



**CITY OF TWINSBURG
COVID-19 IMPAIRED BUSINESS RELIEF PROGRAM APPLICATION**

The City of Twinsburg’s COVID-19 Impaired Business Relief Fund will provide up to \$2,500 in grants to a limited number of qualifying businesses. To be eligible for a grant, businesses must have fewer than 25 employees and complete the following program application. It is our goal to provide assistance as early as possible. As we anticipate that there will be more applicants than funds available, you are encouraged to complete the application form as soon as possible. Your application should be returned via email before close of business on November 30, 2020.

Please send completed applications to IBRFGrants@twinsburg.oh.us .

Our intent is to begin distributing grants by December 9, 2020. Applicants will be informed of the status of their applications within seven days of their submittal.

Business name: _____

Business address: _____

Owner/Applicant Name: _____

Owner/Applicant Title: _____

How many years has the company been in business at the Twinsburg address? _____ years

Number of employees: _____ full-time _____ part-time

What were the gross businesses revenues for the 2019 calendar year? \$ _____

Estimated percent of revenues lost as a result of the COVID-19 pandemic: _____ %

Are you currently participating in the Summit County or State of Ohio grant programs?

Yes _____ No _____

Has this company filed for bankruptcy in the past year? Yes _____ No _____

Please provide a description of the impacts this business has experienced that you attribute to the current COVID-19 pandemic (please provide specific relevant information i.e. numbers of employees laid off, decline in revenues from 2019, operational changes in business practices, inventory issues, etc.):

How would a grant of \$2,500 or less help your business survive this crisis (explain)?

By signing this application, you hereby affirm that the above information is accurate and representative of those impacts burdening this business. You acknowledge that grant funds provided by this program must be used for business operational expenses only and not for personal expenses of any individual or officer of the business.

Acknowledged by: _____ **Date:** _____

Printed Name/Title: _____

Contact information: Phone: _____ **Email:** _____