

**ORDINANCE NO. 114-22**

**AN ORDINANCE AUTHORIZING THE CITY OF MEDINA ECONOMIC DEVELOPMENT DEPARTMENT TO IMPLEMENT A SMALL BUSINESS WORKFORCE ASSISTANCE GRANT PROGRAM FOR THE CITY OF MEDINA, OHIO.**

**WHEREAS:** The City of Medina has set aside \$200,000 of American Rescue Plan funding to assist City of Medina small businesses with workforce challenges due to COVID-19; and

**WHEREAS:** Of these funds, \$50,000 has been set aside to assist micro-businesses.

**NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF MEDINA, OHIO:**

**SEC. 1:** That the City of Medina Economic Development Department is hereby authorized to implement a Small Business Workforce Assistance Grant Program to assist Medina small businesses with workforce challenges due to COVID-19.

**SEC. 2:** That a copy of the Program Guidelines, Landlord/Tenant Acknowledgement Form, Property Owner Acknowledgement Form and Application is marked Exhibit A, attached hereto and incorporated herein.

**SEC. 3:** That the funding for the program, in the amount of \$200,000.00, is available in Account No. 171-0748-56633.

**SEC. 4:** That this Ordinance shall be in full force and effect at the earliest period allowed by law.

**PASSED:** May 9, 2022

**SIGNED:** John M. Coyne, III  
President of Council

**ATTEST:** Kathy Patton  
Clerk of Council

**APPROVED:** May 10, 2022

**SIGNED:** Dennis Hanwell  
Mayor



# Small Business Workforce Assistance Grant Program Guidelines

ORD. 114-22  
EXH. A

The City of Medina has set aside \$200,000 of American Rescue Plan money to assist City of Medina small businesses with workforce challenges due to COVID-19. Of this money, \$50,000 has been set aside to assist micro-businesses. The grants shall be used by successful applicants to address issues with hiring, rehiring, and retaining employees. The Program will be administered by the City of Medina Economic Development Department and the Economic Development Committee.

## Section I: Eligibility Requirements

A small business shall be defined as meeting the following criteria:

- A qualifying business must be located within the City of Medina, have 50 Full Time Equivalent or fewer employees, is independently owned and operated, and is not dominant in its field of operation.
- A qualifying business must have 2021 annual business revenue of \$3MM or less.

A micro-business shall be defined as meeting the following criteria:

- A qualifying business must be located within the City of Medina and have 10 or fewer employees, one of whom owns the business.

A small business or micro-business, as defined in these Guidelines above, that meets all the following criteria may apply to receive funding from the Program:

- A qualifying business must have experienced negative economic impacts due to the COVID-19 pandemic.
- A qualifying business must be registered with the Ohio Secretary of State's Office and with the Regional Income Tax Agency (RITA).
- The applicant is 50%+ majority owner of the business.
- Owner/Applicant will provide a landlord acknowledgement of lease or proof of building ownership.
- Owner/Applicant is current with property taxes and City fees, or has a payment plan in place with the City.
- Business will need to prove active liability insurance.
- A business with multiple locations may apply for grants for more than one location, but the total funds received by any business cannot exceed \$10,000.
- Affiliates of a qualifying business are included in determining the number of employees and grant funds received. Affiliate is defined as a business that controls, is controlled by, or is under common control with the qualifying business. One business controls

another if it holds the majority voting or ownership interest or has control over the day-to-day operations

- The business commits to using funds for the retention of existing employees, hiring or rehiring former employees.
- Ineligible businesses include social clubs, liquor and tobacco stores, pawn shops, adult entertainment, passive real estate investments, non-profits, and home-based businesses operating without appropriate zoning and/or permits.

## **Section II: Uses of Funds**

Program funds can be used by applicants for the following expenses related to the hiring, rehiring and retaining of employees as long as the expenses do not violate state or federal law. Examples include but are not limited to the following:

- Transportation (e.g. – gas cards, uber rides, bus passes, car repair)
- Childcare (e.g. – daycare, overnight childcare, etc.)
- Training (e.g. – customer service training, English as a second language, etc.)
- Payroll (e.g. – increase wages, shift premiums)
- Benefits (e.g. – healthcare; sick leave; employee bonuses)

Other uses may be approved if the applicant presents a compelling argument for how the use of funds will deal with specific issues relating to hiring, rehiring and/or retaining employees.

A business that uses grant proceeds for purposes other than eligible costs listed above and approved through the application process must repay the improper expenditures to the City of Medina. If a business fails to repay unspent or improperly spent grant proceeds, the City of Medina must certify the unpaid amount to the Attorney General's Office for collection.

NOTE: Applying for funding does not guarantee that grant funds will be awarded. Any costs incurred by applicants prior to receiving an award notification will be done at their own risk.

## **Section III: Application and Review Process**

Beginning on July 1, 2022, businesses can apply for the Program at [www.medinaoh.org](http://www.medinaoh.org). Applications will be due by 4:00pm August 8, 2022. The selection committee will review, analyze and rank all applications based on their responses provided in the online application. Businesses will be required to fill out the application in its entirety. It will be the business/applicant responsibility to ensure the application is complete and all required supplemental information is submitted.

The City reserves the right to accept or reject all or any part of any application, waive informalities and award the applications to best serve the interest of the City.

Incomplete applications will not be considered. It is the responsibility of the business/applicant to ensure that their application has been received. Email confirmations will be sent in response to all applications submitted.

The selection process will use the following criteria listed below, but not limited to, nor necessarily in order of importance:

- Qualifying business's need for the grant relative to other applicants
- Likelihood the grant will allow the business to retain jobs within the City of Medina
- Overall economic impact of the grant
- Amount of Requested Funds
- Funds requested meet the expenses outlined in the Use of Funds section

#### **Section IV: Reporting Requirements**

Grant proceeds must be used or returned to the City of Medina by October 31, 2024.

Small businesses receiving a grant from this Program are required to submit an annual report and a final report to the City of Medina Economic Development Department, on a form prescribed by the Economic Development Department, detailing the following:

- Detailed description of the use of funds
- Proof of payment for expenses, including paid invoices, cancelled checks, and any other documentation
- Any other information requested by the City of Medina

The annual report shall be due no later than March 1, 2023 and final report due March 1, 2024.

#### **Section V: Maintenance of Records**

Businesses that receive funds from the Program shall keep records of all specific expenses for which the funds were used for a period of five (5) years after the completion of the project. These records shall include, but not be limited to, paid invoices, canceled checks, and other documentation acquired when the permissible expense occurred.

Upon request, the business shall provide access to these records to the City of Medina, its agencies, agents, directors, and/or any party who has contracted with the city for the exclusive purposes of evaluating or ensuring compliance with Program requirements.

At their own expense, the business shall provide photocopies of all requested records to the city or any of the aforementioned parties upon written request of the city within a reasonable time of the request.

Failure to abide by the requirement may result in a demand for the business to repay Program funds to the City of Medina within thirty (30) days of a written request for repayment.

## **Section VI: Grant Condition**

If applicant no longer is located and conducts business in the City of Medina continuously through 2026, the city will have the right to require any grant funding received, repaid in full.



# Small Business Workforce Assistance Grant

## Landlord / Tenant Acknowledgement Form

Landlord Acknowledgement:

Name of Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parcel Number \_\_\_\_\_

Term of the Lease: \_\_\_\_\_

I, \_\_\_\_\_

(Name of Landlord)

hereby acknowledge that I am the rightful property owner and that

\_\_\_\_\_  
(Name of Business/Applicant)

Is a tenant and they are not in default of their rental agreement/payments.

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

Print name of Landlord \_\_\_\_\_



# Small Business Workforce Assistance Grant Property Owner Acknowledgement Form

Property Owner Acknowledgement:

Name of Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parcel Number \_\_\_\_\_

I, \_\_\_\_\_

(Name of Property Owner)

hereby acknowledge that I am the rightful property owner.

\_\_\_\_\_  
(Name of Business/Applicant)

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

Print name of Property Owner \_\_\_\_\_



# Small Business Workforce Assistance Grant Application

## Business Information

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

(Enter the legal name of your business)

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

Business City: \_\_\_\_\_

Business State: \_\_\_\_\_

Business Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Email: \_\_\_\_\_

When was your Business Established? \_\_\_\_\_

## Business Contact Information

Do you have a business bank account? Yes  No

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

Co-Owner or Partner Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this your only location? Yes  No

If no, where? \_\_\_\_\_

Do you have affiliates? Yes  No

If yes, where? \_\_\_\_\_



## Income Information

Type or Nature of Business: \_\_\_\_\_

As a business owner, do you also work in the business? Yes  No

Is this your only source of income? Yes  No

If no, please explain other sources of income \_\_\_\_\_

What was your business annual income from your most recent tax return? \_\_\_\_\_

## Employee Information

How many people did you employ prior to March 2020? \_\_\_\_\_

Current number full time of employees: \_\_\_\_\_

Current number of part time employees: \_\_\_\_\_

How many employees have the following benefits?

Sick Time: \_\_\_\_\_

Vacation Time: \_\_\_\_\_

Employer-provided health insurance: \_\_\_\_\_

Have you had to lay off employees? Yes  No

If yes, how many and dates of layoff? \_\_\_\_\_

Have these employees been rehired? Yes  No

If yes, how many and dates of rehire? \_\_\_\_\_

Do you anticipate further layoffs or loss of employees? Yes  No

If yes, how many employees? \_\_\_\_\_

How many job openings do you have?

Full time \_\_\_\_\_

Part time \_\_\_\_\_

## Gross Revenue

What was your monthly gross revenue, on average, before the pandemic?

What is your gross monthly revenue on average now?

## Estimated Adverse Impact

When did your business start having workforce issues as a result of COVID-19?

Please provide a brief explanation of what adverse economic impacts COVID-19 has had on your business.

Did your business close at any point during the COVID pandemic? Yes  No

If yes, please supply dates of closure: \_\_\_\_\_

## Grant

Type of grant sought: (Check all that apply)

- |   |          |
|---|----------|
| <input type="checkbox"/> Transportation (e.g. – gas cards, uber rides, bus passes, car repair)      | \$ _____ |
| <input type="checkbox"/> Childcare (e.g. – daycare)   | \$ _____ |
| <input type="checkbox"/> Training (e.g. – customer service training, English as a second language,) | \$ _____ |
| <input type="checkbox"/> Payroll (e.g. – increase wages,)   | \$ _____ |
| <input type="checkbox"/> Benefits (e.g. – healthcare; sick leave; bonuses)                          | \$ _____ |
| <input type="checkbox"/> Other – please describe: _____   | \$ _____ |

Grant amount requested (please note: the committee will look at expense value and ensure it matches the total requested):

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

Breakdown of expenses – Expenses must be listed by item and dollar amount. Grant applications without dollar amounts will not be considered.

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

### Other Assistance

Have you applied for any other forms of assistance? Yes  No

If yes, list all COVID related grants and loans including their dollar amounts, ie: PPE, county, city grants, etc.

\_\_\_\_\_  
\_\_\_\_\_

### Other Information

Please let the committee know anything else they should consider while evaluating your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you submitting for more than one business? Yes  No

If yes, list others and your relationship: \_\_\_\_\_  
\_\_\_\_\_

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## Certification

*The undersigned hereby certifies that the statements inscribed on this application are true, complete and accurate to the best of my knowledge, and any changes affecting the information contained herein will be made known to the City of Medina.*

Application By: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Applicant: \_\_\_\_\_