

The City of Yates Center was recently awarded 132,000 in CDBG-CV grant funds to assist local businesses impacted by COVID-19 who employ persons from low to moderate income households. The City of Yates Center is accepting applications from businesses that meet the following requirements:

- Must be physically located inside the city limits of Yates Center
- Must have been established by March 1, 2020
- Must have one to 50 employees, including the owner
- Must have at least 51% full-time equivalent jobs for persons from low to moderate income households
- Must provide proof of financial hardship due to COVID-19
- Must submit the application and all required supporting documentation, including disclosing any other financial resources received to help deal with the impacts of COVID-19
- Must be re-opened for business within 60 days of receiving grant
- Farmers/Ranchers are not eligible under this program
- Government, government employee households, and non-profits are not eligible under this program

Grant funds are to be used for working capital such as employee wages, rent, mortgage payments, utilities, and to purchase up to 60 days inventory needed to reopen the business. Funds cannot be used for any utility expense incurred from a city-owned utility (water and sewer). Costs can be reimbursed back to March 1, 2020. Businesses will be required to provide copies of invoices, bills, receipts, or other materials documenting their expenditures before funds are released.

The program is based on the availability of CDBG-CV funds, program guidelines, and submission of all required information. All completed applications submitted by the deadline will be reviewed by the CDBG-CV Grant Committee for eligibility. If the amount requested for funding exceeds the available funding, the committee will score all applications on a pre-determined scoring system.

Grants are up to:

- \$10,000 for Sole Proprietor
- \$30,000 for 2 – 5 Employees
- \$50,000 for 6 – 50 Employees

Complete and submit the CDBG-CV Application and employee certification form for each employee by 5:00pm, October 12, 2020. Late applications will be considered only if funding is available after the first round of awards.

A program timeline for the CDBG-CV process is below:

Applications available September 22, 2020.

Applications due by 5:00pm, October 12, 2020.

CDBG-CV applications reviewed October 13, 2020.

Governing body review and approval October 19, 2020.

Funds distributed to grant awardees after state approval.

All awards are subject to the city receipt of its CDBG-CV appropriation from the Kansas Department of Commerce.

The City of Yates Center is committed to monitoring the performance of grant recipients to ensure that Federal funds are used appropriately and, in a manner, to maximize low and moderate income public benefit. Monitoring each grant recipient ensures that the goals and objectives of the CDBG program are met.

Recipients that do not comply with the Post-Award and Sub Recipient Criteria listed below will forfeit their award of CDBG-CV funds. The forfeited funds will then be returned to the CDBG-CV program for reallocation.

- CDBG-CV funds shall not be used for any costs incurred prior to March 1, 2020.
- CDBG-CV recipients must complete their program by July 31, 2021.
- CDBG-CV recipients shall ensure recognition of the role of the Kansas Department of Commerce and the City of Yates Center Community Development Block Grant Program in providing services.
- CDBG-CV recipients will be required to maintain accurate records documenting that the funds received were used for the prevention of, preparation for, response to the Coronavirus and records documenting targeted populations and/or areas being served by this program.
- Recipients may be asked to provide a final summary reporting all accomplishments and outcomes to be provided to the City and the Kansas Department of Commerce. This includes a description of the impact or outcomes of this program.

Signature of the Executive Authority

My signature below confirms that I have read and understand the guidelines set forth on this application. If my application is approved, I will adhere to the terms described in the application and use the funds according to these guidelines and the guidelines set for by the Federal Housing and Urban Development. I will be able to provide the appropriate documentation to the City on the funds used for the stated purpose. I further acknowledge that I have not received other COVID-19 disaster assistance funds for the use of the same recovery purpose set forth in this application. Failure to meet these guidelines will require me to forfeit the funds to the City of Yates Center upon request.

Name

Title

Signature

Date

BUSINESS APPLICATION CHECKLIST

Please provide the following completed forms and information:

_____ Fully completed CDBG-CV Business Application.

_____ Fully completed Supplement to the CDBG-CV Business Application, including signature.

_____ Employee Certification Form (s), one for each employee – if part-time, please provide hours per week on form.

_____ Payroll Report reflecting current employees. If owner—operated with no employees, Provide most recent tax return for business.

_____ Invoices supporting requested funds.

_____ Cancelled checks or receipts showing proof of payment of invoices provided.

Your application will not be considered until all the required information has been received.

Application will need to be submitted in full by 5:00pm, October 12, 2020.

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
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>	

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

Name of Company: _____ Project #: _____
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

JOB CERTIFICATIONS FOR ECONOMIC DEVELOPMENT PROJECTS

Job Retention

Job retention is determined by income level only at time of award. Retention jobs are those jobs that would be lost, by company certification, if the company had not been funded. Jobs are certified at the award stage. 51 percent of all jobs retained must benefit low and moderate income persons.

FTE's (Full-Time Equivalent) will be figured by the following formula by the Department.

40 Hour Week

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 Person

Name of Business: _____

Duns Number, if available: _____

Other Federal Assistance Received:

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

___ SBA Payment Protection Program (PPP)
- Amount Received: _____
- What were funds used for (please be specific): _____

___ SBA Economic Injury Disaster Loan (EIDL)
- Amount Received: _____
- What were funds used for (please be specific): _____

___ SBA Express Bridge Loan
- Amount Received: _____
- What were funds used for (please be specific): _____

___ SBA Debt Relief Program
- Amount Received: _____
- What were funds used for (please be specific): _____

___ Other Federal Program Assistance
- Name of Program: _____
- Amount Received: _____
- What were funds used for (please be specific): _____

Types of Jobs Retained

<u>Jobs Category</u>	<u>Jobs Retained</u>
Officials and Managers	_____
Professionals	_____
Technicians	_____
Sales	_____
Office and Clerical	_____
Craft Workers (Skilled)	_____
Operatives (Semi-Skilled)	_____
Laborers (Unskilled)	_____
Service Workers	_____

Certification:

I understand the requirements for the CDBG-CV program and certify under penalties of perjury, the information provided in this application and all supporting documents are correct. The grant will be required to repaid if false information has been provided.

Signature of Business Owner