

CITY OF FORT SCOTT CDBG-CV Grants

Program Parameters

This is the guiding document for the grant program being offered by The City of Fort Scott. It sets the parameters for who is eligible, how to apply, funding limits, and minimum required documentation. The grants will be awarded on a first come first serve basis to those that are eligible and approved by the City Commission. As owner/operators and self-employed individuals did not qualify for the previous round of CDBG Emergency Funding, they will be given priority for this program. These individuals must submit their completed application before July 23rd, 2020 in order to receive precedence in application processing. Other businesses may still submit applications during this time frame, these applications will be held until July 24th before processing. All completed applications will be time stamped and logged upon receipt to ensure they are processed in order of submission. An application will not be considered complete until all required documentation has been received. All required documentation is listed on the Business Application Checklist. The grants will be awarded until all funds have been expended or June 15, 2021, whichever occurs first.

Who Is Eligible

- Businesses located within the City limits
- The business must have no more than 50 employees and can be as small as one employee
- Sole proprietors, owner operators, self-employed **with a valid Tax ID/EIN**
- No less than 51% of the jobs impacted must meet Low to Moderate Income Levels
- Grants are for COVID 19 related hardship only

Who is not eligible?

- Farmers/Ranchers
- New Businesses or Services (Opened after March 1, 2020)
- Businesses with any local, state, or federal tax liability
- Sales Consultants (i.e. Mary Kay Sales Consultant, Tupperware Sales Consultant, etc.)
- Government, government employee households
- Non-profits

How to Apply

Applications will be accepted by the City of Fort Scott.

The contact information is:

City of Fort Scott CDBG-CV
Attn: Allyson Turvey
123 S. Main St.
Fort Scott, KS 66701

Application forms may be downloaded online at <http://fscity.org/353/CDBG-CV>. Hard Copy applications will be available at the front desk of City Hall. Questions regarding applications should be directed to Allyson Turvey, via email at aturvey@fscity.org, or by phone at (620) 223-0550.

An application will only be considered once it is fully completed with all requested documentation required to support the requested funding.

Minimum Required Documentation

- Completed Application Form
- Supplement to Application
- Letter of statement that hardship has been caused by COVID 19
- Job Certification from ALL retained employees
- Most recent tax return for self-employed applicants
- Payroll Report if more than one employee
- Invoices of expenses to be covered by this grant

The city reserves the right to request additional documentation

Parameters

- Grants may be considered for working capital expenses.
 - Working Capital is defined as staff salaries and wages, purchase of inventory, utilities, rent, insurance payments, etc.
 - Only 60 days of working capital related to inventory will be accepted.
- There may be no duplication of benefits. For instance, a business which has already received funding from the Payroll Protection Program (PPP), may still qualify. However, funds cannot be used for the same need as was utilized under the PPP program.
- Funds can only be used for qualified working capital expenses incurred during a 60-day period beginning after March 1, 2020.
- Maximum Grant
 - Up to \$10,000 per business

Awards will be allocated based on the number or retained employees.

Award Allocation Matrix			
Full-Time	¾ Time	Part-Time	¼ Time
\$2,500	\$2,000	\$1,500	\$750

Process

- A complete application must be submitted to Ms. Turvey in electronic or paper form.
- Additional information may be requested for clarification.
- City employees will review application and make a recommendation to the City Commission.
- The City Commission will approve/decline/adjust request at a regularly scheduled public meeting.
- The City will issue a check for approved expenditures.

CDBG-CV 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.
- _____ Letter of statement that hardship has been caused by COVID 19.
- _____ Employee Certification Form(s) – if part-time, please provide hours per week on form.
Forms must be completed for ALL retained employees.
- _____ Payroll Report reflecting current employees. If owner-operator with no employees, provide most recent tax return for business.
- _____ Invoices supporting requested funds.
- _____ If available, checks showing proof of payment of invoices provided.

The city reserve the right to request additional documentation.

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

JOB CERTIFICATIONS FOR ECONOMIC DEVELOPMENT PROJECTS

I. Job Retention

Job retention is determined by income level only at time of award and any reasonable turnover in two years. 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 and at the end of the project for any jobs that may have been replaced.

II. Job Creation

Taken by: Income level at time of employment.

III. Base Employment

Base employment is the number of current employees on the payroll, not counted as retentions, that would keep their job if the grant were not funded. These do not have to be income-qualified.

IV. Jobs in Excess of Requirement

The agreement (state contract), should state that at a minimum, at least 51 percent of all jobs created or retained (**including any in excess of the number specified which result from the assisted activity**) 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	1/4 Time Person
16 - 25 hours	1/2 Time Person
26 - 35 hours	3/4 Time Person
36 - 40 hours	Full-Time Employee

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>	

**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 <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>25,850</u> TO	<u>41,400</u>	
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>29,100</u> TO	<u>46,550</u>	
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>32,300</u> TO	<u>51,700</u>	
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

Name of Business: _____

Duns Number: _____

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