

# Columbus-Franklin County Small Business Recovery Fund

## WHAT

There is \$8 million in grant funding that will be distributed to small businesses in Columbus and Franklin County that meet grant guidelines and successfully complete the application process.



The grants are intended to support small businesses in the City of Columbus or Franklin County negatively impacted by the COVID-19 pandemic, specifically those in underserved communities and/or are minority-owned businesses, disadvantaged businesses and veteran-owned businesses.

There are three levels of grants available through the Columbus-Franklin County Small Business Recovery Fund.



### **\$5,000 Recovery Grants.**

Available to self-employed, single entity, sole proprietors or sole member limited liability companies with no W2 employees.



### **\$10,000 Recovery Grants.**

Available to small business owners who currently employ at least one (1) full-time W2 employee, or full-time equivalent, in addition to the owner.



### **+Plus \$10,000 Job Restoration Grants.**

Available to business owners who qualify for the \$10,000 Grant and can show employee loss due to the pandemic. These owners also may qualify for the +Plus \$10,000 Grant for an additional \$10,000 to rehire one (1) full-time W2 employee.

## WHEN

**Applications opened Monday, March 7, 2022** and are being accepted in waves, opening every six weeks **through Saturday, September 3, 2022**, or until all funds are awarded.

## HOW

Business owners can learn more, determine eligibility and apply for a grant at [SmallBusinessRecoveryGrant.com](https://SmallBusinessRecoveryGrant.com).

## WHO

The [City of Columbus](#) and [Franklin County](#) are the Fund's sponsors. The [Ohio Small Business Development Center at Columbus State Community College](#) is the Fund's program manager overseeing the Fund's grant application and funding process. [The Wells Foundation](#) is the Fund's fiscal agent and technology partner.



## WHY

Small businesses are the foundation of Central Ohio's economy. The grant program's purpose is to support the region's small business economy and ensure entrepreneurship can flourish and grow.

### **This program seeks to provide relief to small businesses to help them:**

- Maintain operations as well as employees.
- Maintain safe operating procedures.
- Mitigate financial hardship due to loss of sales.
- Seek out and take advantage of business growth opportunities.
- Provide funding to small businesses to hire and train new employees.
- Provide funding to re-hire previously lost positions.

**Additional Business Support:** As part of the grant application process, business owners will be matched with an Entrepreneur Support Organization (ESO) to assist them in the grant process.

### **They are:**

- Aventi Enterprises
- Columbus Empowerment Corporation
- OB3 Advisory and Management LTD
- Sankofa Enterprises LLC
- SBC Small Business Consulting
- World Peaces
- YMT Consultants

### **In addition to the ESOs list above, Recovery Fund Community Outreach Partners are:**

- Asian American Commerce Group
- Catholic Social Services – Our Lady of Guadalupe Center
- Columbus Urban League
- Ohio Minority Business Assistance Center
- Elevate Northland
- Greater Linden Business Network
- Hispanic Chamber of Columbus
- Social Ventures
- Somali American Chamber of Commerce
- The St. John Learning Center
- Urban Business Development Center

Columbus-Franklin County  
**Small Business  
Recovery Fund**

**Applicant Profile**

**\*=Required Information Field**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(Legal) (Legal)

\*Email Address: \_\_\_\_\_  
To be used for all communications related to this application. Be sure it is an email you check regularly

\*Business Street Address: \_\_\_\_\_  
No Post Office Boxes. Street number and name required. Homebased businesses use home address.

\*City: D Columbus D Grandview Heights D Reynoldsburg  
Other: D Bexley D Grove City D Upper Arlington  
D Blacklick D Groveport D Westerville  
D Canal Winchester D Hilliard D Whitehall  
D Dublin D New Albany D Worthington  
D Gahanna D Pickerington D None of the Above

\*County: ☐ Franklin County ☐ Other

\*State: ☐ Ohio ☐ Other

\*Zip Code: \_\_\_\_\_  
(Limit to 5 characters)

\*Is this your mailing address? ☐ Yes ☐ No  
If NO, please provide your mailing address below. P.O. Box is acceptable.

Mailing Address Street Address \_\_\_\_\_  
Mailing Address City \_\_\_\_\_  
Mailing Address State \_\_\_\_\_ Mailing Address Zip Code \_\_\_\_\_

\*Phone Number \_\_\_\_\_  
Use the best number to contact you

\*Phone Number Type ☐ Cell Phone Number  
☐ Home Phone Number  
☐ Business Phone Number

**Business Application** (Applicant should be the majority owner of the business. Only one owner may apply.)

\*Business Organization Type (Nonprofit businesses are not eligible for this Program)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> S -Corporation                  | <input type="checkbox"/> Limited Partnership                 |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> General Partnership             | <input type="checkbox"/> Nonprofit Corporation               |

\*Is your business registered with the Ohio Secretary of State?  
☐ Yes ☐ No This is not a requirement to apply

\*Legal Business Name: \_\_\_\_\_  
Registered Business Name with the State of Ohio or Name under which the business operates, if not registered

**Date Business Started:** \_\_\_\_\_

Start Date can be determined by when you began generating sales that were reported for tax purposes.

Please format as MM/DD/YYYY.) If you need help enter 99/99/9999

**\*Does the business use an Employer Identification Number (EIN)?**

☐ Yes

☐ No

If yes, please provide the Employer Identification Number (EIN)

If no, please provide your Social Security #

**\*Is your business based on the following activities?**

☐ Publicly traded business

☐ Political or lobbying activities

☐ State Liquor Agency

☐ Governmental Agency

☐ Sexually-oriented business

☐ Financial institution that makes loans or issues credit to the public

☐ Club with exclusive membership

☐ Sale, cultivation, or distribution of cannabis products excluding CBD

☐ None of the above

**\*Business Type**

☐ 23 Construction

☐ 55 Management of Companies & Enterprises

☐ 31 Manufacturing

☐ 56 Administrative & Support

☐ 42 Wholesale Trade- selling product or service to Business

☐ 61 Educational Services

☐ 44 Retail Trade - Selling of products or service to Consumer

☐ 62 Health Care & Social Assistance

☐ 48 Transportation & Warehousing

☐ 71 Arts, Entertainment & Recreation

☐ 51 Information

☐ 72 Accommodation & Food Services

☐ 52 Finance & Insurance

☐ 81 Other Services (except Public Administration)

☐ 53 Real Estate

☐ 54 Professional, Scientific & Technical Services

**\*What is your NAICS Code?:**

☐ I know my NAICS Code

☐ I need help with this

**\*Are you a certified Minority Business Enterprise (MBE) with the State of Ohio or the City of Columbus?** This is not a requirement to apply

☐ State of Ohio Only

☐ City of Columbus Only

☐ State & City of Columbus

☐ None of the above

**Number of Full-Time W-2 Employees as of the Application Date**

☐ Skip Question

☐ Over 25

☐ 16 - 25

☐ 11 - 15

☐ 6 - 10

☐ 2 - 5

☐ 1

☐ None

Do not include the Business Owner(s) in this number and use the equation below for PT employees.

2 Part-Time (PT) Employees will Equal 1 Full-Time (FT) Employee regardless of PT Hours for this funding round down

**\*Does your business have an open and active business checking account?**

☐ Yes

☐ No

You will be required to have an active business checking account within one week of being notified of grant approval to receive a grant award electronically your assigned Application Partner will provide resources.)

**Can you show your business experienced a 25% or more decrease in sales due to COVID-19 using one of the below methods?** SELECT ONE. Documentation will be required

☐ Yes, I will compare business bank statements (April 2019 to April 2020)

☐ No

☐ Yes, I will compare business bank statements (April 2020 to April 2021)

☐ I need help answering question

☐ Yes, I will compare business tax returns (Schedule C or 1120's for 2019 and 2020)

☐ Yes, I will compare business tax returns (Schedule C or 1120's for 2020 and 2021)

☐ Skip Question

☐ Yes, I will compare business annual financials / tax returns (Schedule C or 1120's for 2020 and my annual Profit and Loss for 2021)

**\*Have you been declined for a business loan in the past 18 months?**

☐ Yes

☐ No

**\*How will this funding be used? Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Maintain operations  | <input type="checkbox"/> Adopt safer operating procedures             |
| <input type="checkbox"/> Retain Owner's Job   | <input type="checkbox"/> Mitigate financial hardship/decline in sales |
| <input type="checkbox"/> Retain Employee/s  | <input type="checkbox"/> Site Modifications                           |
| <input type="checkbox"/> Create Job(s)  |   |
| <input type="checkbox"/> Restore(s) (If selected, go to next question. If not selected go to Race question) |   |

**Will this funding be used to restore a minimum of 1 new full-time W-2 employee within 2 months of funding, that you will be able to retain for 4 months after employed?**

- ☐ Yes      ☐ No      ☐ I need help with this, explanation needed.

By selecting "Yes" you may be eligible for an extra \$10,000 grant. Payroll records will be required to show proof of employee loss from COVID-19 and that a new employee has been employed within 2 months of funding and retained for 4 months after.

**\*Race: The race you most commonly identify with**

- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian                    | <input type="checkbox"/> Hawaiian/ Pacific |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native American/ Alaskan |  |

**\*Hispanic: ☐ Yes      ☐ No**

**Citizenship Status:**

- |                                       |  |   |                                |
|---------------------------------------|--|---|--------------------------------|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Permanent or Conditional Resident | <input type="checkbox"/> Refugee/Asylee | <input type="checkbox"/> Other |
|---------------------------------------|--|---|--------------------------------|

**\*Gender: ☐ Male      ☐ Female      ☐ Prefer not to answer      ☐ I do not associate with Gender**

**\*Identify within the LGBTIQ L+ Community: ☐ Yes      ☐ No**

**\*Disability: ☐ Yes      ☐ No      \*Age: At the time of application      ☐ 18 - 54 years old  
☐ Under 18 years old      ☐ 55 or Over**

**\*U.S. Military Status (Check all that apply)**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Veteran               | <input type="checkbox"/> Service Disabled Veteran    | <input type="checkbox"/> On Active Duty |
| <input type="checkbox"/> Member of National Guard | <input type="checkbox"/> Member of the Reserve | <input type="checkbox"/> Spouse of a Military Member |   |

**\*How did you learn of the COVID-19 Small Business Recovery Fund?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Community Partner                          | <input type="checkbox"/> Social Media  | <input type="checkbox"/> Friend/colleague |
| <input type="checkbox"/> News article                               | <input type="checkbox"/> Online Search | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Entrepreneurial Support Organization (ESO) |  |   |

**Client Rights and Responsibilities**

As an applicant for the Columbus & Franklin County Small Business Recovery Program Grant you will be working with the Ohio Small Business Development Center (SBDC) to complete your application. In order to provide you the assistance that you may need the SBDC will designate you as a client. Given this we'd like to advise you of certain rights and responsibilities you have as one of our clients:

You have a right to expect:

- Prompt, courteous, and professional counseling services and to be advised if the Ohio SBDC is unable to provide service within the time frame required. Be aware that due to the demand for our services, cases must often be prioritized by need and training may be recommended before counseling is provided.
- All information shared with the Ohio SBDC and any of its resources (staff, faculty, volunteers, and consultants) will be held in strictest confidence. No information provided by you will be used to the commercial advantage of any staff member, consultant, or other resource of the Ohio SBDC or to the benefit of any third party.
- That your client status with the Ohio SBDC will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Please note, however, that the Ohio SBDC is funded in part by the U.S. Small Business Administration, Ohio Development

Services Agency and the local host, only aggregate client data is provided to those entities.

Our role is to counsel and assist small business owners and those planning to go into business. We will not make business decisions or judgments for you, though we will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

The Ohio SBDC may charge reasonable fees for training programs, special services, and publications. However, you have a right to feel secure that no fee will be charged by the Ohio SBDC or its resources for normal counseling services provided to you. Also, no recommendations will be made as to the purchase of goods or services from any individual or firm with whom any Ohio SBDC staff or its resources have any financial, familial or personal interest.

The counseling services provided to you are a part of the effort of the Ohio SBDC and its sponsors to respond to the growing needs of the small business community and to positively affect the economy of Ohio. They are not intended to compete with, replace, or be a substitute for services available from the private sector. Clients whose needs can be fully met by private sector practitioners or firms in an affordable manner will be encouraged to use those resources.

In consideration of the Ohio SBDC furnishing you with management and technical assistance, you agree to waive all claims against the Ohio SBDC and its constituent institutions, its staff, or any other resources employed by or used in connection with these services. You will also be expected to cooperate with the Ohio SBDC in its efforts to assure the quality and effectiveness of the counseling services it provides.

In this respect, the Ohio SBDC will ask all clients who receive counseling assistance to complete a written evaluation of the services provided. In addition, clients may receive direct inquiries from this office, the State Director's office or the U.S. Small Business Administration with respect to the services provided to you. Your response to all of these inquiries will be greatly appreciated.

If you have any questions relating to this please email [SBDC@CSCC.edu](mailto:SBDC@CSCC.edu).

#### **SBDC Agreement:**

I request business consultation service from the Ohio SBDC, a Resource Partner of the Small Business Administration (SBA).

I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services.

I permit the Ohio SBDC the use of my name and address for surveys and information mailings regarding products and service.

I understand that any information disclosed will be held in strict confidence. The SBDC will not provide your personal information to commercial entities.

I authorize the Ohio SBDC to furnish relevant information to the assigned management counselor(s).

I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBDC personnel, and that of its Resource Partners and host organizations, arising from this assistance.

☐ I permit the Ohio SBDC, the City of Columbus and Franklin County the use of my name and address for surveys and information mailings regarding products and services. **(This is Optional)**

☒ I consent to the above. **Applicant cannot proceed without checking the consent box.**

**\*Client**      **Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

## Additional Required Information and Documents

\*Number of Dependent Household Members, including Self \_\_\_\_\_

Residents at your home address, including spouse and dependents of business owner

\*If your business is based in the City of Columbus, is it registered with the City of Columbus for business taxes?

☐ Yes      ☐ No      ☐ My business is not based in the City of Columbus

If your business is based in the City of Columbus, you must be registered to be eligible for a grant under this Program and in "Good Standing" IF APPROVED, ADDITIONAL INSTRUCTIONS WILL BE PROVIDED

\*Does your business currently owe outstanding business / personal taxes or fines to the City of Columbus?

☐ Yes      0      ☐ My business is not based in the City of Columbus

IF APPROVED, ADDITIONAL INSTRUCTIONS WILL BE PROVIDED

### DOCUMENTS TO UPLOAD

Please upload documents, if you experience difficulties/trouble click submit. Your application will be assigned to your Application Partner

#### IDENTIFICATION DOCUMENTS:

This will be required

Upload State Driver's License, Permit or Passport

This will be required if your business is registered with the State of Ohio

Upload State of Ohio Business Registration certificate

#### HOUSEHOLD INCOME DOCUMENTS

Adjusted Gross Income (AGI) as reported on 2020 Personal Tax Return

\$

Upload 2020 Personal Tax Return

Please enter your Adjusted Gross Income from Line 11 of the Federal Form 1040

#### BUSINESS FINANCIAL DOCUMENTS

**Upload the documents for the option you selected to verify 25% decrease in sales.**

Tax Return for Gross Business Sales as reported on 2019 Business Tax Return \_\_\_\_\_

Please enter your Gross Business Sales from Line 1a of the Federal Form 1120 M-1, or Line 1 of Schedule C on Form 1040

Upload 2019 Federal Business Tax Return

Tax Return for Gross Business Sales as reported on 2020 Business Tax Return \_\_\_\_\_

Please enter your Gross Business Sales from Line 1a of the Federal Form 1120 M-1, or Line 1 of Schedule C on Form 1040

Upload 2020 Federal Business Tax Return

Tax Return for Gross Business Sales as reported on 2021 Business Tax Return or YTD 2021 Profit and Loss Statement \_\_\_\_\_

Please enter your Gross Business Sales from Line 1a of the Federal Form 1120 M-1, or Line 1 of Schedule C on Form 1040

Upload 2021 Federal Business Tax Return or YTD P/L

Bank Statement for Amount of April 2019 Sales / Receipts \_\_\_\_\_

This reported amount should be at least equal to monthly deposits in bank statement

Upload April 2019 Business Bank Statement-all pages

Bank Statement for Amount of April 2020 Sales / Receipts \_\_\_\_\_

This will be used to confirm W-2 employees and employee limit as of the time of application

Upload April 2020 Business Bank Statement-all pages

Bank Statement for Amount of April 2021 Sales / Receipts

[Upload April 2021 Business Bank Statement-all pages](#)

Payroll Record as of Time of Application - Does not apply to business with no W2 employees

This will be used to confirm W-2 employees and employee limit as of the time of application

[Upload Most Recent Payroll Record](#)

## FOR JOBS RESTORED OR CREATED

Interested in the additional \$10K. Please complete this section only if you previously indicated that you will restore/rehire a minimum of 1 new full-time W-2 employee, within 2 months of funding, that you will be able to retain for 4 months after employed. If you need assistance with this information, your assigned Application Partner will help you. To be eligible for additional funding, the number of Pre-Covid Employees must be at least 1 more than the number of Employees at the end of 2021

**Number of Pre-COVID Employees:**

[Upload Payroll record as of 4th Quarter 2019 or 1st Quarter 2020](#)

This will be used to confirm the number of W-2 employees Pre-COVID and eligibility for the additional \$10,000 grant

**Number of Employees at the End of 2021**

This will be used to confirm number of jobs lost.

[Upload Payroll Records for 4th Quarter 2021](#)

FOR REFERENCE ONLY