



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, i.e.: 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: _____

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: _____



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 _____



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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 _____