

ARPA Small Business Assistance Application

About the Grant Program:

Eligible businesses may apply for one grant of up to \$10,000 from the City of Fairborn American Rescue Plan Act (ARPA) Fund to use for Covid-19 related expenses. (List of eligible expenses below).

Application Process:

- Applications must be received by 5:00pm September 30, 2022.
- Applicants may drop off their completed application Monday-Friday 8 am- 5 p, at the City Manager's office (44 W. Hebble Avenue, Fairborn OH) To submit an application via email, applicants must print out the application, fill it out, scan it and email to Cherise.schell@fairbornoh.gov with a completed W-9 form.
- Applications will be reviewed by city staff for eligibility.
- The grant application is a public document and the names of businesses awarded funds may be made public.
- Grant recipients will have the option to receive their check by mail or pick up in person at 44 W. Hebble Ave. Fairborn, OH (Finance Office).
- Grant recipients will be required to expend funds by December 31, 2023 and submit a final report of how funds were used by March 31, 2024.

Requirements for Eligibility:

- 1. The business operates from a commercial location in the City of Fairborn, Ohio.
- 2. The business must have been in operation on January 1, 2020.
- 3. The business must have been fully open and operating as of November 1, 2021.
- 4. The business is not a franchise.
- 5. The business must be in good standing with City tax payments and regulations.
- 6. The business has experienced a 25-80% loss in revenue between the end of calendar year 2020 and 2021.

2020-2021 Tax Returns MUST be submitted as documentation of revenue loss.

- 7. The business had gross receipts of no less than \$50,000 and no more than \$1 million.
- 8. My business has fewer than 200 employees.

	ble Uses of Funds: grant recipient can use the funds for expenses directly related to the impacts of COVID-19 including:
•	Rent or Mortgage Payments
•	Increasing technology capacity to enable alternative work forms
•	Revising business plans
•	Paying vendor invoices
•	Facility cleaning/restoration
•	Outdoor Dining
•	Technical Assistance, counseling, or other Services to support business planning
•	Retaining or Supporting Employees
•	Restoring Financial Resiliency
•	Creating New Marketing Campaigns
Base	d on the list below, how has COVID-19 impacted your business. (Check all that apply)
	Decreased revenue or grees receipts
	Decreased revenue or gross receipts Financial insecurity
	Increased costs
	Challenges covering payroll, rent, mortgage, and other operating costs
	chancinges covering payron, rene, moregage, and other operating costs
How	will the grant be used to assist with long-term stability of the business (Check all that apply)
	Retaining and/or supporting employees
	Restoring financial resiliency
	Rent or mortgage payments
	Increasing technology capacity to enable alternative work forms
	Creating new marketing campaigns

Technical assistance, counseling, or other services to support business planning

Revising business plans

Outdoor dining

Facility cleaning/restoration

Please describe the impact you believe this grant will have on the business in addressing the impacts of COVID-19.								

Attach the completed vendor applications and W-9 form. (This is required for release of funds). Incomplete applications will not be considered.

CENEDAL	TNEODMA	TION								
GENERAL INFORMA Business Name		HON		SS# or Federal Tax ID#						
Street Address						Suite				
City				State		ZIP				
Applicant Name				Title						
Email		Phone Number(s		() -	() -					
Federal Tax Classification W-9			F	Property Owner Name (if lifferent than applicant)						
Property Owner Phone Number (if different than applicant)		() -		Property Owner Address						
I would prefer to receive the check via mail at: Street Address City/State/Zip I will pick up the check from City Hall (Finance Department) 44 W. Hebble Ave. between 8 am and 5 pm Monday- Friday.										
I certify that the information submitted in this application is true and correct to the best of my knowledge. If determined otherwise, I understand that I will be disqualified from the grant process and must return funds to the City of Fairborn within 21 days. I understand if I receive grant funds I will retain documentation of appropriate grant fund use, such as and including expense receipts and payroll filings, until December 31, 2032. I will make this documentation available for review within 15 days after request by the city and will also make available personnel with knowledge of the documents to provide additional information if requested by the city. I agree to use the funds by December 31, 2023. Upon receiving the funds, I agree to provide a final report of how the funds were used to the city by March 31, 2024.										
submittin submit th accurate	ng this app his applica and comp	owledges that all gran plication, I certify that tion on behalf of the a lete. I acknowledge th liate rejection of the a	t I have read a applicant. I ve hat false and i	nd understand and a rify the statements o	am au contai	thorized t ined herei	n are true,			

Applicant Signature