



Note: Only retail (NAICS 44-45) and accommodation and food services (NAICS 72) businesses (including sole proprietorships) located in Ogden’s Central Business District are eligible for the Ogden CARES Business Grant – Program B. Program B will only fund physical modifications needed to accommodate physical distancing requirements. If your business does not meet the above definition, please consider the Ogden CARES Business Grant – Program A (www.ogdencares.com) or Ogden City’s loan programs (www.ogdenbic.com).

I. APPLICANT INFORMATION

| I.A. CONTACT INFORMATION | |
|--------------------------|--------------|
| Name | Title/Role |
| E-mail Address | Phone Number |
| | |

| I.B. BUSINESS INFORMATION | |
|----------------------------------|-----------------------------------|
| Business Name (exact legal name) | Doing Business As (if applicable) |
| Street Address | City, State, Zip |
| Mailing Address (if different) | City, State, Zip |
| Phone Number | Website |
| Type of Business or Industry | Date Business Established |
| | |

Are you “Certified” as any of the following Enterprises? (Please mark all that apply)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> Women’s Business Enterprise | <input type="checkbox"/> Service-Disabled Veteran Owned | <input type="checkbox"/> None of These |
| Find Information about related “Certification” at: https://www.utah.gov/business/running/counseling_running.html | | | |

II. COVID-19 BUSINESS IMPACTS

| II.A. JOB IMPACTS | | |
|--|------------------------------|-----------------------------|
| Are you a sole proprietor? If yes, proceed to Question II.B. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Total number of employees (prior to COVID-19) | | |
| Total monthly payroll expense (prior to COVID-19) | \$ | |
| Current number of employees (as of date of application) | | |

| II.B. REVENUE IMPACTS | |
|---|----|
| What was your business’ average monthly revenue from March 1, 2019 to June 30, 2019? | \$ |
| What was your business’ average monthly revenue from March 1, 2020 to June 30, 2020 (or most recent available)? | \$ |



III. USES AND SOURCES OF FUNDS

| III.A. USES OF FUNDS | | |
|--|---------------------------------|---------------------------------------|
| Please list the total estimated expenses to make physical modifications necessary to accommodate physical distancing requirements at your place of business, along with the Ogden CARES grant funding amounts you are requesting. Provide a detailed line item budget. Please note, the Ogden CARES grant is ONLY available for costs that are not covered by other federal, state, and/or local financial assistance. If you are awarded a grant, the grant agreement will require you to submit receipts for expenses funded by the Ogden CARES Grant to Ogden City. | | |
| Expenses | Total Estimated Expenses | Grant Funding Amount Requested |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total: | \$ | \$ |

| III.B. SOURCES OF FUNDS | | |
|---|---|-----------------------|
| Please list any funding sources that you have received or requested from March 1, 2020 until date of application. | | |
| Source of Funds | Status of Funds (Requested, Committed, Denied) | Funding Amount |
| <i>Business Sources</i> | | |
| Business Revenues (March 1, 2020 until application date) | N/A | \$ |
| <i>Federal, State, and/or Local Assistance for COVID-19</i> | | |
| Ogden City Emergency Loan Fund | | \$ |
| Utah Small Business Bridge Loan | | \$ |
| Utah Commercial Rental Assistance Program | | \$ |
| SBA Economic Injury Disaster Loan | | \$ |
| Paycheck Protection Program Loan | | \$ |
| Main Street Lending Program, New, Priority, or Expanded Loan Facilities | | \$ |



| | | |
|--|--|----|
| Other Federal, State, or Local Assistance | | \$ |
| <i>Other Funding Sources – Please List Below</i> | | |
| | | \$ |
| | | \$ |
| | | \$ |
| Total: | | \$ |

IV. REQUIRED DOCUMENTATION

| | |
|---|--------------------------|
| Submit the items listed below, or equivalents, as supporting documentation for the grant application. | |
| Profit & loss statements (for 2019, 2020 year-to-date, & 3/1/2020 to application date) OR other documentation of shortfall or losses due to COVID-19 | |
| Business tax return (most recent available) • If sole proprietor, please provide most recent Form 1040 with Schedule C | <input type="checkbox"/> |
| Ogden City business license | <input type="checkbox"/> |
| W-9 form | <input type="checkbox"/> |
| Organizational documents and operating agreement (if available) | <input type="checkbox"/> |

V. OWNERSHIP INFORMATION (use additional sheets if necessary)

Complete this section for each person with ownership in the business – 100% ownership must be shown. Social Security Number, Driver’s License / State ID Number, and Date of Birth are only required for owners of 20% or more. Use additional sheets as necessary.

| | | | |
|---------------------------------------|------------------------|--------------------------------------|----------------------|
| Years Under Current Management | | | |
| Managing Owner Name | Social Security | Percentage Owned | |
| | | % | |
| Address | City | State | Zip |
| | | | |
| Email Address | Phone Number | Driver’s License / State ID # | Date of Birth |
| | | | |
| Owner 2 Name | Social Security | Percentage Owned | |
| | | % | |
| Address | City | State | Zip |
| | | | |
| Email Address | Phone Number | Driver’s License / State ID # | Date of Birth |
| | | | |
| Owner 3 Name | Social Security | Percentage Owned | |
| | | % | |
| Address | City | State | Zip |
| | | | |
| Email Address | Phone Number | Driver’s License / State ID # | Date of Birth |
| | | | |



VII. CERTIFICATION

Any owner of 20% or more is required to sign the grant application and following certification.

The information provided in the attached application is true and complete to the best of my/our knowledge and belief. I/we understand that any willful misstatements will be grounds for disqualification.

I authorize Ogden City to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

I/we are willing to adhere to the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 and any current or future guidance related to the Coronavirus Relief Fund (CRF) as found and updated at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>.

Managing Owner

Printed Name

Signature

Date

Owner 2

Printed Name

Signature

Date

Owner 3

Printed Name

Signature

Date



Privacy Act Notice

Initial ____ Co-Applicant Initials ____

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective grantee under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected.

Penalty for False or Fraudulent Statement

Initial ____ Co-Applicant Initials ____

U.S.C. Title 18, Sec 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Authorization for Credit Check

Initial ____ Co-Applicant Initials ____

I/We authorize Ogden City and/or any designated agent, affiliate, or assignee to investigate my/our personal and business financial credit history, check credit reports, verify bank accounts, employment, debts, mortgages, and all reasonable and necessary information to process a loan application. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. The Undersigned, in applying for financial assistance from Ogden City recognizes that prior to receiving any financial assistance he or she will agree to comply with all federal, state and local laws and regulations to the extent that such are applicable.

Information Open to Public

Initial ____ Co-Applicant Initials ____

I understand that I am applying for a loan from a public government entity and that certain non-confidential parts of my application may be disclosed to the public as required by law, but that Ogden City will redact confidential personal information such as bank account numbers, social security numbers, and personal financial information where allowed by law.

Share "Success Story"

Initial ____ Co-Applicant Initials ____

I understand in an effort to bolster economic development in Ogden, the City may share my "success story" to the public such as posting the relationship on websites, being listed on construction signs, etc., but will not disclose confidential information.

Grant Funding

Initial ____ Co-Applicant Initials ____

I understand that part or all of the grants funds may or will be provided by the federal government through the Coronavirus Relief Fund (CRF) established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 and will adhere to any current or future guidance related to the CRF, as found and updated at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>.

Equal Credit Employment Act

Initial ____ Co-Applicant Initials ____

I agree to abide by equal employment opportunities and related laws. The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, (age (providing that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administrates compliance with this law concerning this creditor is the Federal Trade Commission Equal Credit Opportunity, Room 500, 633 Indiana Avenue, N.W., Washington DC 20580.