



CITY OF TOLEDO

COVID-19 SMALL BUSINESS ASSISTANCE GRANT APPLICATION

PLEASE PRINT OR TYPE – COMPLETE ALL BOXES

Business Name (as it appears on W-9):		Business Contact:
Business Tax Identification Number, EIN (W-9):		Title:
Business Mailing Address:		Home Address:
Business Street Address:		Telephone No.:
Telephone No.:	Email:	Email:

BUSINESS INFORMATION

Business License No.: _____ (Mark N/A if business is outside the city limits but within the Toledo Urban Growth Boundary)

Number of Employees: ____ (please convert part-time employees to full time equivalent (40 hours = 1 FTE. Round to nearest quarter.)

Type of business (check one):

- Restaurant
- Retail/Service
- Non-Profit
- Other: _____

Which of the following apply to your commercial space (check one).

- Lease: \$ _____ (list monthly amount)
- Mortgage: \$ _____ (list monthly amount)
- Own Outright

Is your business within the Toledo Urban Growth Boundary?

- Yes
- No

Is the business currently operating?

- Yes
- No

Years in operation (check one)

- 1 year or less
- 2-5 years
- 5 or more

Have you received other assistance (e.g. PPP, SBA loan, etc.)?

- Yes
- No

Anticipated Need: \$ _____ (list the amount of funds you are requesting, up to \$2,500)

List how will the funds be used (check all that apply, and list the amount of the grant funds you anticipate spending for each):

- Payroll \$ _____
- Rent/Mortgage \$ _____
- Product (e.g. Perishable food) \$ _____
- Utilities \$ _____

ATTACHMENTS: *The following information must be included with the completed grant application:*

- Completed IRS Form W-9; and
- Gross revenue reports for March and April of 2019 and March and April of 2020. For businesses in operation less than one-year, gross revenue reports for January and February of 2020 will be accepted in lieu of March and April of 2019 reports; and
- Copy of a commercial lease or mortgage statement showing the property address & amount (if seeking funds for this purpose).
- Report documenting payroll expenses for January or February 2020 (if seeking funds for this purpose).

ACKNOWLEDGEMENT:

I/We, the owners of the subject business, certify that all information listed in this application, and all information furnished in support of this application, is given for the purpose of obtaining an emergency assistance grant and that such information is true, accurate and complete, to the best of my knowledge. I certify that the needs are a result of the COVID-19 pandemic and related to restrictions placed on my business by Governor's order. I understand that if any of the information is shown to be false or misrepresented, this application may be rejected. If funds have been dispersed, they would have to be paid back to the City. All grant proceeds must be spent before December 30, 2020

Owner or Authorized Agent Signature

Date

Owner or Authorized Agent Printed Name & Title