



**CITY OF CUYAHOGA FALLS, MAYOR DON WALTERS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
ECONOMIC DEVELOPMENT SHORT-TERM WORKING CAPITAL  
COVID-19 RELIEF GRANT**

**Background Information:**

As an entitlement community through the U.S. Department of Housing and Urban Development, the City of Cuyahoga Falls has received an additional allocation of funding to help alleviate the financial burden caused by COVID-19. The City has chosen to allocate \$230,000 for short-term working capital assistance to financially affected small businesses located throughout the City, due to the pandemic.

**Program Requirements:**

A proposed project must meet all CDBG regulations and meet the City's objectives as outlined in the Consolidated Plan in order for a project to be funded through the CDBG program.

**Technical Assistance:**

Any technical assistance questions when completing the application can be directed to Peggy Szalay, the CDBG Entitlement Administrator at [szalaypl@cityofcf.com](mailto:szalaypl@cityofcf.com).

**Application Submittal:**

Please submit your completed application and W-9 to the CDBG Entitlement Administrator at [szalaypl@cityofcf.com](mailto:szalaypl@cityofcf.com).

**Application Review Process:**

An application must be filled out in its entirety and include all requested information to be considered complete. All proposed projects must meet the CDBG regulations as set forth in CFR §570.201 and meet one of the City's objectives as outlined in the City's Consolidated Plan. The Consolidated Plan can be found at <https://www.cityofcf.com/departments/community-development/block-grant-program>.

All applications will first be reviewed by the CDBG Entitlement Administrator, Director and Deputy Director to determine eligibility. The CDBG Entitlement Administrator will then present all eligible applications to the CDBG Loan and Grant Committee for its review and final determination. The CDBG entitlement Administrator will then notify each applicant as to whether their short-term working capital assistance grant has been approved.



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**CHECKLIST**

- Make sure that you applied using the legal name of your business.**
- If you are conducting business under a DBA, make sure that inputted that information on the DBA line.**
- Did all owners of the business sign page 4 of the application?**
- Did you have a part-time employee that is not a 1099 recipient, fill out the employee verification form? You may use yourself as the employee if you are an employer with zero employees and meet the income eligibility requirements.**
- Did you submit proof of company ownership: Your entire, most recent corporate federal business tax return, including the executed signature page. If you are a sole proprietor, please submit your most recent Federal 1040 with an executed signature page. Please do not send this information electronically. It can be mailed to:  
City of Cuyahoga Falls  
Attn: Peggy Szalay  
2310 Second Street  
Cuyahoga Falls, Ohio 44221**
- Did you include your DUNS number on the application? If you do not have a DUNS number, please apply for one at:  
<https://www.dnb.com/duns-number/get-a-duns.html> before submitting your application. This must be provided in order for your application to be considered complete.**
- Did you fill out the attached W-9? (This enables the City to issue checks)**
- Email the completed application to [szalaypl@cityofcf.com](mailto:szalaypl@cityofcf.com). Send all tax returns to the above-captioned address via US mail or drop off in the utility payment boxes located at City Hall marked "Attn: Peggy Szalay. All emails are considered public record.**



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**Applicant Information:**

<b>Business Legal Name</b>	
<b>DBA if different from above</b>	
<b>Contact person</b>	
<b>Owner Name(s) (If different from the contact person)</b>	
<b>Business Address</b>	
<b>Project Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Tax ID Number</b>	
<b>Agency DUNS Number</b>	
<b>Did you receive COVID-19 relief funding from?</b>	<input type="checkbox"/> City of Cuyahoga Falls <input type="checkbox"/> County of Summit or Greater Akron Chamber

**Project Details:**

You must submit proof of business ownership with a complete copy of your most recent corporate federal business return. If you are a sole proprietor, submit a complete copy of your most recent federal 1040. All tax returns must be signed and mailed separately to:

City of Cuyahoga Falls  
Development Department  
2310 Second Street  
Cuyahoga Falls, OH 44221

To meet the requirements for this short-term working capital grant assistance, the business must provide documentation showing the jobs would have been lost without this assistance. The City requires that either the business owner submitting the application be a low-to-moderate income individual or the business must provide evidence that at least one (1) low-to-moderate income employee is being retained. Certification for the business owner or employee must be provided by returning the attached beneficiary form.

## Beneficiary Reporting Family Income Statement for Economic Development

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 family members in the home \_\_\_\_\_

Family Size	Income Limits		
	<30%	31-50%	51-80%
1	\$16,850	\$28,050	\$44,900
2	\$19,250	\$32,050	\$51,300
3	\$21,960	\$36,050	\$57,700
4	\$26,500	\$40,050	\$64,100
5	\$31,040	\$43,300	\$69,250
6	\$35,580	\$46,500	\$74,400
7	\$40,120	\$49,700	\$79,500
8	\$44,660	\$52,900	\$84,650

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.

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

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: \_\_\_\_\_

**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.*

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;"><b>OR</b></td> </tr> <tr> <td style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> </table>	<b>Social security number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-			<b>OR</b>	<b>Employer identification number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										-						
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## Certification and Signature

**\*\*ALL RESPECTIVE OWNERS MUST SIGN THIS DOCUMENT\*\***

I/We, the undersigned, certify that all information presented is truthful and accurate, to the best of my/our knowledge. I/We understand that:

1. Grant funds must be used for the project described herein.
2. The funding is provided through the federal Community Development Block Grant (CDBG) program and all associated federal requirements apply;
3. I/We understand that federal funds are limited and all projects will be funded on a first come, first served basis; however, were it not for the grant, this project would not go forward.
4. I/We further understand that the City of Cuyahoga Falls reserves the right to reject applications or modify funding amounts on all grant applications.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Print Name: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Print Name: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Print Name: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Print Name: \_\_\_\_\_