



Labette County Business,

Thank you for applying for the available CDBG-CV funds through Labette County or the City of Parsons. The following packet will include a two-page application form, a Low to Moderate Income reporting form and a Full Time Equivalent Employee work sheet. Each employee, regardless of the employment hours being recorded, must fill out and sign a Low to Moderate Income form with the appropriate box checked indicating their household status. At least 51% of households representing your employees must be in the Low to Moderate category for your business to be eligible for these funds.

This program is a reimbursable program and copies of receipts, bills, invoices, etc. equal to or exceeding the amount requested must be submitted with the completed documents for you to receive funding. Businesses that cannot meet the 51% employee level of below the low to moderate income regulations will not be approved for funding.

At the top of the application form you may **check only one box** designating the number of employees in your business. Businesses with only the owner of the business are considered to have only one employee. The maximum requestable amount allowed for each category will be; one employee - \$3,000, 1-5 employees - \$6,000, 6-50 employees - \$9,000.

The last date to **request an application is July 8** at 5pm CST. The last date to **submit an application will be August 7** at 5pm CST. Businesses forced to close due to COVID 19 are still able to apply for funding, but applications turned in for reimbursement through this fund will be reimbursable to **an open business only**. All businesses **must show they opened no later than August 7** to receive CDBG-CV.

Any business that took advantage of CARES Act unemployment compensation, paycheck protection program or the EIDL program are allowed to apply for these funds. However, interpretation of federal law may make some or all of those expenses unable to be provided for under the CDBG-CV funds. All applications will be held until August 7 so the full amount of funding provided may be re-allocated to those businesses if there are additional funds available. Anyone that collected from any CARES Act programs mentioned above cannot utilize CDBG-CV funds for the same expense as they did from previous funding programs.

For question on these forms or inquiries into the CDBG-CV program for Labette County and The City of Parsons, contact Laura Moore at 620.421.7030.

Thank you for applying to the CDBG-CV grant program.

Emergency Response – CDBG Application

Date: Single Owner, 1-5 Employees, 6-50 Employees,
 No Employees Counting Owner Not Counting Owner(s)

COMPANY INFORMATION			
Legal Name of Business:		Type of Business:	
Primary Contact Person:		Mobile Phone:	
Email:		Business Phone:	
Website:		Social Media:	
Home Address of Owner:			
Project Site Address:			
Date business established:		# of Owners:	
NAICS Code (manufacturing):		Business EIN:	
Is your business Hospitality based?		Is the business located in the same city as the mailing address above?	
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?	Name:
DUNS number:	Each agency is required to have a DUNS (Data Universal Numbering System) number generated from Dun & Bradstreet. If your agency does not have a DUNS number, one may be obtained free of charge for the purpose of the application for federal funding. The website link to Dun & Bradstreet's federal contract DUNS request service is http://fedgov.dnb.com/webform . Regular business DUNS numbers require a fee. (Not applicable to Governmental Agencies/City Departments)		
Voluntary Demographics	GENDER	VETERAN	RACE/ETHNICITY
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White
Total Working Capital Need:			
Did you receive EIDL Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered YES to either question, funds requested from this program CANNOT be used for the same purpose.	
Did you receive Unemployment or PPP Funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Jobs Retained:	Full Time:		Part-Time:
Average Wages:	Full Time wages:		Part-Time Wages:
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	What is your annual payroll?	Prior Year Revenues: Year: Revenue:
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	Bank (or other organization) name:	
Last 12 months Gross Revenue			
Last 12 months Cost of Goods Sold			

<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 loan fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?</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>	

The information contained within is truthful to the best of my ability.

Signature of Applicant **Date**

Print Name

**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 2: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	10,100 TO	16,800 TO	26,950	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	11,550 TO	19,200 TO	30,800	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	13,000 TO	21,600 TO	34,650	
4 <input type="checkbox"/>	14,450 TO	24,050 TO	38,500	<input type="checkbox"/> Income between Column B & C
5 <input type="checkbox"/>	15,600 TO	25,950 TO	41,550	
6 <input type="checkbox"/>	16,750 TO	27,850 TO	44,650	<input type="checkbox"/> Income Above Column C
7 <input type="checkbox"/>	17,900 TO	29,800 TO	47,700	
8+ <input type="checkbox"/>	19,050 TO	21,700 TO	50,800	

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

Job Retention

Job retention is determined by income level only at time of award. 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. 51 percent of all jobs retained 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

