

**ONTARIO COUNTY**  
**Visit Ontario County COVID Relief Program**  
**Administered by Ontario County Economic Development Corporation**

**Introduction**

The applicant is responsible for the submission of a complete application including the application form and all supporting documents listed below. Ontario County Economic Development Corporation (OCEDC) is implementing the “Visit Ontario County COVID Relief Program” on behalf of Ontario County and with the assistance of a third-party contractor, The Harrison Studio of Lockport, New York.

All questions regarding this program should be submitted via email to [nostrander@ostrandersconsulting.com](mailto:nostrander@ostrandersconsulting.com) with the subject “Visit Ontario County COVID Relief Program”.

**Grant Application Checklist**

- Completed and signed application form
- Copy of valid U.S. Driver’s License for each business owner
- Most recent Federal income tax return for the applicant business; or Form 1040 - Schedule C for sole proprietorships, as applicable
- 2019 year-end, 2020 year-end, and 2021 YTD business income statements (profit & loss)
- Completed Family Income Form for each business owner if the business has 5 or fewer employees

*This program is funded by a grant from the U.S. Department of Housing and Urban Development through the Coronavirus Aid, Relief and Economic Security Act (CARES Act), a public Law making \$5 billion in supplemental Community Development Block Grant (CDBG) funding available for Funds to prevent, prepare for, and respond to the coronavirus (CDBG-CV). These funds are available to business owners without regard to race, creed, color, national origin, sex, age, disability, familial status, handicapped or marital status. Funds are provided on a first-come, first-served basis.*

# Ontario County Economic Development Corporation

## VISIT ONTARIO COUNTY COVID RELIEF PROGRAM

### APPLICANT INFORMATION

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

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

Contact Person: \_\_\_\_\_

Phone (bus. & cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Form of Ownership:

S-Corp

C-Corp

LLC

Partnership

Sole Proprietor

Year founded: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner (Shareholder/Partners)	% Interest	Company Officers	Position

#### Eligibility Questions

		Yes	No
1.	Is the business located within Ontario County?		
2.	Was the business operating on or before March 1, 2020, and is it currently operating or, if closed due to COVID-19, expected to reopen within 3 months?		
3.	Is the business operating as a restaurant, entertainment, or tourism-related entity?		
4.	Does the business meet one of the criteria for determining negative impact caused by COVID-19? (see "COVID-19 Impact Criteria" on Page 3)		
5.	Are the business and business owners current on all property taxes on property located in Ontario County?		
6.	If owned by the business or an affiliate, is the business location free from any property code violations?		

If the answer to any of the questions above is "No," you may be ineligible to apply for this program.

## **PROGRAM ELIGIBILITY**

The Program will provide Funds to businesses that were negatively impacted by COVID-19 and that will be expanding or reestablishing business operations as COVID-related restrictions are reduced or lifted. Complete the following “COVID-19 Impact Criteria” and “Post-COVID Expansion/Reestablishment Plan” sections to establish grant eligibility.

### **COVID-19 Impact Criteria**

The assisted business must have been negatively impacted by the effects of COVID-19 as evidenced by meeting at least one of the following criteria. Circle each applicable criterion. Appropriate documentation will be required.

- ✓ The business experienced a reduction of gross sales or revenues as a result of COVID-19 of at least 10% in any month from March 2020 through April 2021 based on sales for the immediate prior month or the corresponding month for the prior year. *Required documentation: Monthly income statement (profit & loss) for the period March 2020 through April 2021.*
- ✓ The business experienced a reduction of at least 10% in net profit from tax year 2019 to tax year 2020 as evidenced by federal income tax returns. *Required documentation: 2019 and 2020 federal income tax returns. If 2020 return has not been filed, provide in-house accounting and evidence of the filing extension request.*
- ✓ The business reduced employment by at least one full-time equivalent (FTE) position during any quarter of 2020. *Required documentation: NYS-45 and NYS-45-ATT quarterly employment forms.*
- ✓ The business reduced its operating hours by at least 10% for at least four consecutive weeks during the period March 1, 2020 to April 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period as determined by OCEDC. *Required documentation: Appropriate anecdotal information such as advertising.*
- ✓ The business made capital expenditures for Personal Protective Equipment (PPE) to address COVID-19 of at least \$1,000.00 during the period March 1, 2020 to April 30, 2021. *Required documentation: Invoice(s) and documentation that payment was made.*
- ✓ The business experienced other negative impacts that are determined by OCEDC to meet this criterion. *Required documentation: A written statement describing in detail the negative impacts. Additional documentation may be requested.*

## **PROGRAM AMOUNT AND USE OF FUNDS**

Program funds may be used for any justifiable business purpose associated with the expansion or reestablishment of operations after the negative impacts of COVID-19 including, but not limited to financing fixed assets, operating expenses, and permanent working capital. All costs reimbursed with Program funds must be incurred no later than ninety (90) days after the effective date of the grant agreement between OCEDC and the grantee. Maximum funding amounts are determined as follows:

- \$20,000 maximum: (1) Microenterprises [5 or fewer employees including the owners(s)] that have majority ownership by one or more low- or moderate-income persons and will not create or restore at least one new full-time equivalent (FTE) job. Income verification of the owner(s) will be required. (2) Other businesses that create at least 1 FTE, but less than 2 FTEs.

- \$40,000 maximum: Small businesses that create at least 2 FTE positions.
- \$60,000 maximum: Small businesses that create at least 3 FTEs.
- Funds will be provided on a reimbursement basis. Documentation of eligible costs must be provided to OCEDC prior to the disbursement of grant funds.
- Funds that are conditioned upon job creation will not be disbursed until documentation of the job creation is provided.
- FTE jobs are computed based on an accumulation of full-time and part-time positions.

### Project Budget

Provide a detailed budget of expenses you expect to incur in the Visit Ontario County program. Please note the Visit Ontario County grant funds will only cover 80% of the total eligible expenses of your project.

Project Costs		Source of Funds	
Machinery/Equipment	\$	Visit Ontario County Grant	\$
Furnishings & Fixtures	\$	Cash Equity	\$
Inventory	\$	Other	\$
Working Capital	\$		\$
Soft Costs	\$		\$
Other	\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

### Post-COVID Expansion/Reestablishment Plan

Briefly describe how the company's current operations are different from its pre-COVID operations, and its plans for expanding or reestablishing operations over the next three (3) months with funding assistance. (Attach additional sheets as necessary).

---

---

---

---

---

Indicate the grant amount being sought and provide a description of the proposed use of the grant funds. All costs must be incurred within 90 days following the date of the grant approval. (Attach additional sheets as necessary).

---

---

---

---

---

### Employment

**Instructions:** Complete one or both of the following tables as applicable. Table 1A should be completed by businesses that reduced employment hours as a result of COVID-19 and related governmental restrictions and will be restoring hours post- COVID. Table 1B should be completed by businesses that will be creating new employment positions post-COVID that did not previously exist.

**TABLE 1A. Restored or Retained Positions.** Complete the following table for all positions that were laid off, or had hours reduced, due to closing or reduced operations as a result of COVID-19 OR if the applicant business has continued to operate and has not reduced employment but requires funding assistance to continue to operate and maintain full employment due to COVID-19. Identify any positions that would likely be subject to full or partial layoff without the assistance. Identify which positions are likely to be restored and which employees are likely to be retained when business operations are resumed or expanded. Leave column 2 blank for any positions that will

be restored, but the former employee is not expected to return. NOTE: *Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.*

Title of Position to be Restored or Retained	Employee to be Restored or Retained (if known)	Hours per week pre-COVID	Hours per week current	Hours per week projected after COVID	Requisite skills, education, and experience (only for positions with unknown employee)

*(attach additional listing as necessary)*

**TABLE 1B. New Positions.** Complete the following table if the applicant business will be creating employment positions post- COVID that did not exist previously. NOTE: *Do not include positions that will be filled by temporary employees, subcontracted labor, or contracted labor through an agency.*

Title of position	Requisite skills, education, or and experience	Full time/Part time	Average Part time hours per week

*(attach additional listing as necessary)*

**DECLARATIONS**

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true.

I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud OCEDC and may be a felony under the laws of the State of New York.

I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize OCEDC to order credit reports and/or other information on my (our) personal financial background (if signatory(ies) is (are) an owner(s) of the company seeking financial assistance) and on the financial background of the company seeking financial assistance.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal closing of the grant, subject to the terms and conditions of any written grant commitment offered by OCEDC or its agent. However, this application is being submitted in good faith as a request for grant funds.

If Applicant is a sole proprietorship or partnership, sign below:

\_\_\_\_\_

Printed Name and Title

\_\_\_\_\_

Authorized Signature Date

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

\_\_\_\_\_

Printed Name and Title

\_\_\_\_\_

Authorized Signature Date

*No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.*