

Phillipsburg CDBG-CV Business Grant Application

The City of Phillipsburg has received a Community Development Block Grant to help local for-profit businesses retain jobs for low-to-moderate income people. These funds can help businesses with issues created by the COVID-19 virus when no other funds are available.

Phillipsburg is accepting applications for CDBG-CV assistance. **Applications will be accepted until 4 p.m. Friday, Sept. 11.**

Applications are available for download electronically through a link on the city's website. Go to www.cityofphillipsburg.com.

In addition, physical copies of the application are available at the Phillipsburg City Office, 945 Second St., by contacting Scotty Aust at comdev@cityofphillipsburg.com or (785) 543-5234.

Complete and drop off applications at the City Office during regular business hours: 8 a.m. – 4 p.m. Monday through Friday.

Applications will be processed and reviewed as they are received. Applications will be reviewed for completeness and eligibility. Following review, the Phillipsburg City Council will determine funding awards.

Eligibility

This grant program is open to for-profit businesses located within the Phillipsburg city limits that were in operation as of March 1, 2020, and that have been impacted by COVID-19.

The intent of the grant is to help impacted businesses retain low-to-moderate income employees. To be eligible, a business must demonstrate that at least 51% of retained employees meet the 80% low-to-moderate income (LMI) threshold, as determined by federal guidelines.

All employees that are at risk of not being retained by the employer must complete an LMI worksheet.

Businesses must submit the application and all supporting documentation to be eligible.

Business grants may be used for:

- Working capital such as wages, non-City of Phillipsburg utilities, rent, etc. Costs incurred since March 1, 2020, can be reimbursed. However, existing loan debt is not eligible for funding. City of Phillipsburg utility bills are not eligible for funding.
- The purchase of 60 days of inventory needed to reopen. (60 days will begin on the day the business is allowed to reopen).

Documentation is required that matches or exceeds the amount of funding requested (invoices, bills, receipts or other proof showing expenditures).

A business may not apply for any CBDG-CV funding that duplicates funds received from alternative sources. A list of those other sources is included in the application.

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	
Gross Revenue for previous 12 months:			
Cost of Goods sold for previous 12 months:			
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	

<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>	

Other Funding Programs Used

If the business received a benefit from any of the programs listed below, please list the program and describe how those funds were used specifically. Attach a separate document and include with returned application.

CDBG-CV grant funds cannot be applied for or used if it duplicates an activity the business received funding for from these other programs.

SBA Programs:

- Payment Protection Program Loans (PPP)
- Economic Injury Disaster Loans (EIDL)
- Express Bridge Loans
- Debt Relief Program

FEMA Programs:

- Disaster Relief Fund
- Public Assistance Program
- Emergency Food and Shelter Program

USDA Programs:

- Commodity Assistance Program
- Child Nutrition Program
- Supplemental Nutrition for Women, Infants and Children
- Disaster Household Distribution
- Summer Food Service Program
- Emergency Food Assistance Program
- Pandemic EBT
- Supplemental Nutrition Assistance Program Emergency Allotments

Other Federal Programs:

- Coronavirus Relief Fund
- Unemployment Insurance Provisions
- IRS Economic Impact Payments
- HHS Community Living Allocation
- Dislocated Worker Grants

Additional Application Questions

Number of jobs being retained: _____. (Provide Job Certification Forms for each of those employees)

Total amount of funds requested: _____. (Attach all supporting documentation with application).

The business must be current on property taxes. Is the business current on property taxes?

Yes No

If No, please explain:

Please list gross revenue for previous 12 months: _____

Please list the cost of goods sold for the previous 12 months: _____

A business may only submit one application for CV funds.

Attach documentation that matches or exceeds the amount of funds you are applying for. Only expenses after March 1, 2020 are eligible.

A business may only apply for and receive CV grant funds once.

Businesses must have a DUNS number in order to receive CV funds. Lack of a valid DUNS number can disqualify an application.

Business Owner signature

Date

Employee Certification Form Instructions

Employee job certifications are confidential and not for public view. They may only be reviewed by the Kansas Department of Commerce, the Department of Housing and Urban Development and the City of Phillipsburg Grant Administrator.

Each retained employee needs to fill out this form. The survey is a tool used to determine if household income is above or below program income limits.

Complete a separate form for each retained employee. Enter the business name and date of hire. The employee will then fill out the remainder of the form.

1. Check the appropriate box under Family Size.
2. Determine range of household income. This includes the gross income of all family members over age 18 who live in the home. The amount should be for the previous 12 months, factoring in estimated money lost since March 1 if any.
3. Check the appropriate box on the right to indicate if household income falls below Column A; between Columns A and B; between Columns B and C; or Above Column C.
4. Fill in various checkboxes for demographic information as completely as possible.
5. Employee print their job title, name, fill in the date and sign the form.

Return the original completed job certification with the CDBG-CV Business Application.

If you have questions about the form, please contact Scotty Aust at comdev@cityofphillipsburg, or 785-543-5234.

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

Name of Company: _____ Project #: Phillipsburg 20-CV-106

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>13,600</u> TO	<u>22,650</u> TO	<u>36,200</u>	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	<u>17,240</u> TO	<u>25,850</u> TO	<u>41,400</u>	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>29,100</u> TO	<u>46,550</u>	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>32,300</u> TO	<u>51,700</u>	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>34,900</u> TO	<u>55,850</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>37,500</u> TO	<u>60,000</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>40,100</u> TO	<u>64,150</u>	
8+ <input type="checkbox"/>	<u>42,650</u> TO	<u>42,650</u> TO	<u>68,250</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