



# City of Portsmouth Small Business Relief Program Application

This grant program is administered by the City of Portsmouth Office of Community Development located at 728 Second Street Portsmouth, Ohio 45662. If you need assistance filling out this form call (740) 354-5673 or email [tshearer@porstmouthoh.org](mailto:tshearer@porstmouthoh.org).

**Business Name \***

**Federal Tax Identification Number \***

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**Owner/Officer Name\***

**DUNS Number \***

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**Business Physical Address\***

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Is the business mailing address different than physical address? Yes\_\_\_ No\_\_\_

**Years in Business \*** \_\_\_\_\_

**Business Phone \*** \_\_\_\_\_

**Type of Business \*** \_\_\_\_\_

Is your business minority owned? Yes\_\_\_ No\_\_\_

Is your business women owned? Yes\_\_\_ No\_\_\_

Is your business veteran owned? Yes\_\_\_ No\_\_\_

**Number of Full-Time Employees \*** \_\_\_\_\_

30 or more hours a week

**Number of Part-Time Employees \*** \_\_\_\_\_

Under 30 hours a week

## Names of Employees as of 2/1/2020

(Include business owners)

**First Name \***

**Last Name \***

**Phone \***

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# City of Portsmouth Small Business Relief Program Application

Revenue March-June 2019 \* \_\_\_\_\_

Revenue March-June 2020 \* \_\_\_\_\_

Briefly describe the adverse impacts your business has experienced from COVID-19 \*

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Was your business forced to stop operating due to the Governor's Stay at Home Order (3/23/2020)? \*  
Yes\_\_\_ No\_\_\_

Has your business received any other COVID-19 funding? \* Yes\_\_\_ No\_\_\_

If yes, describe funding you have received.

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## Contact Information

Name of person completing application \*

Title of person completing application \*

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Email \*

Phone \*

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## City of Portsmouth Small Business Relief Program Application

### Required Documents \*

Company Prepared 2019 Year-End Profit and Loss Statement (Income Statement) \*

Company Prepared Balance Sheet Dated 12/31/2019 \*

Payroll register for a Payroll Period in February 2020 \* must show names of employees listed above on application

2018 or 2019 Federal Income Tax Returns \*

Copies of Mortgage Statements, Utility Bills, Insurance Statements, and Property Tax Bills \*

#### Initial all that apply:

\_\_\_\_\_ Business a for profit entity with a business located in the City of Portsmouth.

\_\_\_\_\_ Business has been in operation since **January 2019**.

\_\_\_\_\_ Business has less than \$1 million in gross revenue/receipts on an annual basis.

\_\_\_\_\_ Business was required to cease operations due to the Ohio Department of Health Orders issued to prevent the spread of COVID-10 in Ohio.

\_\_\_\_\_ Business has had a decrease in gross revenue/receipts of 15% or more due to COVID-19 when comparing April – May, 2019 revenue/receipts to revenue/receipts for April – May, 2020.

\_\_\_\_\_ Business has 50 or fewer employees or 1099 workers as of March 1, 2020.



## City of Portsmouth Small Business Relief Program Application

\_\_\_\_\_ Business location is in Portsmouth, Ohio and the grant funding will be used for expenses for that business.

\_\_\_\_\_ Business is not currently in bankruptcy.

\_\_\_\_\_ Business has not received more than \$20,000 in other federal assistance for lost revenue or expenses arising from the pandemic, including Paycheck Protection Program, Emergency Disaster Loan.

\_\_\_\_\_ If business has received less than \$20,000 in other federal assistance, these grant funds will not be applied to costs already covered by previous funding assistance.

Grant Amount Requested (max \$10,000) \$ \_\_\_\_\_

I understand the intention of the City of Portsmouth COVID-19 Small Business Relief is to retain employees during the COVID-19 pandemic and I will retain and rehire the above listed employees to the best of my ability.

The person(s) signing below on behalf of Applicant certify he/she/they are signing on behalf of the applicant and are authorized to do so, and that all information submitted on this form is true, complete and accurate to the best of my/our knowledge.

\_\_\_\_\_  
Signature \*

\_\_\_\_\_  
Date \*

\_\_\_\_\_  
Name \*

\_\_\_\_\_  
Title of Signer \*