



City of Dayton, Kentucky  
City Council's Economic Development Committee

## City of Dayton – COVID 19 Financial Assistance Program

The following information is required by the Economic Development Committee (EDC) and the Dayton, Kentucky, City Council (DKCC) to make a preliminary determination on the eligibility of a project under the City of Dayton's COVID-19 Financial Assistance Program, which was created in response to impacts caused by the COVID-19 crisis and the mandated closures. To determine eligibility for this program, a business must complete, sign and submit an application to:

Robert Yoder, Dayton Economic Development Director at ryoder@daytonky.com or mail it to 514 Sixth Ave. Dayton, KY 41071.

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### INCENTIVE

All eligible businesses may apply to receive a \$1000 grant to mitigate the impacts caused by COVID-19.

This funding will come in the form of a grant that will not be required to be repaid.

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### ELIGIBILITY REQUIREMENTS

All eligible businesses in the City of Dayton are encouraged to apply for the \$1000 grant provide under the City of Dayton's COVID-19 Financial Assistance Program.

No publicly traded businesses are eligible.

Recipient business must have been open with a valid occupational license prior to July 1, 2020.

Recipient businesses must have a valid City of Dayton Occupational License and be up to date on all applicable taxes, licenses and fees.

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### APPROVAL

All submitted applications will be reviewed and approved by the office of the City of Dayton's Economic Development Committee.

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### DURATION

The application period will begin February 8, 2021. the deadline for application submittal is March 1, 2021.

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**PART I APPLICANT INFORMATION**

SECTION A: APPLICANT				
Name of Person Applying	E-mail Address		Social Security No.;	
Street or P. O. Box	City	County	State	ZIP Code
Telephone Number	Fax Number			

**PART II BUSINESS INFORMATION**

SECTION A: BUSINESS				
Business Name		Employer Identification Number (EIN)		
Current Address of Business	City	County	State	ZIP Code
Project Address (if different from above)	City Dayton	County Campbell	State KY	ZIP Code 41074
Business' Taxable Year End	Organization Type (i.e., LLC)	Do you have a Campbell County and Dayton City Occupational License? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SECTION B: BUSINESS CONTACT				
Name of Business's Designee	Title	Name of Contact (if different from designee)		Title
Street or P. O. Box	City	County	State	ZIP Code
Telephone Number	Fax Number	Email Address		

**OFFICE USE:**

- Verification of Tax/Lien/License/Permits \_\_\_\_\_
- Verification of Eligibility Requirements \_\_\_\_\_
- Verification of Certificate of Occupancy (If applicable) \_\_\_\_\_
- Verification of Date Opened \_\_\_\_\_

## PART II COMPANY INFORMATION

### **SECTION C: BUSINESS DESCRIPTION & HISTORY**

Please provide a brief description and history of the company, and the challenges your business has faced or how it has been impacted due to COVID-19, including state-mandated restrictions that have been imposed.

Applicant is strongly encouraged to submit written documentation to support the loss of business revenue, increased expenses, or other financial hardships incurred by the business as a result of the COVID-19 pandemic.

**PART V APPLICANTS AGREEMENT CONTRACT**

**APPLICATION AUTHORIZATION, CERTIFICATION & ACKNOWLEDGMENT**

*I/we, the undersigned, the applicant on behalf of the business applying for a grant under the City of Dayton's COVID-19 Financial Assistance Program hereby certify that I/we have been authorized to file this application and to provide the information accompanying this application and that the information provided herein is true and complete and that it reflects the applicant's intentions for receiving financial assistance under the COVID-19 Financial Assistance Program to the best of my/our knowledge after having conducted reasonable inquiry. I/we understand that the information provided with this application will be relied upon by the City in deciding whether to award a grant under this program and that the City reserves the right to take action against the applicant or any other beneficiary of this grant if the City discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/we make this certification under the pains and penalties of perjury.*

*The applicant's signatures also acknowledge that pursuant to KRS 61.870 et seq., the Kentucky Open Records Act, this application and documents submitted in support thereof are public record, and therefore, may be subject to disclosure under statute.*

*Furthermore, the applicant's signature confirms that I/we have reviewed and accept all parts of this program's policies.*

Signed:

\_\_\_\_\_  
Name Title Date

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Name Title Date