Below is the complete list of questions that will be asked on the business application to determine eligibility and possibly receive funding. The application form will open on Monday, December 1 at 10 a.m. and can be accessed at ShortNorth.org/CARES.

**Contact Information**
- Email Address
- Business Name
- Full Street Address of Business
- Business Phone Number
- Contact First and Last Name
- Contact Phone Number

**Business Eligibility**
- Have you already received funding from the City of Columbus Small Business Financial Assistance Program and/or the Columbus-Franklin County COVID-19 Small Business Response and Recovery Fund? (This does NOT include City of Columbus Technical Assistance, City of Columbus PPE Grant Support, and/or Pay Check Protection Program or other Economic Injury Disaster Relief Loan funding from the City, County, or Federal Government.)
  - Yes
  - No
  - I’m not sure
- Number of current employees:
- Are you able to claim a loss of 25% or more due to COVID-19?
  - Yes my business has experienced a loss of 25% or more as a result of COVID-19
  - No my business has not experienced a loss of 25% or more as a result of COVID-19
- Which area is your business located in according to this map?  
  - Area A - Short North Arts District/Short North Adjacent
  - Area B - Downtown/Downtown Adjacent
  - My business is not located in either area
- Does your business have a physical brick and mortar location in Area A or B mentioned above?
  - Yes
  - No
- Does your business currently have any COVID-19-related infractions?
  - Yes
  - No
  - I’m not sure
CARES ACT FUNDING FOR SHORT NORTH & DOWNTOWN AREA BUSINESSES

SAMPLE APPLICATION

• Does your business currently owe outstanding income tax to the City of Columbus?
  ○ Yes
  ○ No
  ○ I’m not sure

• Does your primary business consist of 75% alcohol sales?
  ○ Yes
  ○ No

• Does your primary business consist of 75% adult business sales?
  ○ Yes
  ○ No

• Do you fully intend to continue operating your business as permitted in the near future?
  ○ Yes
  ○ No

• Please select all the ways you intend to use these funds for your business:
  ○ Pay Rent / Utilities
  ○ Payroll / Personnel / Additional Staff
  ○ Marketing / Business Services
  ○ Purchasing Inventory / Equipment
  ○ Personal Protective Equipment
  ○ Other

Business Demographics

• Which of the following describes your business?
  ○ Locally owned or headquartered in Columbus, Ohio
  ○ Ohio-based
  ○ Locally franchised
  ○ None of the above

• Business Owner Demographics (select all that apply)
  ○ Women-owned business
  ○ Minority-owned business
  ○ LGBTQ+-owned business
  ○ Veteran-owned business
  ○ Immigrant-owned business
  ○ Business owned by person(s) with disability
  ○ None of the above

• Business Owner Race or Ethnicity (select all that apply)
  ○ American Indian or Alaska Native
  ○ Asian
  ○ Hispanic or Latino
  ○ Black or African American
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SAMPLE APPLICATION

- Native Hawaiian or Other Pacific Islander
- White
- Other
- The following industry sector best describes my business:
  - Retail goods (e.g., boutique, florist, stationery, pawn shop)
  - Food/beverage service
  - Personal care (e.g., beauty, hair, nails, wax)
  - Professional office (e.g., attorney, accountant, medical)
  - Carry-out/corner-store
  - Grocery or supermarket
  - Auto industries (e.g., auto sales, repair)
  - Other
- Number of months in business:
  - 1-12 months
  - 13-24 months
  - 25-36 months
  - 37-48 months
  - 49 months +

Payment Information
- Legal name of business or entity the check should be written out to:
- Doing Business As (if applicable):
- Please provide the EIN or SSN used to file your annual City of Columbus corporate return. Please verify with your accountant or tax professional - this may be different from your EIN if you file under another corporate account (e.g. a parent company). If you operate as a Schedule C business, please provide the name and social security number under which you file your annual City return.
- Email address we should contact to notify of funding

Agreement and Certification
- I understand that by applying for this program, my tax status will be checked by the City of Columbus and my businesses Tax ID and/or Social Security Number will be shared with the City of Columbus.
- I understand that in the event that my business is awarded funding, in order to pick up my check, I will have to provide an up-to-date W9 and sign a legal affidavit confirming that the claims and information made above about my business are accurate. (W-9: bit.ly/2Jlzzpe; Affidavit: bit.ly/33u2Q80).
- I understand that in the event that my business is awarded funding, if I do not pick up my check by 3pm on Friday, December 11 at the designated pickup location, I forfeit my awarded funds.
CARES ACT FUNDING FOR SHORT NORTH & DOWNTOWN AREA BUSINESSES

SAMPLE APPLICATION

- I understand that receiving a grant from this program is a taxable event and I should consult an accountant or financial advisor prior to accepting the funds.
- I certify that I am the agent on behalf of the business who can commit that the information provided and claims made above are accurate.