposes: for rent or mortgage payments, general operating or businesses expenses, utilities, payroll, and other ancillary impacted business needs.

SUBMITTAL PROCESS: All completed applications and supporting documents must be submitted via email to: Josue_Soto@cityoflorain.org OR dropped off at Lorain City Hall 200 W Erie Ave, Fifth Floor, Department of Building, Housing, and Planning. Grants will be awarded on a first come, first served basis pending funding availability and business eligibility. *Applications will not be considered until all documents have been received by the City.*

ELIGIBILITY

SMALL BUSINESS: Any business, registered at the local, state, and federal level with 25 or less employees and located in the City of Lorain.

HOSPITALITY & TOURISM: A business, registered at the local, state and federal level that provides lodging, food and/or recreational services and is located in the City of Lorain. If a nonprofit organization fits within this category, please apply for the Nonprofit Relief Fund.

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.

Incomplete applications will not be considered.

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



CITY OF LORAIN
American Rescue Plan Act
RELIEF AND RECOVERY FUND APPLICATION

Amount Requested: \$ _____

INDIVIDUAL INFORMATION:

Applicant Name: _____

Position Title: _____

Phone #: _____ Email: _____

BUSINESS INFORMATION:

Legal Business Name: _____

Business Type: _____

Business Address: _____

Business Phone #: _____ E-mail Address: _____

EIN #: _____ UEI#: _____

Legal Structure: ☐ Sole Proprietor ☐ S Corp ☐ C Corp ☐ LLC ☐ Partnership

Are you a Minority-Owned Business: ☐ Yes ☐ No

Are you a Female-Owned Business: ☐ Yes ☐ No

Please check the assistance type you are applying for:

- ☐ Small Business
- ☐ Hospitality & Tourism
- ☐ Both

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

**Optional information.*

GRANT REQUEST

The Relief and Recovery Fund (RRF) is intended to provide grants to for-profit, City of Lorain small businesses that have been impacted by the COVID-19 pandemic directly or indirectly. All grants must be proportional, reasonable, and related to the COVID-19 pandemic and recovery. Examples of grant requests through the RRF include mitigating financial hardship, implementing COVID-19 prevention tactics, or assisting in the economic recovery from the COVID-19 pandemic. Use this section to support your request as a result of the COVID-19 pandemic.

Economic Impact

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

1. Estimated adverse financial impact to business 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 business to serve customers through the pandemic
- ☐ Increase of business materials
- ☐ Increase in utility bills
- ☐ Customer loss/decrease
- ☐ Other

Requested Expenses

Using the table below, please list the expense(s) you are requesting to cover with this grant. To support your request, provide documentation (attach an additional sheet if needed). For example, if your business has suffered a decrease in annual revenue from reduced hours, patronage, and/or temporary shut down, include documentation showing decline in sales, hours, staffing, etc. If you are in need of general operating expenses, please indicate the type of expense and include documentation such as past utility bills. You must be able to demonstrate the negative financial impact your business has sustained as a result of COVID-19.

Relief & Recovery Grant Request*		
Date	Use of Grant Proceeds:	\$ Amount:
		\$
		\$
		\$
		\$
		\$
Total Amount of Grant Request:		\$

**Grant funds are only permitted on costs incurred from March 3, 2021 onwards.*

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:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Provide a separate, typed hardship letter detailing and supporting your grant request. This should describe how your business has experienced 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

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 City of Lorain as a For-Profit business 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 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.

Applicant's Signature

Print Name

Date

Co-Applicant Signature

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 (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



CITY OF LORAIN INCOME TAX DEPARTMENT
605 WEST 4TH 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:

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 is intended for:

DOCUMENTATION DETAILING GRANT REQUEST

This can include, but is not limited to:

- Budget(s)
- Quotes or Invoices
- Lease Agreement
- Mortgage Statements
 - Utility Bills
- Denial Letter for Loan or Grant (including a copy of the application)