



PRESS RELEASE

(August 5, 2020)

The Mercedes City Commission met on August 4, 2020 and approved a small business relief program that will be funded through its' allotment of CARES Act Monies. Below are some highlights for this program for small businesses that were negatively affected by COVID-19.

- Small business must be a bona fide business inside the city limits, that was legally operational on or before February 1, 2020.
- Awards will be on a first come/first served basis.
- Small business must not be a home-based operation (home occupation)
- Restaurants with a maximum of 9 employees are eligible to apply.
- Applicants with a maximum of 9 employees are eligible; 10 FT+ on staff are not.
- Small businesses from 1 - 3 employees are eligible to get a max of \$3000 (proposed)
- Small businesses from 4 – 9 employees are eligible to get a max of \$5000 (proposed)
- Awarded funds are primarily earmarked to assist with operating expenses such as payroll, mortgage, rent, utilities (electrical, gas), etc.
- If monies are used for rent, mortgage, electrical, gas, etc., then the checks will be specifically made for these companies, landlord, etc.; if for payroll, then the recipient will have 45 calendar days to provide documentation that all funds were used for this purpose...if this is lacking, the funds will be due back immediately.
- Except for small restaurants, the applicant small business was required to close as a 'non-essential' business and remained 'closed' until authorized to re-open.
- The applicant small business must be in good standing in regard to city property taxes, sales taxes (if applicable).
- The DCM and Hollis Rutledge & Associates will both be reviewing the documentation & eligibility of applicants. The official action of the DCM Board will provide formal action based on the criteria, documentation, etc.

You may contact Axel Vallejo, City Manager's Executive Secretary at:
avallejo@cityofmercedes.com; or call (956) 565-3261.

Applications are available 'on-line' on the City of Mercedes' main website, too. Once completed, you may scan and email it back to: smallbuscares2020@cityofmercedes.com.

Mercedes Small Business Recovery Assistance Grant Program

APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: _____

Name of Business: _____

Business Type: _____

Address of Business: _____

Email Address: _____ Phone Number: _____

BUSINESS OWNERSHIP

Tax ID #: _____

Entity Name: _____

Name of business owner (if different from above): _____

Number of years in business: _____

BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: _____ (Part-time # employees: _____)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes _____ No _____

Is your business operated as a sole proprietorship?

Yes _____ No _____

USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

_____ Rent/mortgage payment. List specific amount.	\$ _____
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
_____ Employee support (salaries, insurance, paid leave)	\$ _____
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
_____ Purchase of COVID-19 supplies for business protection/cleaning.	\$ _____
Total Amount \$ _____	

Total Grant amount requested from Mercedes DCM: \$ _____

(amount shown above may not exceed:
\$3,000 for business with 1-3 employees,
\$5,000 for business with 4-9 employees)

You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.

*Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under **USE OF FUNDS**. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.*

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: _____

Name of your Bank Officer: _____

Have you met with your financial institution (bank) about financial assistance? Yes__No

If no, why not?

Have you applied for any of the following Federal programs that are currently available?

_____ Paycheck Protection Program (PPP) Requested amount: _____
_____ Economic Injury Disaster Loan (EIDL) Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

_____ My business has 1-9 full time (or full time equivalent) employees.

_____ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

_____ The Tax ID and Entity Name of my business shown above, are true and accurate.

_____ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

_____ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

_____ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

_____ I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name _____

Written: _____
Legal Representative

Title

Signed: _____
Legal Representative

Title

Signed as Individual: _____

Date _____

DOCUMENTS TO BE ATTACHED

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

1. **W-9 Form; and copy of the applicants' ID.**
2. Receipt or cancelled check of most recent lease/mortgage payment.
3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
4. Receipt or cancelled check for salary payments made to furloughed employees, *if applicable*.
5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
8. Proof of application for COVID-19 Federal grant/loan programs.

We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
2. Submit the completed application and ALL documents to:

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4th onward (until funds are exhausted).

- **print the application**
- **hand write answers and responses into the application**
- **scan the application and all related documents and email the completed the file to: smallbuscares2020@cityofmercedes.com.**