



City of Council Grove

Emergency Response – CDBG-CV Application

**Application Deadline:** Thursday, September 10, 2020- 4pm

The CDBG-CV program is provided to the State of Kansas by the United States Department of Housing and Urban Development (HUD). The City of Council Grove is a subrecipient of these funds. The questions asked and forms required are part of that program and required for reporting. **Each employee of a business must also complete a Job Certification Form.**

**Required Information:**

- Completed City of Council Grove Emergency Response – CDBG-CV Application
- Completed State of Kansas Department of Commerce Employee Certification Form for **each employee** of the business applying. Note: 51% of employees must be at the 80% LMI level in order to qualify for grant funds.

**COMPANY INFORMATION**

Legal Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_ Facebook \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Date business established \_\_\_\_\_ # of Owners \_\_\_\_\_

NAICS Code (Manufacturing) \_\_\_\_\_

DUNS Number \_\_\_\_\_

Business EIN \_\_\_\_\_

Is your business a hospitality-based company? \_\_\_\_\_

Is this business located in the same city as the mailing address above? \_\_\_\_\_

Business structure (LLC, Sole Proprietorship, Inc.) \_\_\_\_\_

Does the applying business have a related operating or holding company? \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_

Gross Revenue for the previous 12 months: \_\_\_\_\_

Cost of Goods Sold for the previous 12 months: \_\_\_\_\_

Total number of jobs with Employer Sponsored Health Care: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Eligible Reimbursable Expenses from March 1, 2020 to August 1, 2020 include:**

- Utility bills \_\_\_\_\_
- Rent or mortgage payments \_\_\_\_\_
- Property taxes (for month March – August 2020) \_\_\_\_\_
- Inventory (food, merchandise, supplies) \_\_\_\_\_
- Personal Protective Equipment (PPE) \_\_\_\_\_
- Payroll expenses\*** \_\_\_\_\_

**\*From the U.S. Department of Housing and Urban Development CARES Act Guidelines as of 7/16/2020: In the case of sole proprietorship projects, Applicants are eligible but can only claim costs for inventory, utilities, and rent. Salaries/wages are not eligible because the intent of the program is to help pay payroll costs to retain employees, of which 51% would meet the LMI requirement.**

**For salons, we encourage you to work together with booth renters/stylists to identify expenses that benefit everyone. Ex) inventory, PPE, building mortgage/rent or utility bills to in turn reduce chair rent, etc.**

**Ineligible Reimbursable Expenses:**

- EIDL Loan Payments
- Payroll expenses already covered by PPP or unemployment

**Applicants must attach copies of receipts, invoices, canceled checks, or bank statements showing payment before reimbursement.**

**To make reimbursement easier, applicants are encouraged to focus on their largest expenses. Ex) Payments for 5 months of rent @ \$1000.**

**The Request for Reimbursement Form must be turned in by September 10, 2020, by 4pm.**

Date	Recipient	Expenses (rent, utilities, taxes, etc.)	Amount	Documentation of payment attached (yes or no)
			\$	
			\$	

			\$	
			\$	
			\$	
<b>TOTAL EXPENSES</b>			\$	

**FINANCIAL INFORMATION**

**City of Council Grove CDBG-CV Grant Request**

**Total Working Capital Needed** \_\_\_\_\_

**Total Working Capital Requested** \_\_\_\_\_

Note: grant amounts available will be determined based on the number of requests received. The review team will review applications and fund as many as possible. The City of Council Grove received a total of \$132,000 to grant out to all Council Grove businesses. Grant awards of more than \$5,000 per business are not anticipated.

Businesses will need to provide an invoice or documentation to show how funds are spent. Ex) Copy of a check and paid invoice for food purchased to reopen a restaurant, payroll for employees for a specific time period of work, copy of an invoice to purchase PPE, cleaning supplies, or print disposable menus.

**Other Sources of Assistance:**

Funding Type	Seeking	Received	Amount
SBA – Payment Protection Program (PPP)			
SBA – Economic Injury Disaster Loan (EIDL)			
Network Kansas/HIRE			
Bank Financing			
Other			

Please indicate which, if any, additional sources of funding you are currently seeking or have received. Receiving additional sources of funding does not prohibit you from receiving funding from the City of Council Grove’s CDBG-CV grant program, however, grant funds cannot fund duplicate services. For example, if PPP funds assisted with payroll for the week of June 8, the City of Council Grove’s CDBG-CV fund cannot fund the payroll for that same week, however, it could fund the payroll for the week of June 15.

*Note: Grant funds cannot be used to repay EIDL loans.*

**Prior Year Revenues**

**Year** \_\_\_\_\_ **Revenue** \_\_\_\_\_

**Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?**

\_\_\_\_ **Yes**      \_\_\_\_ **No**      \_\_\_\_ **Unknown**

Bank (or other organization) name: \_\_\_\_\_

Gender  Male  Female

Veteran  Yes  No

Race/Ethnicity  American Indian or Alaska Native  Asian

Black or African American  Hispanic or Latino  Native Hawaiian or Other Pacific Islander

White

**JOB INFORMATION**

Jobs Retained  Full Time  Part-Time

Average Wages \$ \_\_\_\_\_ Per Hour Full Time Wages

\$ \_\_\_\_\_ Per Hour Part-Time Wages

Will Full or Part-Time jobs be retained as a result of the funds?

Yes  No  Unknown

What is your annual payroll? \_\_\_\_\_

Kansas Department of Commerce Full-Time Equivalent job information:

**40 Hour Weeks**

0-5 hours	0 person
6-15 hours	¼ Time Person
16-25 hours	½ Time Person
26-35 hours	¾ Time Person
36-40 hours	Full-Time Employee

**IMPACT**

1. Please provide a description of the services provided by your business:

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2. 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).

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**3. Describe how the use of the CDBG loan fund enhances the ability of this business to survive**

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**3. What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?**

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**4. Please list any other business resource partners that the business is working with if any (e.g. small business development centers, Economic Development Organizations, industry, or trade services).**

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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 certified that I am authorized to work in the United States and can produce evidence of work authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**City of Council Grove – Office Use Only**

- Completed Application
  - Job Certification Form for all employees
  - Determination of Level of Review
  - Verification
    - For Inventory: a copy of invoice and proof of payment
    - For Payroll: a copy of payroll from before COVID-19 and after payroll for the application period to show jobs retained.
  - CDBG-CV Program Close-Out Certificate for Businesses
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