



Community Development Block Grant – Corona Virus

On June 2 Anderson County and the City of Garnett were approved for \$132,000 each in grant funds to assist small businesses who employ persons from low to medium income households. Anderson County/Garnett are accepting applications from businesses that meet the following requirements.

- Must be physically located in Anderson County
- Must have one to five employees for the micro-grant program, and six to fifty employees for the economic development program including the owner
- Must have at least 51% full-time equivalent jobs for persons from low to medium income households
- Must provide proof of financial hardship due to COVID-19
- Must submit the application and all required supporting documentation and
- Must disclose if they have received capital through alternative sources (e.g. Economic Injury Disaster Loan (EIDL) or Payroll Protection Program (PPP) Loan) at the time of application submittal

Available Funding

The program is based on the availability of CDBG-CV funds, program guidelines, and submission of all required information. Based on the criteria stated above, applicants may receive a grant of up to:

- For businesses of 1-5 employees you may be eligible for up to \$20,000
- For businesses of 6 to 50 employees you may be eligible for up to \$30,000

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. The County anticipates being able to assist multiple small and large businesses.

Application Guidelines

CDBG-CV Application: Provide and eligible CDBG-CV program that serves low to moderate-income residents or businesses. Please complete and submit the CDBG-CV Application and employee certification form for each employee.

More Information and Files

- CDBG-CV Emergency Response Loan Application
- Employee Cert Form
- Job Certifications for Economic Development Projects
- Anderson County/ City of Garnett Application Cover

Application Guidelines

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Deadlines

1. Submission Deadlines: **Friday, July 17 at 5:00 p.m.**
To: **Julie Turnipseed, Director, ACDA julie@garnettks.net**

Late applications will be considered only if funding is available after the first round of awards

Review Process and Scoring

Review Process: All complete applications submitted by the deadline above will be reviewed by the CDBG-CV Grant Committee for eligibility. If the amount requested funding exceeds the available funding, the committee will score all applications based on the scoring categories. Staff will prepare a list of the recommended application for County/City Commission review and approval.

A program timeline for the CDBG-CV Process is below but subject to change pending Kansas Department of Commerce's timeline:

| | |
|--------------------|---|
| July 1, 2020 | Applications are available |
| July 17, 2020 | Applications Due by 5:00 p.m. |
| July 23, 2020 | CDBG-CV application reviewed |
| July 27 & 28, 2020 | Each Governing Body reviews and approves grant awards for their respective jurisdiction |
| Approx. Mid-August | Funds are distributed to grant awardees |

Post Award and Sub-Recipient Criteria

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

Anderson County/City of Garnett 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 be then 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 June 30, 2021
- CDBG-CV recipients shall ensure recognition of the role of the Kansas Department of Commerce and Anderson County/City of Garnett 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 County/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 County/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 Anderson County/City of Garnett upon request by one or the other.

Name

Title

Signature

Date

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 | | |

| | |
|--|--|
| <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> | |

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

Is your business located within the Garnett City Limits? Yes No

**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

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 |