

Delaware County Small Business Protection Program Application

Date Submitted : _____

Date Received: _____

Please provide the following information attached to this application

Narrative history about business

Reviewed IRS Guidelines Form

Completed 2018/2019 Tax Returns

Year to Date 2020 Financial Documentation - This would be something to compare 2020 to 2018/2019

Ohio Secretary of State Business Details and Filing Page

Narrative on the impact of your business due to the COVID-19 pandemic and shutdown measures

Applicant Business

Name of Company or Business: _____

Name of Applicant(if different): _____ Relationship to Business: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Federal Tax ID Number (Business): _____ Federal Tax ID Number(borrower) : _____

Business Information

Business Type: _____ Principle Product/Service: _____

Date established: _____ Number of Full-Time Employees: _____ Number of Contractors: _____

Number of Part-Time Employees: _____ Four Digit SIC # or NAICS Code: _____

Business Operations Impact

Please Answer the following questions and attach to your application.

Were you shut down because of the Ohio Department of Health order? If so, what was the duration?

What changes to your operations were made to re-open based on the Responsible Restart Ohio protocols?

How do your operating profits/losses compare for 2020:

From 2018/2019 for March through May?

From 2018/2019 June to October?

What are some other key impacts of COVID-19 to your business?

Principal Officers/Owners

Name: _____ Title: _____
Percent Ownership: _____ Address: _____

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Percent Ownership: _____ Address: _____

Please note that this document likely constitutes a public document, therefore it and its contents would likely be subject to a public records request. This application does not serve as an agreement between Delaware County and the Applicant. If the grant application is approved, additional documentation will be sent at that time in order to finalize the grant.

Printed Name of the Applicant

Signature of the Applicant

Date