



Trumbull County Planning Commission
185 E. Market Street, Suite A
Warren, OH 44481
(330) 675-2480
<http://planning.co.trumbull.oh.us>

WORKING CAPITAL LOANS

The Trumbull County Commissioners offer businesses located within the County, outside the Cities of Warren, Niles, and Girard, low-interest financing through Trumbull County's Revolving Loan Fund Program. This unique financing tool offers loans to small businesses operating in Trumbull County that have been negatively affected by the outbreak of the COVID-19 virus.

Retail, commercial, and entertainment businesses that rely on customers making purchases at their establishments are especially affected; this program is designed to provide relief to those types of businesses. Businesses must demonstrate hardship caused by the COVID-19 virus outbreak.

The Trumbull County Commissioners' goal is to create access to working capital for COVID-19-impacted businesses. Businesses are eligible to apply for funds which will be used to pay for normal business expenses that have been made more difficult due to declining revenues caused by the COVID-19 outbreak. Businesses must have a physical location in Trumbull County, outside the Cities of Warren, Niles, and Girard, and have experienced a loss of income due to COVID-19. Funding is limited and applications will be accepted on a

TERMS

Applicants must create and/or retain permanent, private-sector job opportunities, principally for low- and moderate-income persons, through retaining business and industry in Trumbull County. Financing will be provided as a non-forgivable loan with a maximum 5-year term. Businesses must certify that working capital funds are not available from other public or private entities to qualify for assistance. Loans will be a maximum of \$5,000 per job capping at \$25,000. The interest rate will be set at 0% with an option to defer payments for 6 months with a 6 month option to renew. An applicant does not need to be late on any payments in order to qualify for the assistance. Applicants will need to complete an application provided by the Trumbull County Planning Commission and provide income verification as requested. The attached Income Verification Form for each low/moderate-income employee must be completed.

ELIGIBLE ACTIVITIES

- ◆ Monthly rent/lease payment up to 3 months
- ◆ Monthly mortgage payment up to 3 months
- ◆ Monthly utility bills (gas, electric, water, sewer) up to 3 months
- ◆ Inventory
- ◆ Recurring monthly expenses deemed integral to the business

INELIGIBLE ACTIVITIES

- ◆ Refinancing existing debt
- ◆ Relocating business from another location in Ohio
- ◆ Remodeling/Expansion costs

Trumbull County Commissioners

Frank S. Fuda, President

Mauro Cantalamessa

Daniel E. Polivka

**Contact the Trumbull County Planning Commission
for an application.**

Nicholas Coggins

PCCoggin@co.trumbull.oh.us

330 675-2480



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**Business Assistance
COVID-19 Emergency
Loan Program**

Application

Today's Date _____

General Information
Please Print Clearly

Name: _____
First MI Last

Street _____
City _____ State _____ Zip Code _____

Business Name: _____
Street _____
City _____ State _____ Zip Code _____

Home: (_____) _____-_____ Work: (_____) _____-_____

Mobile/Cell (_____) _____-_____ Email: _____

EIN # _____ DUNS# _____

Business Organization Type: (please circle): Sole Proprietor Limited Liability Company Corporation
Partnership

Is the property currently insured? (please circle one) Yes No

Are Real Estate Taxes paid current? (please circle one) Yes No

Ownership/Management: Please list the name, Percent of ownership, and title of company structure.

Names (first and last)	% Owned	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Enterprise and Employment

_____	_____	____/____/____
(Years in Business)	(Years at Present Address)	(Lease Expiration Date)

(Type of Business)		
\$ _____	_____	
(Average Gross Annual Receipts)	(Square Footage of the occupied space)	
\$ _____	\$ _____	
(Amount of Personal funds invested in business to date)	(Loan amount requested)	
Number of Employees Before Covid-19:	_____	_____
	(Full-Time Equivalent)	(Part-Time Equivalent)
Jobs Expected to be Retained/Hired as a Result of this Loan:	_____	_____
	(Full-Time Equivalent)	(Part-Time Equivalent)

Additional Information

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Disaster Loan, Payroll Protection Loan, etc.)? If so, list:



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Use of Funds

Please describe how the COVID-19 Emergency Loan will be used to help your small business retain/hire employees and your business operating during this challenging time?

USE: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

Submission Instructions

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be scanned and emailed to PCCoggin@co.trumbull.oh.us or can be mailed or dropped off to :

Trumbull County Planning Commission
 ATTN: Nicholas Coggins
 185 E. Market Street, Suite A
 Warren, Ohio 44481

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email PCCoggin@co.trumbull.oh.us.

Trumbull county does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.



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Checklist of Required Applicant Attachments and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required attachments are provided in conjunction with the application. **BOLD items must be attached to the application prior to it being submitted.** No incomplete application shall be processed.

I confirm that my business is located within Trumbull County outside the cities of Warren and Niles and the business maintains all proper licenses and permits for operation.

I certify that the business revenue has declined by 30% or more as a result of COVID-19 since March 15, 2020. **Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.**

I certify that the average annual gross receipts of the business is less than \$2,000,000.

I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest. **Attach personal taxes of all owners and/or any business returns.**

I have attached a completed IRS W-9 Form, EIN and DUNS number (each of these are required, **attach w-9 available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>**).

I have provided documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable (**attach documentation**).

I agree to document and report the economic impact to the business as a result of this loan including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs. Reports will be due at 45 days and 3 months. Reports must be received and at least 1 full-time low-income employee being retained or rehired must be documented by the business and the employee in order to apply for loan forgiveness. I agree to comply with all requested reporting.

I confirm that the business is current with all local, state, and federal taxes.

I certify that the business has complied with its by-laws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.

I certify that the planned uses of these funds will not create a duplication of benefits or I may be asked to repay the loan.

I certify that I will use these funds to replace revenue lost due to COVID-19 pandemic and will use it for the purposes stated here. **I have attached documentation to justify the expenses I plan to use the funds for.**

I certify that the above information, to the best of my knowledge is accurate and true. I understand that the City of Kettering will rely on the accuracy of the submitted information and certifications made in conjunction with



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this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.

_____ / ____ / ____
Business Name **Date**

_____ **Title** _____ **Authorized Representative (Print)**

Signature

**Office of Community Development
Ohio Small Cities Community Development Block Grant Program
Job Benefit Verification Employee Certification**

Your current/prospective employer, which appears below, is the recipient of financial assistance through the federally funded Ohio Community Development Block Grant (CDBG) Small Cities Program. As a result of the assistance received, the business must report on the number of jobs created and/or retained. This information is not part of the interview process and will not be considered for hiring purposes. However, the information is subject to verification by authorized government officials.

A. Name of Employer:

Address:

Name of Employee:

Social Security #:

Civil Rights/Ethnicity Data:

Male _____ Female _____ Female Head of Household _____ Disabled _____

White _____ Black/African American _____ American Indian/Alaska Native _____

Native Hawaiian/Other Pacific Islander _____ American Indian/Alaska Native &

White _____ American Indian/Alaska Native & Black/African American _____

Asian _____ Asian & White _____ Black/African American & White _____

Other Multi-Racial _____ (Specify)

Job Title and Description:

Date Employed _____ Full Time _____ Part Time _____

B. Total Annual Gross Household Income PRIOR TO HIRE: Income Range

I

INCOME LIMIT RANGES**

II

INCOME RANGES OF HOUSEHOLDS (total gross annual income of all persons)
Check the line below that corresponds to your household's income range:

- | | | | | |
|----|--------------|---|--------------|-------|
| a. | _____ \$0 | - | _____ 36,500 | _____ |
| b. | _____ 36,501 | - | _____ 41,700 | _____ |
| c. | _____ 41,701 | - | _____ 46,900 | _____ |
| d. | _____ 46,901 | - | _____ 52,100 | _____ |
| e. | _____ 52,101 | - | _____ 56,300 | _____ |
| f. | _____ 56,301 | - | _____ 60,450 | _____ |
| g. | _____ 60,451 | - | _____ 64,650 | _____ |
| h. | _____ 64,651 | - | _____ 68,800 | _____ |
| i. | _____ 68,801 | - | _____ _____ | _____ |

Total number of household members _____ (include yourself, spouse, children, etc.)

C. Employee Signature: _____ **Date:** _____

For Local CDBG Administrator Use Only

LMI Qualified Y _____ N _____