



## Mentor Small Business Restart Program Guidelines

---

The City of Mentor has established the **Small Business Restart Program** to assist small businesses closed as a result of the COVID-19 pandemic that intend to reopen upon the lifting of applicable government restrictions. A total of \$200,000 in Grant Funds will be provided through the City of Mentor's Community Development Block Grant Funds.

### ELIGIBLE USES

- **\$500 maximum reimbursement for rent or mortgage payments made on or after May 1, 2020.**

### GRANT CRITERIA

These criteria fall in line with HUD-requirements and the City's Community Development Block grant (CDBG) Comprehensive Plan.

- Business must have less than 25 employees;
- Must be a non-franchise, independently owned and operated;
- Is doing business at a "bricks and mortar" facility in the city (home-based businesses not eligible);
- Was closed and unable to conduct any business activity as a result of a required government order;
- Was at no time in violation of that government order;
- Is not in default or currently delinquent on any loan provided through the Mentor Economic Assistance Corporation;
- Reopens for business; and remains open for no less a time period than the period which the payment requested for reimbursement was made.

### APPLICATION PROCESS

- Application is to be made through the City of Mentor Economic Development Department.
- Applications will be reviewed, verified and funds distributed on a first-come, first-served basis with applications able to be submitted via email on Monday, May 4, 2020 at 9:00 a.m. or later. Applications made earlier than that time will not be accepted. Applications for the program will be available on the Mentor Means Business website ([www.mentormeansbusiness.com](http://www.mentormeansbusiness.com)) starting on Monday, April 27, 2020.
- Applications must be complete, including documented evidence of rent or mortgage payments made on or after May 1, 2020 which may include, but not limited to, a paid invoice or cancelled check as well as a current occupancy or re occupancy permit.

**Please submit to:**      **Department of Planning and Development**  
business@cityofmentor.com  
Phone: 440-974-5740

# MENTOR SMALL BUSINESS RESTART PROGRAM APPLICATION

## APPLICANT INFORMATION

Date: \_\_\_\_\_ Date of Business Closure: \_\_\_\_\_ Reopen Date: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

(Current business address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Please complete the following questions:**

Choose which one applies to you:

\_\_\_\_\_ Building Owner: Attach proof of ownership (e.g. tax bills, title deed, etc.)

\_\_\_\_\_ Tenant: Attach terms, length, and expiration date of present lease

Is your brick & mortar business currently closed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of employees prior to the pandemic: \_\_\_\_\_

Current number of employees: \_\_\_\_\_

Number of employees laid off due to the disaster: \_\_\_\_\_

Does the applicant or co-applicant owe any property taxes or fees to the City of Mentor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the applicant or co-applicant one or more of the following:

Involved in a political campaign? \_\_\_\_\_ Yes \_\_\_\_\_ No

A candidate or public official or foreign official? \_\_\_\_\_ Yes \_\_\_\_\_ No

An immediate family member of a political official? \_\_\_\_\_ Yes \_\_\_\_\_ No

A business entity formed by or for the benefit of any public official? \_\_\_\_\_ Yes \_\_\_\_\_ No

A member of a local board of committee? \_\_\_\_\_ Yes \_\_\_\_\_ No

[continued]

# MENTOR SMALL BUSINESS RESTART PROGRAM APPLICATION

Received or expected to receive, a financial interest  
or benefit from a CDBG-related activity or contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has an immediate family member who received or expected to receive,  
a financial investor benefit from a CDBG-related activity or contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to any of the above questions, please provide details here:

---

---

---

---

\_\_\_\_\_  
(Print Name & Title)

\_\_\_\_\_  
(Signature) (Date)

Office use only:

Date and time application received: \_\_\_\_\_

Application complete? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Certification Summary - **Employer**

A. PROJECT NAME: \_\_\_\_\_

As per the loan or grant/project agreement between Lake County and \_\_\_\_\_ (business):  
 \_\_\_\_\_ full-time Equivalent (FTE) jobs were to be created and \_\_\_\_\_ jobs were to be retained. Of these jobs,  
 \_\_\_\_\_ were to be taken by or made available to persons from low- and moderate-income households (LMI).

1. The company's current level of employment is: \_\_\_\_\_ The project was completed on: \_\_\_\_\_
2. The company's level of employment prior to receiving assistance was: \_\_\_\_\_
3. The job creation period extended through: \_\_\_\_\_

B. INCOME SUMMARY:

1. As of this date, \_\_\_\_\_ FTE jobs were created and \_\_\_\_\_ FTE were retained.
2. Of the jobs created and retained, \_\_\_\_\_ jobs were taken by persons from low- and moderate-income households (attach copies of job benefit verification forms).
3. Of the \_\_\_\_\_ LMI jobs, \_\_\_\_\_ qualify at the 80% level, \_\_\_\_\_ qualify at the 50% level, and \_\_\_\_\_ qualify at the 30% level. \_\_\_\_\_ of the jobs created were taken by persons who were unemployed at the time of hire.

| Income Limits FY 2020 |          |          |          |
|-----------------------|----------|----------|----------|
| *Family Size          | <30%     | 31-50%   | 51-80%   |
| 1                     | \$16,000 | \$26,600 | \$42,600 |

\*Use of HUD Waiver Docket No. FR-6218-N-01, Section III.B.5.(d)(iii) LMI Job Creation and Retention Records.

C. Please provide a year to date payroll report.

D. ETHNICITY AND RACE SUMMARY:

- \_\_\_\_\_/\_\_\_\_ White/Hispanic
- \_\_\_\_\_/\_\_\_\_ Black-African American/Hispanic
- \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native/Hispanic
- \_\_\_\_\_/\_\_\_\_ Asian/Hispanic, Native Hawaiian-Other Pacific Islander/Hispanic
- \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native & White/Hispanic
- \_\_\_\_\_/\_\_\_\_ Black-African American & White/Hispanic
- \_\_\_\_\_/\_\_\_\_ American Indian-Alaska Native & Black-African American/Hispanic
- \_\_\_\_\_/\_\_\_\_ Asian & White/Hispanic
- \_\_\_\_\_/\_\_\_\_ Other Multi-Racial/Hispanic

E. GENDER AND DISABILITY SUMMARY:

Female heads of household filled \_\_\_\_\_ of these jobs. Disabled individuals filled \_\_\_\_\_ of these jobs.

F. JOB CLASSIFICATION SUMMARY:

Of the \_\_\_\_\_ jobs created and/or retained, \_\_\_\_\_ of these jobs are classified as manager or professional, \_\_\_\_\_ of these jobs are classified as sales, \_\_\_\_\_ of these jobs are classified as office/clerical, \_\_\_\_\_ of these jobs are classified as service, \_\_\_\_\_ of these jobs are classified as technicians, and \_\_\_\_\_ of these jobs are classified as other.

G. A narrative explanation must be attached to this form to justify a difference between the projected and actual job creation figures.

The undersigned business representatives certify that this is an accurate accounting of the job creation/retention resulting from the above-named project.

Business C.E.O.: \_\_\_\_\_

MENTOR Staff.: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT 1c: CDBG PROGRAM INDIVIDUAL BENEFICIARY REPORTING**  
**Family Income Statement for Economic Development**

**CDBG**

**Human Resources Director:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Please indicate all the following that apply to you

**Racial Categories**

- White
- Black / African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- American Indian / Alaskan Native & White
- Asian & White
- Black / African American & White
- American Indian / Alaskan Native & Black / African American
- Other Multi Racial

**Ethnicity**

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture of origin regardless of race)
- Not Hispanic or Latino

**Other**

- Over the age of 62
- Disabled
- Female Head of Household

Number of persons in family 1\*

| Family Size | Income Limits FY 2020 |          |          |
|-------------|-----------------------|----------|----------|
|             | <30%                  | 31-50%   | 51-80%   |
| 1           | \$16,000              | \$26,600 | \$42,600 |

**Please circle income category: <30%, 31%-50%, or 51%-80%.**

To calculate family income, please use the gross income reported on the most recent income tax return. For self employed individuals the gross income must be used.

**\*Use of HUD Waiver Docket No. FR-6218-N-01, Section III.B.5.(d)(iii) LMI Job Creation and Retention Records.**

Job Title/Classification: \_\_\_\_\_

Average number of hours worked per week \_\_\_\_\_

Full Time Employee (Y/N) \_\_\_\_\_

Rate of pay per hour \$ \_\_\_\_\_

Are you paid benefits (Y/N) \_\_\_\_\_

Employee/Applicant Name (print) \_\_\_\_\_ Previously Employed? (Y/N) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Hire? \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**ATTACHMENT 1c: CDBG PROGRAM INDIVIDUAL BENEFICIARY REPORTING**

The information provided is correct to the best of my knowledge. I understand that this information is subject to verification.

**Please Note:** *Your employer has been assisted with Community Development Block Grant funds. This form must be completed to comply with Federal regulations.*