

CDBG SMALL BUSINESS GRANT ASSISTANCE CHECKLIST

About

This grant is funded using money from the Community Development Block Grant (CDBG) Emergency Assistance program, administered by Housing and Urban Development (HUD), via Business Oregon.

This grant is intended for small businesses and/or microenterprises impacted by COVID19 with no other source of funding to maintain operations and low to moderate income ("LMI") employees that reside within a qualifying jurisdiction. An award may have a duration of twelve months. Employees on staff in each current wage bracket must remain stable for at least 6 months after fund award.

Contact

Southern Oregon Regional Economic Development, Inc.

Email: grants@soredi.org
Phone: 541-773-8946
Mailing: 1311 Barnett Road, Suite 301
Medford, OR 97504



Submittal

Applications are accepted on a rolling basis as long as funding is available. Submissions are accepted via mail and email. **All submissions must include:**

APPLICATION

- ☐ Business Information
- ☐ Project Eligibility
- ☐ Personnel Detail
- ☐ Narrative
- ☐ Financing
- ☐ Certification/Signature

ATTACHMENTS

- ☐ Grant Eligibility & Award Estimator (Appendix A)
- ☐ Affidavit Duplication of Benefit (Appendix B)
- ☐ Job Creation/Retention Certification - Employer (Appendix C)
- ☐ Employee Roster including employee residence addresses
- ☐ Payroll/Salary Reports – prior 3 months
- ☐ Financial Statements – 12 month projection
- ☐ Financial Statements – Balance Sheet (dated within 30 days)
- ☐ Oregon SOS Annual Report

Review and Award Notification

Applications are reviewed at least monthly. Applicants should expect a response from SOREDI within 45 days of initial submittal. After an initial eligibility review, applicants will be contacted regarding additional documentation requirements.

APPENDIX A: GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

☐ **No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI for a referral to your local agency.

☐ **Yes.** Continue to next question.

2. Is your business registered within a qualifying jurisdiction?

Qualifying jurisdictions are the cities of Butte Falls, Cave Junction, Central Point, Gold Hill, Jacksonville, Rogue River, and ShadyCove, Talent, and unincorporated Jackson County.

☐ **No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI to discuss our other funding options.

☐ **Yes.** Continue to next question.

3. Are you a microenterprise? (1-5 employees)

☐ **No.** Continue to next question.

☐ **Yes.** Stop here. Pending income verification and demonstration of COVID-induced hardship, you are eligible for *up to* \$10,000 to be used within the definitions of this program.

4. Are you a small business? (6+ employees)

☐ **No.** Preference will be given to small businesses; continue to next question.

☐ **Yes.** Continue to next question.

5. Do you have staff that reside in Qualifying Jurisdictions (see Question 2) that have a low-moderate household income (LMI)?

Example for a 4 person family: Jackson County, \$52,100; Josephine County, \$49,600.

Full limits here: https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn.

☐ **No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI to discuss other funding options.

☐ **Yes.** Continue to next question.

6. How many LMI positions will you create/retain over at least the next 6 months?

_____ x \$2,500 =

APPLICATION

****You are strongly encouraged to complete the Grant Eligibility & Award Estimator (Appendix A) prior to starting this application. ****

Business Information

Business Name

Applicant's Name, Title

Applicant's Phone Number

Applicant's Email Address

Business Physical Address (must match SOS filing)

Business Mailing Address (if different)

Business Website

Business Date Started

Requested Grant Amount

Is this company a subsidiary or affiliate of another?

☐ No.

☐ Yes. Provide name and address of parent or affiliate:

Federal Tax ID Number

Federal Income Tax Status/Filing Type

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Sole Proprietorship | (IRS Form 1040 Schedule C) |
| <input type="checkbox"/> Partnership | (IRS Form 1065 w/Schedule K-1) |
| <input type="checkbox"/> S Corporation | (IRS Form 1120S) |
| <input type="checkbox"/> C Corporation | (IRS Form 1120) |
| <input type="checkbox"/> Nonprofit | (IRS Form 990) |

Company Officers and Management Personnel

<u>Name</u> _____	<u>Title</u> _____
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Project Eligibility

Has your business received any other government assistance for COVID? (example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

Funds for this program come from the CDBG program. Section 312 of 42 USC 5121-5207 (the Stafford Disaster Relief and Emergency Assistance Act) prohibits any person, business concern, or entity from receiving "any part of such loss as which he has received financial assistance under any other program, insurance or any source."

- ☐ Yes. *Note: If you have received or are participating in PPP, you may NOT use these funds for the same purpose PPP funds were used for. You will be required to provide PPP documentation.*
- ☐ No.

What is your business size?

- ☐ Small to Medium Business (26+ employees). Employee count: _____
- ☐ Small Business (6-25 employees)
- ☐ Microenterprise (2-5 employees)

What is the purpose of the requested funding? *Select all that apply.*

- ☐ Business Expansion
- ☐ Job Creation
- ☐ Job Retention/Avoid Job Loss
- ☐ Short term working capital assistance
- ☐ Retention of jobs

Personnel Detail

This application **REQUIRES** the employer to have staff that fit the definition of Low to Moderate Income (LMI) household, that reside within a qualifying jurisdiction.

Qualifying jurisdiction = cities of Rogue River, Butte Falls, Cave Junction, Central Point, Gold Hill, Jacksonville, Shady Cove

How many total staff do you typically have (including owner)?

How many total staff do you currently have (including owner)?

Current Staff: How many total staff do you have whose household wages are considered low-moderate annual income (LMI) and live within a qualifying jurisdiction?

The income limits (IL) for this category vary by location and can be found here:

<https://www.huduser.gov/portal/datasets/il.html>. Data used must be the most current (2020) and based on the registered business address.

Do you plan to increase the number of staff in the next 12 months?

☐ No.

☐ Yes. Describe:

Will this funding be used to help increase the number of staff within the next 12 months?

Note: If staffing levels are increased within the next 12 months, the ratio between non-LMI staff and LMI staff needs to remain at its current level.

☐ No.

☐ Yes. Describe:

If awarded, what method(s) will you use to retain and/or recruit LMI employees over the next 12 months?

Narrative

Describe the primary products/services of your company.

How was your small business/microenterprise impacted by the COVID19 pandemic?

If awarded, how would funds be used to respond to the COVID19 impact on your small business/microenterprise?

Financing

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency City, State	Name of Program	Type of Assistance (loan, grant, etc)	Amount (Awarded or Requested)

Expected Sources and Uses of Funds

Identify the sources and uses of **all** assistance which have been or may be used in the project.

Source of Funds	Use of Funds

Other Financial Interests

Does your business have shareholders?

☐ No.

☐ Yes. Describe:

Does your business have any other financially interested parties?

Any financial involvement or pecuniary interest, including (but not limited to) situations in which an individual or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project must be disclosed.

The following are not considered interested parties: local administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property owner and the contractor.

☐ No.

☐ Yes. Describe:

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports whenever **any** of the following instances occur:

- The applicant/grantee discovers that information was omitted from its initial report or any updated reports.
- Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last updated report was submitted.
- There is a change in the pecuniary interest of any person or entity that exceeds the amount of all previously disclosed interests by the lesser of \$50,000 or ten percent of such interest.
- There is a change in other government assistance that exceeds the amount of assistance that was previously disclosed.
- There is a change in the expected source of funds from a single source that exceeds the lesser of the amount previously disclosed for that source of funds by ten percent of the funds previously disclosed for that source.
- There is a change in the expected sources of funds from all sources previously disclosed that exceeds ten percent of the amounts previously disclosed from all sources of funds.
- There is a change in a single expected use of funds that exceeds ten percent of the previously disclosed uses for all funds.
- There is a change in the use of all funds that exceeds ten percent of the previously disclosed uses for all funds.
- Staffing levels are changed by more than 10% for a period of more than 30 days.
 - SOREDI must receive a copy of the any recruitment plans, including minimum qualifications for each position, expected duration of training, source of training, etc.
 - LMI ratios must be maintained at or above current levels.
- Staff occupational classifications, as defined by the U.S. Department of Labor Standard Occupational Classification System (<http://www.bls.gov/soc>), are changed.

All applicants/grantees who have submitted initial disclosure reports will be asked to submit updated disclosure reports **quarterly**, for 12 months following fund disbursement:

- Staff roster, including SOC codes
- Staff payroll reports for each of the preceding 3 months
- Monthly income statements
- Balance sheet

Certification and Signature

By signing this document, you agree that SOREDI as agent for participating jurisdictions, may verify this information. Any grants awarded are contingent on verification of the accuracy of the statements made herein.

I have received a copy of the grant reporting requirements. If awarded, I agree to comply to the provided reporting requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. I will disclose SOREDI all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

Applicant Signature

Date

Co-Applicant Signature (if applicable)

Date

APPENDIX B: AFFIDAVIT – DUPLICATION OF BENEFIT (p. 1 of 2)



Affidavit Duplication of Benefit

This affidavit must be completed by all businesses that have applied for and/or received any assistance from the CDBG funded Small Businesses/MicroEnterprise Assistance Programs being offered by SOREDI on behalf of participating jurisdictions. The information within this affidavit will provide SOREDI with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which your business is applying **and** any program your business has previously received funds from.

- ☐ Small Business and MicroEnterprise Assistance Program
- ☐ Emergency Assistance—Special Economic Development Assistance Program
- ☐ Emergency Assistance—Facilities Improvements
- ☐ Emergency Assistance—Public Services

This section identifies any sources of funds that the business has received as a result of the COVID19 pandemic other than insurance. Sources of funds include but are not limited to: federal, state, and local loan/grant programs; private or bank loans; nonprofit donations or loans. Please indicate below the amount allocated to your business from any and all funding sources not. And provide documentation for each sources of funds acquired.

Source of Funds #1

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Private Loan | <input type="checkbox"/> Other: _____ | |

Source of Funds #2

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Private Loan | <input type="checkbox"/> Other: _____ | |

APPENDIX B: AFFIDAVIT – DUPLICATION OF BENEFIT (p. 2 of 2)



Affidavit Duplication of Benefit

Source of Funds #3

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Private Loan | <input type="checkbox"/> Other: _____ | |

Signature:

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; **or** (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the _____ day of _____, 2020.

Applicant Signature

Print Applicant name

Joint Applicant Signature

Print Joint Applicant name

APPENDIX C: JOB CREATION/RETENTION CERTIFICATION – Employer (p. 1 of 2)



PART A (Employer Section)

Employer Information

Employer's Name _____ Company's Name _____
Address _____

Job Creation/Retention Information* (attach on a separate page if needed)

Position Title	Activity type (Select one)	Position	# hours per month	If new hire, was the employee unemployed prior to hiring?	If existing position Hire/Start Date	Annual Gross Income**	Household size**
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* Each position will need to complete further verification at a later stage in the application process

** 2020 Low and Moderate Income Limits per household income size by County can be found within Table D of [2020 Method of Distribution](#). A **family** is defined as a group of persons residing together, and any **dependent** children living outside of the home. Family types include, but are not limited to: a family with or without children, an elderly family; a near-elderly family; a disabled family; a displaced family; a co-habiting couple; a multi-generational family. An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose.

APPENDIX C: JOB CREATION/RETENTION CERTIFICATION – Employer (p. 2 of 2)



PART A (Employer Section)

Job Retention

____(Initial) I certify that due to COVID19, this position was (select all that apply):

- ☐ Threatened by layoff
- ☐ Threatened by out of area relocation
- ☐ Laid off
- ☐ Created because of this CDBG grant

Job Creation

____(Initial) If this job is not held by a low- or moderate-income person, I certify that I took reasonable action to ensure that low- to moderate-income persons received first consideration for filling this position.

____(Initial) I also certify that this job is reasonably expected to turn over to a low- or moderate-income person within six months

I certify that the above information is accurate and is subject to verification by government officials.

Signature of Company Representative _____

Date Signed _____