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10/16/2020

Jackson Township, Stark County, Ohio has received Coronavirus Aid, Relief and Economic Security (C.A.R.E.S.) Act funds from the Federal Government. The Board of Jackson Township Trustees John Pizzino, Todd Hawke and Jim Thomas, along with Fiscal Officer/ Economic Development Director, Randy Gonzalez have developed an assistance program to disburse a portion of these dollars to businesses in our community.

In the beginning of the pandemic, some of our Jackson businesses were deemed non-essential and ordered to close. These businesses were some of those most negatively affected. We certainly understand and appreciate the importance of compliance with the State health orders. We also understand the significance of these struggling businesses, the services they provide to our community and the positive economic impact they have on Jackson Township. This assistance program is intended to focus on those Jackson Township businesses.

With this in mind attached is a grant application. Along with the completed application, we ask that you include a financial comparison for individual month's pre-pandemic in 2019 in comparison for the same months in 2020. Your application must include copies of paid receipts for personal protective equipment (PPE) and/or expenses related to making your business compliant with the health orders issued by the State. Our intent is to keep the process fair and simple due to the time restriction tied to disbursing these funds. For the businesses that have suffered financial loss, we believe you will find the application process easy to navigate.

We understand this may not be much but we sincerely hope it helps you. We appreciate all you do for our community. Working together we will get through this and one day get back to normalcy. Stay strong and remember "We Make Things Happen" strong emphasis on "We" all 41,000 of us!

Jackson Township CARES Act Grant Application

Business Information

Name of Business _____

Address _____

City, State, Zip _____

Employer Identification Number (EIN) _____

Phone _____

Fax _____

E-mail _____

Name of contact person regarding this application _____

Title _____

Number of employees at your Jackson Township location: _____

Full time employees _____

Part time employees _____

Checklist

In order to be considered for the Jackson Township CARES grant, your submission must include:

- Grant application form with all business information completed
- Copies of paid receipts for PPE or other COVID related expenses as defined by the US Treasury and the State of Ohio purchased after March 1, 2020 totaling the grant amount being requested
- Acknowledgement must be signed
- Grant application must be received by **November 20, 2020**

Acknowledgement

I understand that this application and attached receipts are subject to audit. Grant funds received will be subject to 1099 reporting. Grants may be awarded in full or partial amounts. Grant awards or denials by the Jackson Township Board of Trustees are not subject to appeal. By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature _____

Date _____

Printed Name _____

Authorization

Approval by Jackson Township Trustees _____

Approved Amount \$ _____