EXHIBIT “A”
Village of Coldwater
COVID-19 Small Business Relief Grant Program

The Village of Coldwater has created a Small Business Relief Grant Program to provide financial aid to small businesses that have sustained economic hardships as a result of the COVID-19 pandemic. Depending on the number of applicants, eligible entities could receive up to $5,000.00 (or more depending on the number of applicants) in assistance.

To qualify, applicants should meet the following criteria:

1. Business must have been impacted by the State-mandated closures that began March 15, 2020 due to COVID-19. The impacts may include loss of employees or revenue. Revenue must have declined by 10% or more as a result of COVID-19 since March 15, 2020.
2. Business must be located in the Village of Coldwater and had to be in operation prior to March 1, 2020.
3. Business must have less than fifty (50) full-time equivalent employees as of March 15, 2020.
4. Annual gross receipts of the business must be less than $2,000,000.00.
5. A business is not eligible to apply if it primarily operates as one of the following:
   a. Adult entertainment establishment
   b. Bank, savings and loan or credit union
   c. E-commerce only company
   d. Liquor/wine store
   e. Vaping store
   f. Tobacco store
   g. Franchised business not locally owned and independently operated
6. Business must be up-to-date on property tax payments, not delinquent on income taxes, and in good standing with the Village of Coldwater.

Eligible Assistance

If the applicant has experienced expenses directly attributable to the COVID-19 crisis (if not receiving assistance from State, County or Federal Program for the same expense), the following may be eligible for grant assistance:

- Lease or Mortgage Assistance: If the applicant applies for lease or mortgage assistance, proof of a lease or commercial mortgage with the monthly amount due shall be provided by the applicant (excludes businesses located in or operated from a personal residence).
- Operation Expenses Assistance: Examples of operational expenses include, but are not limited to: advertising and marketing expenses, supplies, maintenance and repairs, machinery/equipment payments, and utilities.
- Salaries, wages, and/or compensation.
- Unforeseen expenses: Examples of unforeseen expenses included, but are not limited to: the development of new solutions to problems presented during the COVID-19 crisis, and the purchase of safety supplies such as masks, hand sanitizer, safety barriers, signage, and items to comply with Responsible Restart Ohio.

Ineligible Expenses

- Any expenses reimbursed through business interruption insurance or other federal aid received in connection with the COVID-19
- New purchases
- New debt
Application Process
Applicants are required to complete the application that is available at www.villageofcoldwater.com. The application and required documentation can either be returned to the Village of Coldwater office at 610 West Sycamore Street, Coldwater, Ohio 45828 or emailed to taxdept@villageofcoldwater.com. Applications will be accepted starting September 15, 2020 and must be submitted by October 2, 2020 at 4:00 p.m. All applications will be reviewed by the CARES Act Committee formed by the Village of Coldwater and will be evaluated on a first-come, first-serve basis. Prior to the final approval of a grant application, additional information or documentation may be requested.

In the event requests exceed available funds, priority will be given to applicants based upon the following criteria:

- Need for assistance
- Likelihood that grant funds will allow business to retain jobs in Coldwater
- Overall impact of the grant on qualifying business

Grant Review Criteria
The CARES Act Committee will review each application and determine successful applicants. To be awarded funding, applications will be reviewed based on the following criteria:

- Determined to have filed a complete application with any additional information or documentation requested. (5 points)
- Determined to be a qualifying business and meets the established guidelines and rules. (5 points)
- Substantiated the most critical need for grant assistance based on loss of revenues and/or loss of employees. (20 points)
- Determined that the awarded grant will have a direct impact on sustaining the company. (20 points)
- Demonstrated economic and community benefits the business created for the Village of Coldwater. (10 points)
- Amount of other financial assistance received by applicant from other COVID-19 financial assistance programs. (10 points)
- Any other criteria as determined by the CARES Act Committee. (30 points)

Grant Funds Distribution
Once a decision has been made, applicants will be contacted. All funds will be distributed via checks made out in the business’s legal name. Please note, the COVID-19 Small Business Relief Grant Program is not an entitlement program, and as such, funding through this program is not guaranteed. The actions of the CARES Act Committee on matters related to the allocation of these funds are final. Note: These grant funds are not excluded from the business’s gross income under the tax code and may be taxable.

Grant Reporting Requirements
If awarded, all grant funding distributed as part of this program must be spent and reported within 60 days of the date of distribution. Grant funds can be used to reimburse eligible expenses incurred from March 15, 2020 through 60 calendar days from receipt of grant funds. At the end of the grant term, the business shall submit an itemized list of all expenditures along with all supporting documentation. Documentation shall be in the form of paid invoices and canceled checks, bank statements, or similar documentation showing payment of eligible expenses. If the business cannot properly substantiate its eligible expenses, the business will be required to repay the undocumented grant funds.
VILLAGE OF COLDWATER
610 West Sycamore Street
COLDWATER, OHIO 45828
Phone: (419) 678-4881
Fax: (419) 678-2365

VILLAGE OF COLDWATER
COVID-19 SMALL BUSINESS RELIEF GRANT PROGRAM

Applicants seeking COVID-19 Small Business Relief Grant Program assistance through the Village of Coldwater must submit the following form and supplemental attachments for consideration. All applicable information as requested in this form must be provided, and the applicant is responsible for the accuracy of the information submitted.

Small Business Relief Grant Program Request: $____________________

Section A: General Information

APPLICANT INFORMATION: Please provide the legal name, address and other contact information of the applicant for this request.

Applicant Business Name: __________________________________________
Contact Name: _____________________________________________________
Applicant Mailing Address: _________________________________________
City/State/Zip: _____________________________________________________
Email Address: _____________________________________________________
Website: __________________________________________________________
Daytime Phone Number: __________________________
Federal Tax ID: ____________________________________________________
Business Type (Retail, Restaurant, etc.): ______________________________

COLDWATER LOCATION: Please specify the street address of the applicant business.
Address: __________________________________________________________

TIME IN BUSINESS: How long has the company that will benefit from the Small Business Relief Grant Program been in existence at this location?

_______ Years _________ Months

COMPANY OFFICERS/PRINCIPALS: Please provide the names of all owners, principals and/or primary officers of the company.

Name and Title: ____________________________________________________
Name and Title: ____________________________________________________
Name and Title: ____________________________________________________

Tricia Ontrop
taxdept@villageofcoldwater.com  Direct: (419) 678-2685
Tax Administrator
Village of Coldwater
CURRENT EMPLOYMENT AND PAYROLL: For each of the categories listed below, please specify the number of employees currently employed by the applicant and the total annual payroll.

<table>
<thead>
<tr>
<th>Full-time Permanent</th>
<th>Full-time Payroll</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time Permanent</td>
<td>Part-time Payroll</td>
<td>$</td>
</tr>
<tr>
<td>Temporary/Contract</td>
<td>Temporary Payroll</td>
<td>$</td>
</tr>
<tr>
<td>Seasonal</td>
<td>Seasonal Payroll</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL PAYROLL</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

DELINQUENCY AND JUDGMENTS

Does the applicant, or affiliated company to benefit from the incentive program, owe any delinquent taxes to the State of Ohio, Mercer County or Village of Coldwater?  YES  NO

Does the applicant, or affiliated company to benefit from the incentive program, owe any money to the State or a State agency for the administration or enforcement of any environmental laws?  YES  NO

Does the applicant, or affiliated company to benefit from the incentive program, owe any other moneys (such as utilities) to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not?  YES  NO

Are there any current or pending lawsuits involving either the principals or the company?  YES  NO

NEED FOR ASSISTANCE: Applicants must demonstrate the business experienced a decrease in gross revenue due to COVID-19 when comparing March 1 – May 31, 2019 to March 1-May 31, 2020. Please provide a summary of the impacts of the pandemic on your business and provide supporting financial records or bank statements (limit to 500 characters).
% of Revenue Loss: ________  *Must include Profit/Loss documentation. (Documents must show revenue loss due to COVID-19. An example of an acceptable form of documentation is profit and loss reports from both 2019 and 2020 for comparison.)

Personal Funds Invested: $_______________ (Amount of personal funds invested)

OTHER ASSISTANCE: Please describe any other assistance you have received to provide relief to your business (i.e. rent reductions, utility waivers, SBA or PPP funding, etc.). Please note expenses reimbursed through business interruption insurance or other federal aid are not eligible for the Small Business Relief Grant Program.

Section B: Eligible Expenses
For each of the categories listed below, please estimate the amount to be expended by the applicant related to the COVID-19 pandemic.

<table>
<thead>
<tr>
<th>Rent/Mortgage Payments</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machinery/Equipment Payments</td>
<td>$</td>
</tr>
<tr>
<td>Utility Payments</td>
<td>$</td>
</tr>
<tr>
<td>Salaries/Wages (not covered by PPP)</td>
<td>$</td>
</tr>
<tr>
<td>PPE/Restart Ohio Upgrades</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>$</td>
</tr>
</tbody>
</table>

USE OF FUNDS: Please indicate the eligible costs for which Small Business Relief Grant Program funds will be used. Grant funds are provided on a reimbursement basis. Businesses must submit appropriate documentation related to expenses with the application.
PLANS TO SUSTAIN YOUR BUSINESS: Although there is great uncertainty, Village of Coldwater hopes that businesses receiving grant funds will successfully persevere through the COVID-19 pandemic. Briefly describe the plan to sustain your business.

DESCRIBE THE ECONOMIC AND/OR COMMUNITY BENEFITS YOUR BUSINESS CREATES FOR THE VILLAGE OF COLDWATER.

Section C: List of Attachments

☐ Current bank statement

☐ Financial Records/Bank Statements demonstrating decreased revenue from March 1 – May 31, 2019 compared to March 1 – May 31, 2020

☐ Completed W-9

☐ Documentation of eligible expenses

Section D: Requirements and Certifications

The undersigned, duly authorized Officers of the Applicant, hereby certify that the statements made in the foregoing application and in all attachments submitted in connection with this application are true and correct to the best information and belief of the undersigned and are submitted as a basis for determining approval of Small Business Relief Grant Program assistance. Any misrepresentation is a criminal offense under Section 1001 of Title 18 of United States Code.

I/we certify that the requirements listed below will be met:

A. I/we agree to notify the Village of Coldwater immediately of any project modification.

B. I/we agree to supply additional information upon request.

C. I/we hereby agree to allow the CARES Act Committee access to our 2019 Federal Tax Return as on file with the Coldwater Tax Department.

D. I/we agree that this grant is to be used for COVID-19 business related expenses only.
E. I/we have not, nor do we intend, to be involved in illegal activity under federal, state, or local laws. Nor do I/we have any criminal proceedings pending against me/us.

F. I/we do not anticipate receiving business interruption insurance or other federal aid for reimbursement of Small Business Relief Grant Program eligible expenses.

G. I/we agree that the Village of Coldwater may share information publicly regarding grant recipients.

H. I/we agree that unspent and/or improperly used grant proceeds are to be repaid by the grant recipient to the Village of Coldwater.

I. I/we confirm that my/our business is located within the Village of Coldwater and the business maintains all proper licenses and permits for operation.

J. I/we certify that revenue has declined by 10% or more as a result of COVID-19 since March 15, 2020.

K. I/we certify that the average annual gross receipts of the business are less than $2,000,000.00.

L. I/we agree to document and report the economic impact to the business including how funds are used and jobs retained/created and submit such documentation/report within 60 days of being awarded grant funds.

M. I/we certify that the business is current with all local, state, and federal taxes.

______________________________  ________________________________  ________________________________
Signature of Applicant          Applicant Name (Printed)           Title

______________________________  ________________________________  ________________________________
Signature of Applicant          Applicant Name (Printed)           Title

______________________________  ________________________________  ________________________________
Signature of Applicant          Applicant Name (Printed)           Title

Submit completed application to:  Village of Coldwater

610 West Sycamore Street
Coldwater, OH 45828

taxdept@villageofcoldwater.com