COMMITMENT DEVELOPMENT BLOCK GRANT
SMALL BUSINESS STABILIZATION PROGRAM
GUIDELINES & APPLICATION

Funding is limited. Awards will be on a first-come, first-eligible basis

PROGRAM GUIDELINES

**Summary** Community Development Block Grant (CDBG) is a federally funded program through the U.S. Department of Housing and Urban Development (HUD). City CDBG funds may be used to expand economic opportunities for low- and moderate-income persons. CDBG funds are targeted to areas of the City that have the highest concentrations of low and moderate income persons. In addition, these areas generally coincide with Richland’s older residential neighborhoods and the central business district.

**CDBG Target Areas** are those census tracts within the City where over 51% of the individuals have incomes of 80% of the median income or less. These are, by and large, areas where a large number of Richland’s lower income people live.

**Purpose**
The Richland Small Business Stabilization Program (SBSP) is designed to promote economic stability by providing immediate relief in the form of a one-time forgivable loan for essential operating expenses to Richland small businesses negatively impacted by COVID-19.

**The goals of this program are:**

1. **Help small businesses survive the COVID-19 crisis.**
2. **Retain employment and continue to pay employees.**
3. **Maintain the provision of goods and services for Richland residents.**

**National Objective**

**Funding**
The maximum CDBG award will be $10,000 upon approval and in compliance with CDBG criteria.
Eligibility
A business must meet **ALL** of the following criteria to be eligible to apply:

- Must be a private, for profit business. *Independent Contractors are not eligible for this program.
- Business and/or any owner may not be suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal transactions.
- Businesses must have less than 20 FTE (full-time equivalent employees.)
- The business must have a physical storefront establishment within Richland’s city limits.
- Businesses must have a current Richland business license.
- The business must have experienced a negative impact due to COVID-19.
- No national chains. National chains are defined as franchises/for-profit corporations; **except in the case where the franchisee or brand has a Richland-based owner.**
- Operating for at least **24 months.**
- Business may **NOT** be delinquent in State and/or Federal licensing and filings.

If CDBG funds are awarded to a business, the business must meet the following requirement:

- Business will create/retain at least **one full-time or full-time equivalent (40 hours/week) low or moderate-income permanent job (LMI Job) within 12 months.** Moderate-income means less than or equal to 80% of the Area Median Income (AMI). See Section 4 of the application for income and details on how to meet the HUD National Objective for jobs.
- If business is retaining LMI job(s) – business must demonstrate clear objective evidence that permanent LMI job(s) would be lost without CDBG assistance.

**Terms** Loan will be forgiven over a one-year period as the business meets the required LMI job creation/retention requirement as outlined in the written agreement.

**Eligible Uses (CDBG funds can be used for):**
- Rent
- Mortgage
- Utilities
- Payroll
- Other operating expenses

**Ineligible Uses (CDBG funds cannot be used for):**
- Loan Payments to Small Business Assoc. (SBA)
- Governmental Uses or Expenses
- Political Activities
- Personal Property
- Savings
**Application Process**
Applicants must complete and submit a funding application to the City’s Development Services Department. Applications will be reviewed on a first-come, first-eligible served basis. All required supporting documentation **MUST** be submitted with completed application in order to be considered for CDBG funding.

Applicants will be notified of their application’s approval or rejection and funding amount, by Development Services staff. Amount of funding awarded to a business will be based on need. Once program funding is exhausted, other qualified applicants will be placed on a waiting list if/when additional funds become available.

**Review Process**
The following priorities will be considered when awarding funds:
- The business provides jobs to low-income individuals.
- The number of jobs that the business sustains during a normal business cycle (pre COVID-19 levels).
- The business demonstrates that it has lost a significant share (50% or more) of revenue due to the COVID-19 pandemic.
- The business demonstrates a strong chance of remaining open post COVID-19.
- The business has operated consistently for two years.
- Priority will be given to businesses located within low/moderate census tracts as defined by HUD.
- All eligibility criteria has been met.

**REQUIRED DOCUMENTS**
You will not be able to leave and return to your application. Ensure you have the following documents ready to upload before beginning this form:

(1) Business License
(2) Proof of Insurance
(3) Financial Statement that includes (a) Income Statement, (b) Balance Sheet, (c) Statement of Cash Flows
(4) Current signed IRS Tax Return

You will also need the following information to fill out the form:
DUNS number, UBI number and Tax ID/EIN
# Community Development Block Grant Program
## Small Business Stabilization Loan Application

### 1. BUSINESS INFORMATION

| Business Name: |  |
| Business Owner Full Name: |  |
| Business Address: |  |
| City / State / Zip: |  |
| Business Owner Address: |  |
| City / State / Zip: |  |
| Business Phone: | Email Address: |
| Website: | Contact Phone: |

**Type of Business (please list usual activities):**

- Are you an Independent Contractor? □ Yes □ No
- Does the business own or lease the building it occupies? □ Yes □ No
- Was your business forced to shut down due to COVID-19? □ Yes □ No
- Is the business veteran owned? □ Yes □ No
- Is the business minority owned? □ Yes □ No
- Is the business women owned? □ Yes □ No

<table>
<thead>
<tr>
<th>Business License #</th>
<th>Start Date:</th>
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<tbody>
<tr>
<td>Tax ID # / EIN #</td>
<td>UBI#</td>
</tr>
<tr>
<td>D-U-N-S #:</td>
<td></td>
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*The DUNS # is required for all federally funded programs. Obtaining a DUNS number is free. Obtain one by calling 1–866–705–5711 or by applying online at [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform).*

**FUNDING REQUEST:** $

(The maximum is $10,000; however, grant requests may not be fully funded due to availability and/or the approved grant expenses.)

**How did you hear about this program:**

**Organizational Structure (check one):**

- □ Sole Proprietorship
- □ General Partnership
- □ Limited Partnership (LP)
- □ Corporation
- □ Limited Liability Company (LLC)
- □ Limited Liability Partnership (LLP)
- □ Other:

If awarded funds, you must also register your business with SAM.GOV. This is a free service. Please create a user login and follow the steps to register the business with SAM.GOV. **Registration is required.**
2. ESTIMATED ADVERSE ECONOMIC IMPACT (Pre February 1, 2020 and Post February 1, 2020):

a. How has your business been impacted by COVID-19? (Example: Sales decline in dollars, walk in traffic, etc.)

b. Describe what adverse economic effects COVID-19 has had on your business to date.

c. What is your recovery plan?

d. Is the owner of the business also an employee of the business?

e. How many full-time (FT) and part-time (PT) employees did you employ prior to COVID-19? (Pre-February 1, 2020). Owner included if an employee of the business.

f. How many full-time (FT) and part-time (PT) employees do you currently employ? How has this number changed? (Post February 1, 2020) Owner included if an employee of the business.

g. Proposed number of full-time (FT) and part-time (PT) positions that will be created or retained with CDBG funds. FT _____ PT _____ (include the owner if an employee of the business)

h. Will you be retaining or creating a Full Time equivalent (FTE) job with these loan funds? (Full time equivalent job is any one employee working 40 hours or multiple employees working a total of 40 hours – the owner can be included in this number if he/she is an employee of the business)

1. Job title(s):

2. List special skills or education required for each position.

3. Expected time needed to hire (number of days following receipt of funds):

4. Hourly Rate:

5. Average hours per week per employee:

6. How/where will the position be advertised?

7. Is this position held by the owner? Yes No

8. Notes you would like to provide for consideration.
3. FINANCIAL INFORMATION

a. Please list the operating expenses that the CDBG award would pay for and attach verification of costs/expenses, include a description and amount (such as lease, utilities, payroll etc.)

b. Please list other sources of funding for business expenses; including revenues, personal funds, grants and loans applied for and/or received. Include funding source and amount within the year.

c. Have you applied for any other relief funding? If so, what and when?

d. Have you received notification that you are eligible for relief funding? If so, what?

e. Have you received any other relief funding? If so, how much?
4. MEETING THE HUD NATIONAL OBJECTIVE FOR JOBS

All CDBG-funded activities must meet a CDBG program national objective. The national objective for this program is Low or Moderate Income (LMI) Jobs - jobs that are held by or made available to low and moderate-income (LMI) persons. HUD defines LMI person whose earnings are less than 80% of the area median income by family household size. See Income Limit Chart at bottom of this page.

The applicant must satisfy the following LMI national objectives of the CDBG program:

**Low or Moderate Income (LMI) Job** - The business must create or retain permanent jobs, at least 51 percent of which (computed on a full-time equivalent basis) will be made available to or held by LIM person.

The following requirements must be met for jobs to be considered created or retained.

1. If a Business creates jobs, there must be documentation (Employee Certification Form) indicating that at least 51 percent of the jobs will be held by or made available to, LMI persons.

2. If a Business retains jobs, there must be sufficient information documenting that the jobs would have been lost without the CDBG assistance and that one or both of the following applies to at least 51 percent of the jobs:
   - The owner of the business is a LMI person (Employee Certification Form Required at award); or
   - The job is held by a LMI person (Employee Certification Form); or
   - The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by or made available to a LMI person.

The following requirements apply for jobs to be considered available to or held by LMI persons.

1. Created or retained jobs are only considered available to LMI persons when:
   - Special skill that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
   - The grantee and the assisted business take action to ensure that LMI persons receive first consideration for filling such jobs.

Income Limit Chart:

<table>
<thead>
<tr>
<th>HUD 80% AMI limits, per household size, for Richland, Kennewick and Pasco WA</th>
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</thead>
<tbody>
<tr>
<td>1 person  $43,700</td>
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<tr>
<td>5 person  $67,400</td>
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5. DISCLOSURE ASSURANCES AND SIGNATURES

Applicant agrees that the acceptance of this application does not commit the City to enter into an agreement, to pay any costs incurred in its preparation, to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by the City that any contract will be entered into by the City. The City expressly reserves the right to reject any or all applications or to request more information from the applicant.

The applicant also agrees that the City will only consider funding for an application that has been completed in full, met all eligibility requirements and has attached all supporting documentation. Applicant hereby certifies that all information contained in this document and any attachments is true and correct to the best of the applicant’s knowledge.

The City, the Department of Housing and Urban Development, the Comptroller General of the United States, or any duly authorized representatives, will have access to any books, documents, papers and records that are directly related to the program assistance for the purposes of monitoring, making audits, examination, excerpts, and transcripts. All records supporting the costs will be maintained for a period not less than 5 years following completion of the program agreement period, agreement termination, or default, whichever shall first occur.

No person who is an employee, agent, consultant, officer, appointed official, or elected official of the City of Richland who exercises or has exercised any functions or responsibilities with respect to CDBG activities, or is in a position to participate in a decision-making process, or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit, or have interest in any program assistance, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Hiring or retaining a LMI job is a condition of receiving CDBG funding and must be created/retained prior to award of funds. Recipient of funds will be required to report monthly for a one-year period after the job creation/retention has occurred. The Written Agreement will further outline CDBG requirements during the one-year period. A recipient will be required to repay CDBG funds if LMI job creation/retention is not fulfilled within the one-year period.

I UNDERSTAND AND BY SIGNING, AGREE:

All information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

I also agree to comply with nondiscriminatory employment practices and Affirmative Action Programs under Title VI and Section 112 of the Civil Rights Act of 1964 and applicable provisions of federal statutes and regulations concerning equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex (including pregnancy, gender identity and sexual orientation) national origin, age (40 or older), disability.

__________________________________________  ________________________
Signature - Business Owner                   Date

__________________________________________  ________________________
Signature – Business Owner                   Date