

## **Washington County CDBG CV Grant Business Criteria**

The Kansas Department of Commerce CDBG Program has awarded CV business grant funds to support the working capital needs of businesses in Washington County.

Applications are available from the Washington County Economic Development office.

**Terms:** Businesses in Washington County who are facing financial difficulties due to the COVID-19 pandemic are eligible to receive assistance through Washington County CDBG-CV Grant Funds. This is a grant for those facing impending income losses or other stresses due to the COVID-19 pandemic. The purpose of the program is to help our businesses retain jobs for low-to-moderate income families.

**Eligibility:** Any for profit business in existence as of March 1, 2020 that is retaining jobs and benefiting 51% or more low to moderate income families and not owned by an elected official of this city/county.

**Use of grant funds:** Operational relief, including payroll, utilities (City or County billed/owned utilities are not eligible), rent, inventory (limited to 60 days), and other monthly expenditures. Cost cannot be incurred prior to 03/1/2020. Cannot be used to pay off loans.

**Amount:**

-1-5 Employees: Up to \$25,000 per Full Time Equivalent (FTE) jobs retained based on need for businesses with a maximum funding of \$30,000.00 per company.

-6-50 Employees: Up to \$35,000 per FTE jobs retained based on the need of a business with a maximum funding of \$50,000.00 per company.

**Additional Information:**

-If awarded, the business will be required to supply invoices, receipts and proof of payment for funds seeking to be reimbursed. Please note the invoices must be dated 3-1-2020 or later including check number and paid date written on each invoice.

-Businesses cannot have outstanding Kansas Department of Revenue or IRS tax obligations.

**Note:** Amount of request may decrease based on availability of funds.

**Questions please contact:**

John Bruna, WCED – [washingtoncoep@gmail.com](mailto:washingtoncoep@gmail.com)

Brianne Beck, NCRPC – [communitydevelopmentrep@ncrpc.org](mailto:communitydevelopmentrep@ncrpc.org) (785) 738-2218

# 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
				<input type="checkbox"/> Asian
				<input type="checkbox"/> American Indian/Alaskan Native
				<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		
Gross Revenue for previous 12 months:		Cost of Goods Sold for previous 12 months:		

<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>	

## CDBG-CV Grant Application

1. Are you an immediate family member of a employee of Washington County?    Yes    No
  
2. Business revenue decrease month of April 2020 compared to month of April 2019.  
    less than 10%    10 to 25%    25 to 50%    50 to 75%    75 to 90%    >90%
  
3. How did you respond to limit the negative impact of Covid-19? *(Complete on separate sheet if needed)*

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4. Were you denied for or received minimal PPP or EIDL funds because you did not show enough net income in 2019?    Yes    No  
    If yes, was your 2019 net income less than your 2018 net income?    Yes    No  
    If yes, by how much \_\_\_\_\_ and why \_\_\_\_\_

**WASHINGTON COUNTY CDBG-CV GRANT**

Date of Expense	Type of Expense	Total Cost	Paid with PPP Funds	Paid with EIDL Funds	Paid with HIRE Funds	Other Funding:	CDBG-CV Grant Request
						(Please Identify Source)	

**Total**  
**Amount of Grant Request**

*To the best of my knowledge, the above information is true and accurate and can be verified if requested by proper officials of the city/county or the State of Kansas.*

*I understand that a duplication of benefits occurs when a business receives assistance from multiple sources for the same recovery purpose and the total assistance received exceeds the total need. I certify that I have not requested or received any duplication of benefits and funds from the CDBG-CV Grant will not cause any duplication of benefits.*

\_\_\_\_\_  
**Signature**

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

**CDBG-CV**  
**INSTRUCTIONS FOR COMPLETING EMPLOYEE CERTIFICATION FORM**

1. An Employee Certification Form must be completed and signed by each employee retained during the specified time period of the CDBG project. During the project, the KDOC representatives will compare payroll listings to the Employee Certification Forms. Any employee without a certification form will not qualify as a job created by the project or will be classified as a non-LMI job.
2. Prior to giving the form to the employee, the company should fill in their date of employment/hire. The company should also fill in the exact job title, since many times the employee does not know that information.
3. Owners, LLC members or corporation stockholders do not need to be included in the employee count unless a sole proprietorship without employees.
4. The employee **MUST** complete the other information, including a check in the column of the income section. The income is **the total gross family income for the past 12 months or the 2019 Tax Return whichever is less**. The easiest way to get this is to have them use the gross income they reported on their last income tax return. PLEASE NOTE: The employee is not required to fill out the personal information on the certification form if they choose not to do so.
5. Make sure the employee signs and dates the form.
6. Please return the completed and signed form to NCRPC.
7. If the employee feels more comfortable, it is acceptable to have them place in a sealed envelope.

Questions contact:

North Central Regional Planning Commission  
Brianna Beck, Community Development Representative  
P.O. Box 565  
109 N. Mill St.  
Beloit, KS 67420  
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Fax: (785) 738-2185  
[communitydevelopmentrep@ncrpc.org](mailto:communitydevelopmentrep@ncrpc.org)

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

Name of Company: \_\_\_\_\_

Project #: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

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			HOUSEHOLD INCOME
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	_____ TO	_____ TO	_____	<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"/>	_____ TO	_____ TO	_____	
3 <input type="checkbox"/>	_____ TO	_____ TO	_____	
4 <input type="checkbox"/>	_____ TO	_____ TO	_____	
5 <input type="checkbox"/>	_____ TO	_____ TO	_____	
6 <input type="checkbox"/>	_____ TO	_____ TO	_____	
7 <input type="checkbox"/>	_____ TO	_____ TO	_____	
8+ <input type="checkbox"/>	_____ TO	_____ TO	_____	

**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