

# Mercedes Small Business Recovery Assistance Grant Program

## APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

### CONTACT INFORMATION

First/Last Name of person completing this application: \_\_\_\_\_

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

Business Type: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BUSINESS OWNERSHIP

Tax ID #: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Name of business owner (if different from above): \_\_\_\_\_

Number of years in business: \_\_\_\_\_

### BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

### PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: \_\_\_\_\_ (Part-time # employees: \_\_\_\_\_)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your business operated as a sole proprietorship?

Yes \_\_\_\_\_ No \_\_\_\_\_

### USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

- \_\_\_\_\_ Rent/mortgage payment. List specific amount. \$ \_\_\_\_\_
  - \_\_\_\_\_ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
  - \_\_\_\_\_ Employee support (salaries, insurance, paid leave) \$ \_\_\_\_\_
  - \_\_\_\_\_ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_
  - \_\_\_\_\_ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
  - \_\_\_\_\_ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_
- Total Amount** \$ \_\_\_\_\_

**Total Grant amount requested from Mercedes DCM:** \$ \_\_\_\_\_

(amount shown above may not exceed:  
\$3,000 for business with 1-3 employees,  
\$5,000 for business with 4-9 employees)

**You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.**

*Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under **USE OF FUNDS**. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.*

### FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: \_\_\_\_\_

Name of your Bank Officer: \_\_\_\_\_

Have you met with your financial institution (bank) about financial assistance? Yes\_\_No

If no, why not?

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

Have you applied for any of the following Federal programs that are currently available?

\_\_\_\_\_ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
\_\_\_\_\_ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

*\*Provide proof of application provided via attachment.*

If not, why not?

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

## ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

\_\_\_\_\_ My business has 1-9 full time (or full time equivalent) employees.

\_\_\_\_\_ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

\_\_\_\_\_ The Tax ID and Entity Name of my business shown above, are true and accurate.

\_\_\_\_\_ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

\_\_\_\_\_ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

\_\_\_\_\_ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

\_\_\_\_\_ I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name \_\_\_\_\_

Written: \_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Title

Signed: \_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Title

Signed as Individual: \_\_\_\_\_

Date \_\_\_\_\_

## DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

1. **W-9 Form; and copy of the applicants' ID.**
2. Receipt or cancelled check of most recent lease/mortgage payment.
3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
4. Receipt or cancelled check for salary payments made to furloughed employees, *if applicable*.
5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
8. Proof of application for COVID-19 Federal grant/loan programs.

*We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.*

## Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
2. Submit the completed application and ALL documents to:

**Email: [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com) OR**

**Deliver to: DCM Office (NE Ohio/4<sup>th</sup> Street)** and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4<sup>th</sup> onward (until funds are exhausted).

- **print the application**
- **hand write answers and responses into the application**
- **scan the application and all related documents and email the completed the file to: [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com).**