

CITY OF SALINA CDBG-CV GRANT APPLICATION

Businesses in the City of Salina who are facing financial difficulties due to the COVID-19 pandemic are eligible to receive assistance through the City of Salina 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 owned/billed 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 back 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.

*****PLEASE NOTE THESE MAXIMUMS ARE SUBJECT TO AVAILABILITY OF FUNDS*****

Application: The application must be submitted by September 11, 2020 by 5:00 p.m. to the following address:

Lauren Driscoll
Director of Community and Development Services
City of Salina
300 W. Ash, Room 205
Salina, KS 67401

The application will be considered complete if the following information is provided:

1. Application Form-note the number of employee certifications included must equal the total number of jobs retained on page 1 of the application-(4 pages)
2. Current Payroll Report including last name, hours worked, rate of pay, pay period weekly, bi-weekly, monthly; asterisk current employees from date of application-signed and dated by owner
3. Employee Certification Form for retained employees
4. Letter (signed and dated by business owners) from business explaining that the effects of COVID-19 has shut down or will shut down the business if funding is not secured
5. If a Sole Proprietorship, submit 2019 IRS Schedule C for use in calculation of wage eligibility

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.

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

Questions please contact:

Lauren Driscoll at CDBGCV@salina.org 785-309-5715
Carol Torkelson, NCRPC ctorkelson@nckcn.com 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	
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>	

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*Due to the Lauren Driscoll, City of Salina Community and Development Services, 300 W. Ash, Room 205,
by 5:00 p.m. on September 11, 2020*

Business Name: _____

1. Are you an immediate family member of an employee or an elected office the City of Salina or Saline County? Yes No

2. Business revenue decrease month of April 2020 compared to month of April 2019. (Please Circle)

less than 10% 10 to 25% 25 to 50% 50 to 75% 75 to 90% >90%

3. How did you respond to reduce the negative impact of Covid-19? _____

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 _____

CITY OF SALINA 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: _____ (Please Identify Source)	CDBG-CV Grant Request
Total		0	0	0	0		0
Amount of Grant Request		0	0	0	0		0

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
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