



City of Sharon Small Business Revitalization Grant Application Form

One of the purposes of the American Rescue Plan Act Local Fiscal Recovery Fund is to support the small businesses located in Sharon, Pennsylvania by providing funding to those that have suffered significant pandemic-related revenue loss, payroll costs, rent/mortgage interest, utilities, and other covered operations expenditures.

This application is to be completed by applicants who are applying for funding under the Small Business Revitalization Program (Program). The City of Sharon is collecting the requested information to determine whether applicants are eligible for funding. Instructions and definitions are located at the end of this application.

The City of Sharon may provide funding of up to \$25,000 per location (not to exceed \$50,000 total for the Applicant and any affiliated businesses) for Applicants who meet certain conditions. Total amount allocated for this Program is \$500,000.

Awardees will not be required to repay funds received under this Program unless the funds were used for purposes other than for authorized purposes; if the funds were not used by December 31, 2024; or if applicable, the awardee permanently closed before using all funds on authorized purposes.

Your response to this application is required for the City of Sharon to make a determination regarding your eligibility.

Complete the entire application, placing your initials and signature where indicated. Submit your completed application and all required documentation to City of Sharon Attention Finance Director, 155 West Connelly Boulevard, Sharon, PA 16146. If you have any questions, please reach out to Jason Tomko at 724-983-1164 or at jtomko@cityofsharon.net or Andrew Campbell at 724-983-3222 or at acampbell@cityofsharon.net. The City of Sharon may deny your application if it is incomplete or lacks required documentation.

Submission of the application does not guarantee approval of the application or an award of funds.

Application period is from November 2, 2021-January 31, 2022.



**City of Sharon
Small Business Revitalization Grant Application Form**

American Rescue Plan Act
Local Fiscal Recovery Fund

Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Self-employed <input type="checkbox"/> Individual 501(c)(3) <input type="checkbox"/> Nonprofit 501(c)(6) <input type="checkbox"/> Organization 501(c)(19) veterans' organization <input type="checkbox"/> Other 501(c) organization <input type="checkbox"/> Housing cooperative <input type="checkbox"/> Tribal Business <input type="checkbox"/> Other	DBA or Tradename (if applicable)	Year of Establishment (if applicable)
Business Legal Name		NAICS Code
Business Address (Street, City, State, Zip Code - No P.O. Box addresses allowed)	Business TIN (EIN, SSN, ITIN, DUNS)	Business Phone
	Primary Contact	Email Address

Purpose of the grant (select all that apply):	<input type="checkbox"/> Payroll Costs	<input type="checkbox"/> Rent/Mortgage Interest	<input type="checkbox"/> Utilities	<input type="checkbox"/> Covered Operations Expenditures	
	<input type="checkbox"/> Decline in Revenues				
Yearly Payroll Costs. Please provide backup upon submission (See page 4, Instructions for completing this form):	\$	Monthly Rent/Mortgage Interest Costs. Please provide backup upon submission (See page 4, Instructions for completing this form):	\$	Monthly Average Utilities Cost. Please provide backup upon submission (See page 4, Instructions for completing this form):	\$
Monthly Average Covered Operations Expenditures. Please provide backup upon submission (See page 4, Instructions for completing this form):	\$				
Please list all grants and the amounts received from March 2020 to present. Examples may include but not limited to: 1. Payroll Protection Loans 2. Cares Grant from County of Mercer or other municipality 3. Aid from State of Pennsylvania or Federal Government					

Reduction in Gross Receipts of at Least 25%. Please provide backup upon submission (See page 3, Instructions for completing this form):	Reference Quarter (e.g., 3Q 2021):		Reference Quarter (e.g., 3Q 2020):	
	Gross Receipts:	\$	Gross Receipts	\$

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN, ITIN)	Address



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By Signing Below, You Make the Following Representations, Authorizations, and Certifications

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a grant under the rules in effect at the time this application is submitted that have been issued by the Department of the Treasury (Treasury) implementing Responding to Negative Economic Impacts under Section 2 'Responding to Negative Economic Impacts' of the American Rescue Plan Act of 2021.
- The Applicant, together with its affiliates (if applicable), (1) is an independent contractor, self-employed individual, or sole proprietor with no employees; (2) employs no more than 300 employees; (3) if NAICS 72, employs no more than 300 employees per physical location; (4) if a news organization that is majority owned or controlled by a NAICS code 511110 or 5151 business, a nonprofit public broadcasting entity with a trade or business under NAICS code 511110 or 5151, or an Internet-only news or periodical publisher assigned NAICS code 519130 and engaged in the collection and distribution of local or regional and national news and information, employs no more than 300 employees per location; or (5) if a 501(c)(3) organization, an eligible 501(c)(6) organization, other eligible 501(c) organization, eligible destination marketing organization, employs no more than 300 employees per physical location.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All grant proceeds will be used only for business-related purposes as specified in the grant application and consistent with the Program Rules including the prohibition on using grant proceeds for lobbying activities and expenditures.
- The Applicant is not engaged in any activity that is illegal under federal, state, or local law.

For Applicants who are individuals: I authorize the City of Sharon to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the American Rescue Plan Act of 2021, as amended.

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

_____ The Applicant was in operation on February 15, 2020, has not permanently closed, and was either an eligible self-employed individual, independent contractor, or sole proprietorship with no employees, or had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC (NEC).

_____ Current economic uncertainty makes this grant request necessary to support the ongoing operations of the Applicant.

_____ The Applicant has realized a reduction in gross receipts in excess of 25% relative to the relevant comparison time period. Applicant has provided documentation to the grantor substantiating the decline in gross receipts.

_____ The Applicant received other Loan or Grant funding and, before this grant is disbursed, will have used the full loan/grant amount (including any increase) of the funding only for eligible expenses.

_____ The funds will be used to retain workers and maintain payroll; or make payments for mortgage interest, rent, utilities, covered operations expenditures, as specified under the American Rescue Plan Act of 2021 Rules; I understand that if the funds are knowingly used for unauthorized purposes, the federal and or local government may hold me legally liable, such as for charges of fraud.

_____ I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed grant is punishable under the law.

_____ I acknowledge that the Grantor will confirm the eligible grant amount using required documents submitted.

_____ I understand that the amount awarded will be forgiven over a 5-year period as long as the business remains in the City of Sharon and the funds were spent appropriately.

_____ I acknowledge if any of the funds received are used inappropriately, that the amount awarded shall be repaid including interest at 1%.

_____ I understand that grant funds received via the City of Sharon Small Business Revitalization Grant may not be used as a Duplication of Benefits and if such a duplication occurs, I am responsible for reimbursement to the City of Sharon.

Signature of Authorized Representative of Applicant

Date

Print Name

Title



City of Sharon

Small Business Revitalization Grant Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and **submitted to City of Sharon, Attention Finance Director via email at jtomko@cityofsharon.net**. Hard copies will be received at the Finance Department at 155 West Connelly Blvd. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

1. **Payroll**- Please provide copies of your filed 2021, 2020 and 2019 Quarterly Federal Forms 941; Tax returns for state and local taxes filed quarterly; and Monthly invoices of employee benefits (including insurance premiums) consisting of group health care coverage, group life, disability, vision, or dental insurance, and retirement benefits.
2. **Rent/Mortgage Interest Costs**- Copies of your invoices showing past due amounts from February 15, 2020, to present. Include bank statements or other forms of proof of payment showing consecutive payments being made for a one (1) year period prior to your first past due invoice.
3. **Monthly Utility Costs**- Monthly copies of your utility bills (Electric, Water, Gas, Sewer, and Garbage Disposal) for a one-year period starting with your most recent bill
4. **Other Operating Costs**- These include payments for business software or cloud computing services that facilitate business operations; product or service delivery; the processing, payment, or tracking of payroll expenses; human resources; sales and billing functions; or accounting or tracking of supplies, inventory, records, and expenses. Please provide backup for any of these expenses that show costs incurred.
5. **Revenue Reduction**- Quarterly 2021, 2020 and 2019 gross receipts supporting documentation.

For purposes of reporting Year of Establishment, self-employed individuals and independent contractors may enter “NA”.

For purposes of reporting NAICS Code, applicants must match the business activity code provided on their IRS income tax filings, if applicable.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide the City with sufficient information to make a character determination. When evaluating character, the City considers the person’s integrity, candor, and disposition toward criminal actions. Additionally, the City is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 U.S.C. 636(a)(1)(B) of the Small Business Act.

Debarment and Suspension Executive Order 12549 (2 C.F.R. Part 180 and Part 2700) – By submitting this grant application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving financial assistance under this application must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All grantees must display the “Equal Employment Opportunity Poster” prescribed by SBA.

Freedom of Information Act (5 U.S.C. 552) – This law provides, with some exceptions, that the City of Sharon must supply information reflected in files and records to a person requesting it. Information about approved grants that is generally released includes, among other things, statistics on our grant program (individual grantees are not identified in the statistics) and other information such as the names of the grantee and the amount of the grant. Proprietary data on a grantee would not routinely be made available to third parties. All requests under this Act are to be addressed to the City of Sharon and be identified as a Freedom of Information request.

Equal Credit Opportunity Act (15 U.S.C. 1661) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Occupational Safety and Health Act (15 U.S.C. 651 et seq) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C 3701 et seq. and other titles) – The City must obtain your tax identification number when you apply for a grant. If you receive a grant that becomes a loan due to the above violations, the City may (1) report the status of your loan to credit bureaus or (2) hire a collection agency to collect your loan.

Disclosure of Information – Requests for information about another party may be denied unless the City has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.