



SMALL BUSINESS GRANT PROGRAM

City of Parma, Ohio

5517 State Road

Parma, OH 44134

(216) 661-7372

Name of Owner(s) _____

Business Name _____

Business Address _____

Contact Phone # _____ Contact E-Mail _____

SSN for each Owner _____

Federal Tax I.D. _____ DUNS # _____

Legal Form Sole Proprietorship Partnership

Corporation Non-Profit

In what State are the incorporation and/or organization documents filed? _____

I, the undersigned, hereby give permission to the City of Parma Community Services & Economic Development Department to research the company's history, to contact and collect data from employees, to contact the company's financial institutions, and to perform other related activities for the reasonable evaluation of this grant application.

Signature of Company Officer: _____

Typed Name of Company Officer: _____

Date: _____

1. Description and History of the business (include date of ownership):

2. Describe the immediate needs of the business that this Grant can assist with:

3. How Many Employees? _____ FT? _____ PT? _____

*Note, if the number of employees + the number of owners is less than 5 employees, you are a Microenterprise. Include each owners' information with employees' in 3 a.

3a. Attach list of employees' first name, average hours worked per week, and hourly rate/salary.

4. Without this grant, will you have to terminate employees? _____ If yes, how many? _____

5. With this grant, can you retain employees? _____ How Many? _____

6. Is/are owner(s) a U. S. Citizen or Permanent Resident? _____

REQUIRED DOCUMENTATION

The required documents are listed below. The City reserves the right to request further documentation and information it deems necessary.

- _____ Copy of Driver's License or State I.D. for all owners of the business
- _____ Proof of citizenship for all owners (birth certificate, passport, permanent resident cards)
- _____ Copy of Social Security cards for each owner
- _____ 2019 Individual IRS 1040 for each business owner or 2018 1040 and 2019 earning statement
- _____ 2019 Federal Business Tax returns or for self-employed/sole owner, their 2019 1040 with Schedule C or 2018 Federal Business Tax return and 2019 Profit & Loss Statement
- _____ 2020 Year-to-Date Business Earning Statement
- _____ W-9 (required for entities filing Federal Business Tax returns)
- _____ Pre-COVID (March 20, 2020) employee count with detailed payroll from January 2020 through April 2020
- _____ Documentation demonstrating a 25% loss or greater of gross revenue since March 20, 2020. It is recommended to detail monthly revenue from April 2019 through August 2020
- _____ IRS Forms 940, 941, and 945
- _____ Detailed monthly operating expenses for January, February, and March 2020

IMPORTANT NOTICE TO ALL APPLICANTS FOR ASSISTANCE

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observations or surname. The information of this page will not be used in evaluating your application or to discriminate against you in any way.

ETHNICITY

_____ Hispanic or Latino

_____ Non-Hispanic or Latino

RACE

_____ Asian

_____ White

_____ Black or African American

_____ American Indian / Alaska Native

_____ Native Hawaiian of Pacific Islander

GENDER

_____ Male

_____ Female