

# CDBG-CV Business Application

Date:

COMPANY INFORMATION				
Legal Name of Business:		Type of Business:		
Primary Contact Person:		Mobile Phone:		
Email:		Business Phone:		
Website:		Social Media:		
Home Address of Owner:		Number of Owners:		
Project Site Address:		Duns #:		
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Voluntary Demographics	GENDER		RACE/ETHNICITY:	
	<input type="checkbox"/> Male			<input type="checkbox"/> White
	<input type="checkbox"/> Female			<input type="checkbox"/> Black/African American
	VETERAN			<input type="checkbox"/> Asian
	<input type="checkbox"/> Yes			<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> No			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				<input type="checkbox"/> American Indian/Alaskan Native & White
				<input type="checkbox"/> Asian & White
				<input type="checkbox"/> Black/African American & White
				<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
				<input type="checkbox"/> Other Multi Racial
				<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Non-Hispanic		
Total Working Capital Need:				
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	<input type="checkbox"/> SBA	<input type="checkbox"/> City	<input type="checkbox"/> Network Kansas/HIRE	
	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Main Street	<input type="checkbox"/> Community Foundation	
	<input type="checkbox"/> E-Community	<input type="checkbox"/> MCAC	<input type="checkbox"/> Banker/Financing	
	<input type="checkbox"/> Other:			
Jobs Retained: Full-time:		Part-time:		
Will full or part-time jobs be retained as a result of the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Bank (or other organization) name: _____				

<p>Please provide a description of the services provided by your business:</p>	
<p>Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc.)</p>	
<p>Describe how the use of the CDBG grant fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	
<p>Please list any other business resource partners that the business is working with, if any, (e.g. small business development centers, economic development organization, industry or trade services).</p>	

**DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?**

- SBA Payment Protection Program Loans
- SBA Economic Injury Disaster Loans
- SBA Express Bridge Loans
- SBA Debt Relief Program
- FEMA Disaster Relief Fund
- FEMA Public Assistance Program
- FEMA Emergency Food and Shelter Program
- TREASURY The Corona Virus Relief Fund
- TREASURY Unemployment Insurance Provisions
- IRS Economic Impact Payments
- USDA Commodity Assistance Program
- USDA Child Nutrition Programs
- USDA Supplemental Nutrition for Women, Infants and Children
- USDA Nutrition Assistance Block Grant to Territories
- USDA Disaster Household Distribution
- USDA Summer Food Service Program
- USDA The Emergency Food Assistance Program
- USDA Pandemic EBT
- USDA Supplemental Nutrition Assistance Program Emergency Allotments
- HHS Community Living Allocation
- LABOR Dislocated Worker Grants

**IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW EXACTLY WHAT THOSE FUNDS WERE USED FOR:**

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**PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY.**

**IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO**

**IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO**

**HOW MANY JOBS ARE BEING RETAINED? \_\_\_\_\_**

**PLEASE PROVIDE A COMPLETED EMPLOYMENT CERTIFICATION FORM FOR EACH EMPLOYEE BEING RETAINED. NOTE: IT DOES NOT HAVE TO BE ALL EMPLOYEES OF THE BUSINESS (UNLESS YOU ARE RETAINING ALL OF THEM WITH THIS PROJECT). IF THEY ARE A PART TIME EMPLOYEE, PLEASE DENOTE ON THE FORM OR APPLICATION WHETHER THEY ARE FT OR PT. IF PT, INDICATE IF THEY ARE  $\frac{1}{4}$ ,  $\frac{1}{2}$ , or  $\frac{3}{4}$ .**

0-5 hours – 0 person

6-15 hours –  $\frac{1}{4}$  time person

16 to 25 hours –  $\frac{1}{2}$  time person

26 to 35 hours –  $\frac{3}{4}$  times person

36 to 40 hours – full time person  
Seasonal workers are not to be counted.

**WHEN THE EMPLOYEE FILLS OUT THE FORM, IT IS FOR THE 12-MONTH PERIOD FROM THE DATE THE JOB CERTIFICATION IS FILLED OUT, SO IT INCLUDES TIME NOT BEING PAID BECAUSE OF COVID. PLEASE BE SURE THE CITY HAS YOUR ORIGINAL APPLICATION AND EMPLOYEE CERTIFICATION FORMS – THEY CANNOT BE COPIES.**

**CONFLICT OF INTEREST –**

<b>ARE YOU A COUNTY COMMISSIONER?</b>	Yes _____	No _____
<b>ARE YOU A COUNTY EMPLOYEE?</b>	Yes _____	No _____
<b>ARE YOU A CITY COUNCILPERSON?</b>	Yes _____	No _____
<b>ARE YOU A CITY EMPLOYEE?</b>	Yes _____	No _____
<b>ARE YOU RELATED TO ANY OF THE ABOVE?</b>	Yes _____	No _____

**IF YES, PLEASE DESCRIBE:**

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**INELIGIBLE BUSINESSES**

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

**Additional Notes:**

- A business may only apply for and receive CV funds one time.
- We were advised that in the case of sole proprietorship projects, they are eligible but can only claim costs for inventory, utilities and rent. Salaries/wages are not eligible due to the intent of the program is to help pay payroll costs to retain employees, of which 51% would meet the LMI requirement.
- The DUNS number is a requirement.
- Only 60 days of Working Capital in any category is eligible. Please only provide invoices/receipts for a consecutive 60-day period that is the most advantageous to your business. We will also need proof of payment (copy of check) showing the invoice has been paid. If the CV funds are needed to pay an invoice, we must be made aware of this ahead of time (clearly indicate so on the invoice).
- City/County owned utilities are not eligible (water, sewer, trash). We are still under the impression that property taxes are eligible.
- CV funds cannot be used to pay for existing debt.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

1. **Gross Revenue for the previous 12 months:** \$ \_\_\_\_\_
2. **Cost of Goods Sold for the previous 12 months:** \$ \_\_\_\_\_

**This should be the last tax return data to show the company as a feasible company.**

**DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR:** \$ \_\_\_\_\_

**Please be sure to attach documentation to justify your request. Please provide a consecutive 60 days of invoices and corresponding proof of payment. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide invoices/receipts to document all costs. We cannot accept Quickbook printouts or statements listing invoice numbers – it must be a dated invoice that shows what was purchased. Remember, only expenses after March 1, 2020 are eligible. We are using the order/invoice date even if the invoice was paid outside of the 60 day window.**

**Certified by:** \_\_\_\_\_

**Business Owner Signature**

\_\_\_\_\_  
**Business Owner Printed Name**

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

This is a new program and the State is continually providing updated information/requirements. It will take time to process the applications ensuring the correct documentation for each business is included. Thank you for your patience!

## EMPLOYEE CERTIFICATION FORM INSTRUCTIONS

**The City of Oakley has received** a grant from the KS Dept. of Commerce *Kansas Small Cities CDBG Program* to assist with CV funding. The employee job certifications are confidential and are not for public view; they **may only be checked by the Kansas Department of Commerce, the Department of Housing and Urban Development and our Grant Administrator**. The survey is not to determine the exact income of a household, but rather if the income is above or below the set income limits.

**INSTRUCTIONS:** Please complete a separate job certification for each employee that is being retained. Enter name of business and date of hire. The employee will then complete the form as follows:

**What is the employee's family size? Check the applicable box under Family Size**

**On that same line, indicate what range the household income is. Please note this is gross income of all family members 18 years of age and older. The amount should be for the past 12 months with factoring in money lost during the past several months (if applicable).** Please refer to columns **A (30%)**, **B (50%)**, and **C (80%)** for the State's income limits for your family size. If the gross income\* of your family is below the income limits listed in Column A, check the box that says "**Income below Column A**". If your income falls between the amounts in Column A (30%) and Column B (50%), please check the box marked "**Income between Column A & B**". If your household income falls between the amounts in Column B (50%) and Column C (80%), please check the box marked "**Income between Column B & C**". If the income of your family is above the income limit listed in Column C for the family size, check the bottom box ("**Income above Column C**"). *\*Please note that income is defined as: Adjusted Gross income as defined for the purpose of reporting under Internal Revenue Service IRS Form 1040 for individual Federal annual income tax purposes.*

**Household Demographic Information:** Please answer the household and demographic information as completely as possible. Note that "Disabled" is defined as a person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Indicate if your employer offers a health care plan and whether you were unemployed before taking this job. The employee will need to indicate their job title, print and sign their name, and date the form which certifies the information is true and correct.

Please return the **ORIGINAL** completed job certification with the CDBG-CV Business Application. If you have any questions or concerns about the employee certification form, please contact the following individual(s): Corina Cox, NWKP&DC Phone #: (785) 421-2151

**STATE OF KANSAS  
DEPARTMENT OF COMMERCE  
EMPLOYEE CERTIFICATION FORM**

Name of Company: \_\_\_\_\_ Project #: City of Oakley #20-CV-101  
Date Employed: \_\_\_\_\_

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>14,850</u> TO	<u>24,750</u> TO	<u>39,550</u>	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income Above Column C
2 <input type="checkbox"/>	<u>17,240</u> TO	<u>28,250</u> TO	<u>45,200</u>	
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>31,800</u> TO	<u>50,850</u>	
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>35,300</u> TO	<u>56,500</u>	
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>38,150</u> TO	<u>61,050</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>40,950</u> TO	<u>65,550</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>43,800</u> TO	<u>70,100</u>	
8+ <input type="checkbox"/>	<u>44,120</u> TO	<u>46,600</u> TO	<u>74,600</u>	

**RACE/ETHNICITY & DISABILITY STATUS**

Do you have a handicap or disability?  Yes  No  
 Are you Hispanic?  Yes  No  
 Are you a female head of household?  Yes  No

**RACE**

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job?  Yes  No  
 Were you unemployed before taking this job?  Yes  No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Required