

HARDIN COUNTY CARES ACT SMALL BUSINESS ASSISTANCE GRANT AGREEMENT

This GRANT AGREEMENT is entered into by and between the Board of County Commissioners of Hardin County, Ohio (“HARDIN COUNTY”), and _____

(insert business name)

(“GRANTEE”), with a mailing address of _____

HARDIN COUNTY and GRANTEE are sometimes collectively referred to in this AGREEMENT as “Parties.”

WITNESSETH THAT:

WHEREAS, in 2020, the United States began addressing problems and issues associated with the worldwide COVID-19 public health emergency (“Pandemic”); and

WHEREAS, in response to the economic fall-out caused by the Pandemic, the Federal Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) was passed by Congress, establishing a \$150 billion Coronavirus Relief Fund to provide payments to State, Local and Tribal governments navigating the negative and devastating impacts of the Pandemic; and

WHEREAS, Hardin County is a unit of local government eligible for receipt of payment under the CARES Act, and as such is eligible to receive up to \$1.7 Million from the Coronavirus Relief Fund; and

WHEREAS, HARDIN COUNTY, in partnership with Hardin County Chamber and Business Alliance (HCBA) have developed a Small Business Relief Program (“Program”) to provide Hardin County small businesses with some monetary relief of the business interruption costs caused by the Pandemic in the form of grants of CARES Act funding; and

WHEREAS, HARDIN COUNTY has engaged HCCBA to assist in the administration of the Program, which includes, the solicitation applications, and

WHEREAS, GRANTEE submitted an application (“Grant Application”) for the reimbursement of certain costs of business interruption caused by required closures, such Grant Application is attached hereto and incorporated herein by reference as Exhibit D; and

WHEREAS, in accordance with the terms and conditions of this Grant Agreement, HARDIN COUNTY desires to distribute to GRANTEE a one-time payment in the amount of _____ (“Grant Funds”) to reimburse GRANTEE for certain costs that it incurred in relation to the interruption of its business due to required closures occurring as a result of the Pandemic.

NOW THEREFORE, in consideration of the mutual covenants by and between the Parties hereto, the Parties agree as follows:

1. HARDIN COUNTY hereby awards to GRANTEE, a grant in the amount of \$ _____ for the purpose of reimbursing costs of business interruption caused by required closures arising from the Pandemic. The specific uses for the Grant Funds are detailed in the Grant Application, attached hereto as Exhibit D and incorporated herein by reference.

2. GRANTEE warrants and represents that by accepting the Grant Funds at the time it submitted its Grant Application that it met the eligibility requirements of the Program set forth on Exhibit A, attached hereto and incorporated herein by reference. If at any time, it is determined that GRANTEE did not meet the eligibility requirements at the time it submitted its Grant Application, all of the Grant Funding shall be immediately repaid to HARDIN COUNTY by GRANTEE.
3. GRANTEE understands and agrees that the Grant Funds provided to the GRANTEE shall be used for only the expenses identified in the Grant Application. Any other use of Grant Funds, without prior written approval of HARDIN COUNTY, shall be considered a non-allowable expenditure. If at any time, it is determined that Grant Funds were used to pay for any non-allowable expenditure, all or a part of the Grant Funding (as determined by HARDIN COUNTY in its sole discretion) shall be immediately repaid to HARDIN COUNTY by GRANTEE.
4. GRANTEE understands and agrees that it shall not use Grant Funds to reimburse ineligible expenses identified on Exhibit C, attached hereto and incorporated herein by reference. If at any time, it is determined that Grant Funds were used to pay for ineligible expenses, all or a part of the Grant Funding (as determined by HARDIN COUNTY in its sole discretion) shall be immediately repaid to HARDIN COUNTY by GRANTEE. If GRANTEE fails to reimburse funds to HARDIN COUNTY, HARDIN COUNTY retains the right to exercise any legal remedies available, without limitation.
5. GRANTEE warrants and represents that all statements, records and information submitted to HARDIN COUNTY in relation to this Grant are true and accurate. GRANTEE understands and agrees that if at any time it is determined that such statements, records and information were not true and accurate, all of the Grant Funding shall be immediately repaid to HARDIN COUNTY by GRANTEE.
6. The GRANTEE agrees to submit a Grant Close-Out Report no later than *December 18, 2020*, in the form of Exhibit E, attached hereto and incorporated herein by reference, which will include, but is not limited to, the following: (a) the number of jobs retained and/or created; (b) summary of the impact the funds had on the business and its operations; and (c) documentation of expenses reimbursed with Grant Funds. If it determined that the GRANTEE cannot properly substantiate all or a part of its Eligible Expenses, all or a part of the Grant Funding (as determined by HARDIN COUNTY in its sole discretion) must immediately be repaid to HARDIN COUNTY by GRANTEE.
7. GRANTEE shall keep all records, financial or otherwise, relating to use of Grant Funds received pursuant to this Grant Agreement for at least five (5) calendar years following receipt of such funds. HARDIN COUNTY shall at any reasonable time have the right of access to and right to review or audit any and all such records pertinent to the administration and operation of the Grant and that said records shall be maintained in a manner to facilitate such reviews and audits.
8. GRANTEE may, at any time after execution of this GRANT AGREEMENT, terminate the Grant, in whole or in part, upon written notification to HARDIN COUNTY. In the event of such termination, any Grant Funds that have not been used to reimburse expenditures in a manner provided for herein shall be immediately repaid to HARDIN COUNTY by GRANTEE.
9. GRANTEE agrees to comply with all pertinent provisions of the Drug Free Workplace Act.

10. GRANTEE shall comply with the requirements of all applicable laws and regulations governing the performance of its duties under this GRANT AGREEMENT.
11. This GRANT AGREEMENT shall be interpreted in its entirety in accordance with the laws of the State of Ohio.
12. This GRANT AGREEMENT, including all exhibits, is the complete and exclusive statement of the mutual understanding of the parties and supersedes and cancels all previous and contemporaneous written and oral agreements and communications relating to the subject matter of this GRANT AGREEMENT.
13. This GRANT AGREEMENT shall terminate *December 18, 2020*, unless extended by written agreement of the parties before that date or otherwise terminated as provided herein. Those provisions of the GRANT AGREEMENT which by their very nature are incapable of being performed or enforced prior to expiration or termination of this GRANT AGREEMENT or which suggest at least partial performance or enforcement following such expiration or termination, shall survive any such expiration or termination.
14. This GRANT AGREEMENT may be amended at any time, or any provision hereof may be waived, by written consent of HARDIN COUNTY and GRANTEE.
15. GRANTEE must provide HARDIN COUNTY its Federal Taxpayer ID number for its type of business HARDIN COUNTY shall write GRANTEE a check for their awarded funds, GRANTEE shall sign and return this GRANT AGREEMENT within five (5) calendar days of receipt or the Grant Funding may be forfeited.
16. Any business that is interested in participating in this program must fill out the application to determine if it meets all of the eligibility criteria set forth herein. Grant funds can be used to reimburse eligible expenses incurred from March 1, 2020-December 17, 2020. Applications will begin distribution at 8:00am October 21, 2020, with awarding beginning November 24, 2020, and ending December 18, 2020 at 12:00pm. Applications can be submitted via email or dropped off to the Hardin County Commissioners Office or the Hardin County Chamber and Business Alliance during regular business hours. Due to short application period, we do not recommend mailing the request. Email to clerk@co.hardin.oh.us or hunderwood@hccba.com.
17. All applications will be reviewed according to the eligibility requirements set herein by the Hardin County CARES Committee. Awards will be given on a first come first serve basis.
18. Once the grant application is approved, applicants will be required to sign this agreement within five (5) days of receipt.

IN WITNESS WHEREOF, this GRANT AGREEMENT is effective upon the date of the last signature.
I have the authority to sign this GRANT AGREEMENT and do so in my respective capacity.

GRANTEE - NAME:

Signature: _____

Print Name: _____ DBA: _____

Title: _____

Date Signed: _____

BOARD OF COUNTY COMMISSIONERS, HARDIN COUNTY, OHIO

Signature: _____
Timothy L. Striker

Signature: _____
Roger E. Crowe

Signature: _____
Randall S. Rogers

Date Signed: _____

EXHIBITA

Program Eligibility Requirements

1. Must be a for-profit entity with a location in Hardin County.
2. Evidence of the business being an operational for-profit business in Hardin County since at least January 2019. This can be evidenced, at a minimum by: (a) filing(s) with the Ohio Secretary of State, such as articles of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Stand; (b) an Ohio vendor's license; (c) Federal Schedule C – Profit or Loss from Business (Sole Proprietorship, etc.); or any other similar document that demonstrates that the business has been in operation as a for-profit entity since January 2019.
3. Evidence business has less than \$1 million dollars in gross revenue/receipts on an annual basis. This can be evidenced by records such as the business' 2019 federal income tax return or financial statements.
4. Evidence demonstrating business has experienced a decrease in gross revenue/receipts of 25% or more due to COVID-19 when comparing March 1, 2019 through year end revenue/receipts to March 1, 2020 to present revenue/receipts (decrease may be for a single month or any combination of months during this period). This can be evidenced by financial information/records, including at a minimum, bank statements.
5. Had 50 or fewer employees, including 1099 workers, as of March 1, 2020. This can be demonstrated by forms such as 2019 Form W-3 (Transmittal of Wage and Tax Statement) or 2019 Form 1096 (Annual Summary and Transmittal of U.S. Information Returns) and payroll reports or checks that evidence number of workers as of march 1, 2020 or a statement attesting/certifying that your business has no employees/workers or 1099 workers.
6. If an entity has been approved for other federal funding for lost revenues or expenses arising from the pandemic, including Paycheck Protection Program, Emergency Disaster Loan must disclose that federal assistance and show that COVID-19 losses (an income gap) still exists.
7. An entity approved for a business interruption insurance claim as a result of COVID-19 must disclose the insurance income and show that COVID losses (an income gap) still exists.
8. Must attest that it is current with all federal, state, and county local taxes and fees.
9. Must be able to attest it is not currently involved in bankruptcy proceedings.
10. Applicants must be seeking reimbursement of eligible expenses (expenses already paid by the business) and provide proof of payment along with supporting documentation to substantiate the expenditure (e.g., copies of detailed invoices and a copy of the check for payment).

11. Applicants seeking rent/lease, mortgage assistance or utilities must provide verification (e.g., copies of invoices or previous transactions of rent/lease, mortgage or utility expenses). Rent, lease, mortgage and utility costs for businesses that are in or operated out of a personal residence are not an eligible expense.
12. Hardin County will be awarding twenty (20) small business grants up to \$5,000. Grants will be awarded on a first come first serve basis.

EXHIBIT B

ELIGIBLE EXPENSES

Grant funds provided by Hardin County's Small Business Grant Program can only be used to pay the expenses of the business: a) that are related to the costs of business interruption caused by required closures; or b) that the business faces due to its uncertainty as to its ability to pay due to the pandemic. Eligible expenses include, ***but are not limited to:***

1. Mortgage costs. Costs for businesses that are located in or operated out of personal residence are not an eligible expense.
2. Rent or lease costs. Rent or lease costs for businesses that are located in or operated out of a personal residence are not an eligible expense.
3. Expenses for utilities, such as electric, gas, sewer, water, trash removal. Utility cost for businesses that are located in or operated out of a personal residence are not an eligible expense.
4. Salaries, wages or compensation paid to employees or 1099 workers.
5. Materials and supplies related to the interruption of the business caused by required closures.
6. Personal Protective Equipment or other COVID-19 related costs such as expenses related to compliance with Responsible RestartOhio.

EXHIBIT C

INELIGIBLE SMALL BUSINESSES AND EXPENSES

A business is not eligible to apply for Grant funds under the Hardin County Small Business Relief Program if it primarily operates as one of the following:

1. Adult Entertainment Establishment
2. Bank, savings and loan or credit union
3. E-Commerce only company
4. Liquor/wine store
5. Vaping Store
6. Tobacco store
7. Cannabis dispensary
8. Franchised business not locally owned and independently operated
9. Clubs or Service Organizations
10. Places of worship
11. Non-profits

INELIGIBLE EXPENSES

(But not limited to)

1. Cost of vehicle equipment leased or purchased after March 1, 2020, except if the purchase of equipment is to comply with Responsible Restart Ohio.
2. Personal, non-business expenses of the business owner(s).
3. Construction costs
4. Any tax, including but not limited to county real estate tax, license or fee obligations payable to any government entity.

EXHIBIT D APPLICATION

Application Form Hardin County Small Business Relief Program

*Businesses will be required to provide documentation to verify data provided in order to be eligible for grant. Incorrect or incomplete information will result in disqualification of the business.

Applications will begin distribution at 8:00am October 21, 2020, with awarding beginning November 24, 2020, and ending December 18, 2020 at 12:00pm. Complete applications can be emailed to clerk@co.hardin.oh.us or hunderwood@hccbba.com or dropped off to the Hardin County Commissioners Office during regular business hours.

| | |
|---------------------------------------|--|
| Name of Business | |
| Street Address | |
| Apt/Suite | |
| City | |
| Zip Code | |
| | |
| Mailing Address (if different) | |
| Street | |
| City | |
| Zip Code | |
| | |
| Business Owners | |
| | |
| | |
| Contact Person Information | |
| Contact Name | |
| Contact Phone | |
| Contact Email | |
| Business Federal Tax ID Number | |
| | |
| | |

1. Is your business a for-profit entity with a location in Hardin County?
 Yes No

2. What type of business are you?
 Sole Proprietor S Corporation Partnership C Corporation
 Limited Liability Company Other

3. Has your business been in operation since January 2019?
 Yes No

4. Did your business have less than \$1,000,000 in gross revenues/receipts during 2019?
 Yes No

5. Select the number of employees and/or 1099 workers (full or part-time) on March 1, 2020 from the options below: NOTE: If you are a sole proprietor you count as 1.
 1-10 11-50 50 or more

6. Did your business experience a decrease in gross revenue/receipts/deposits of 25% or more due to COVID-19 as evidenced by comparing March 1, 2019 through year end revenue/receipts to March 1, 2020 to present revenue/receipts?
 Yes No

7. How much funding is being requested? (Maximum of \$5,000)
 \$_____

8. Please check all that apply on how the grant funds will be used? (Documentation to demonstrate proof of payment for use of these funds will be required at closeout.)
 NOTE: The following expenses are not eligible for grant funds: cost of vehicle or equipment leased or purchased after March 1, 2020, except if the purchase of equipment is to comply with Responsible RestartOhio; personal non-business expenses of the business or its owner; construction costs; any tax (including but not limited to county real estate tax), license, or fee obligations payable to any governmental entity.
 - Payroll

 - Rent – not eligible for businesses that operate out of a personal residence

 - Utilities – not eligible for businesses that operate out of a personal residence

Materials and Supplies related to interruption of business caused by related closures _____

Personal Protective Equipment or other COVID-19 expenses related to compliance with Responsible RestartOhio

Mortgage – not eligible for businesses that operate out of a personal residence

Other: _____

9. Has your business received or been approved for other federal assistance for lost revenue or expenses arising from the pandemic, including Paycheck Protection Program or Emergency Disaster Loan?

Yes

No

10. Has your business been approved for a business interruption insurance claim as a result of COVID-19?

Yes

No

11. Is your business in compliance with all federal, state, county and local requirements applicable to its type of business?

Yes

No

12. Is your business in the bankruptcy process?

Yes

No

13. Are you a type of entity that is required to file with the Ohio Secretary of State?

Yes

No

14. Is your business current with all federal, state, county and local taxes and fees taking into consideration any extended due dates due to COVID-19?

Yes

No

15. Is your business in good standing with all applicable government regulations related to building code or property maintenance issues?

Yes

No

17. Is your business one of the following: adult entertainment, bank, savings and loan, credit union, e-commerce only, liquor/wine store, tobacco store, vaping store, cannabis dispensary or franchise not locally owned and independently operated?

Yes

No

18. Summarize the financial and operation impacts COVID-19 has had on your business.

APPLICANT STATEMENT

By checking this box, I hereby attest that the information on this form is complete and accurate. If selected through the lottery I will provide all supporting documentation required for verification. If your business is selected in the lottery, you will need to provide the following documentation and other documentation as required:

1. Have been operational since January 2019. This can be evidenced, at a minimum, by: a) filing(s) with the Ohio Secretary of State, such as articles of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Standing; b) an Ohio vendor's license; c) Federal Schedule C – Profit or Loss from Business (Sole Proprietorship); or any other documents that demonstrate that the business has been in operation as a for-profit since January 2019.
2. Have less than \$1 million in gross revenue/receipts on an annual basis. This can be evidenced by records such as the business' 2018 and 2019 federal income tax return or any other financial statements or records.
3. Must have experienced a decrease in gross revenue/receipts/deposits of 25% or more due to COVID-19 as evidenced when comparing March 1, 2019 through year end revenue/receipts to March 1, 2020 to present revenue/receipts (decrease may be for a single month or any combination of months during this period). This can be evidenced by financial information/records, including, at a minimum, bank statements. If applicant has or will receive any COVID Aid, applicant must disclose such. COVID Aid is defined as federal PPP, EIDL or a COVID-related insurance claim. Applicants receiving COVID Aid are still eligible for this grant if a revenue loss still exists after subtracting total COVID Aid from the total revenue decrease. Please note that the total grant cannot exceed the total revenue loss.
4. Have no more than 50 employees or 1099 workers as of March 1, 2020. This can be demonstrated by forms such as 2019 Form W-3 (Transmittal of Wage and Tax Statement) or 2019 Form 1096 (Annual Summary and Transmittal of U.S. Information

Returns) and payroll reports or checks that evidence number of workers as of March 1, 2020.

5. Business location is in Hardin County, Ohio and the grant funding will be used for expenses for that business. This can be evidenced by records such as a mortgage statement, utility bill, insurance premium statement and property tax bills.

Signature

Date

EXHIBIT E GRANT CLOSE-OUT REPORT

Business Name: _____

Business Address: _____

Applicant Name: _____

Email: _____

Phone Number: _____

Amount of Grant Received: _____

Provide a Summary of the impact the grant funds had on the business and its operations:

Project Summary

Submit/attach all invoices and proof of payment for grant funded expenditures. **The expenditures should only include those allowable per the grant agreement** (add more rows if necessary).

| DATE OF EXPENDITURE | PURPOSE OF EXPENDITURE | AMOUNT |
|---------------------|------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL: | | |

Job Retention and Creation

| TYPE OF JOB | NUMBER RETAINED | AVG HOURS PER WEEK | NUMBER CREATED | AVG HOURS PER WEEK |
|--------------------|----------------------------|-------------------------------|---------------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I CERTIFY THAT FOREGOING CHARGES ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THESE EXPENDITURES REPRESENT APPROVED GRANT COSTS THAT HAVE BEEN PREVIOUSLY PAID BY THE GRANTEE.

Print Name

Authorized Signature

Title

Date