

CARES ACT FUNDING FOR SHORT NORTH & DOWNTOWN AREA BUSINESSES

SAMPLE APPLICATION

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

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- 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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- 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.

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- 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.