



COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE LOAN PROGRAM APPLICATION

First Name: _____ Last Name: _____

Business Name: _____

Business Address: _____
Street

City State Zip Code

Phone Number(s): _____ Cell: _____

E-Mail Address: _____

EIN # _____ DUNS# _____

Business Organization Type: Sole Proprietor Limited Liability Company
 Corporation Partnership

Ownership/Management:
Company Name % Interest Owned Title

Please provide a brief narrative of the impact COVID-19 has had on your business:

Please describe your plans and ability to persevere to the best of your ability through the COVID-19 State of Emergency:

Please describe the economic and/or community benefits your business creates for the City of Massillon:

Please continue to next page.

Required Application submittals and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provided in conjunction with the application.

- I confirm that my business is located within the City of Massillon and the business maintains all proper licenses and permits for operation.
- I certify that my revenue has declined by 30% or more as a result of COVID-19 since March 9, 2020. **Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.**
- I certify that the average annual gross receipts of the business is less than \$2,000,000
- I have attached a completed IRS W-9 Form and DUNS number.
- I have provided documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable.
- I agree to document and report the economic impact to the business as a result of this loan, including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs.
- I confirm that the business is current with all local, state, and federal taxes.
- I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.

I certify that the above information, to the best of my knowledge is accurate and true. I understand that the CITY will rely on the accuracy of the submittal and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.

Business Name

Authorized Representative Signature

Title

Date

SUBMISSION INSTRUCTIONS

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be scanned and emailed to swalters@massillonohio.gov or can be mailed to:

Samantha Walters
Community Development Director
City of Massillon
151 Lincoln Way East
Massillon, OH 44646

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email swalters@massillonohio.gov.

The City of Massillon does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.