

## CDBG-CV FUNDING APPLICATION

**This application is only for businesses that are located and operating in Schuylkill County. If your business is located outside of Schuylkill County, please visit <http://nepa-alliance.org/cdbg> for more information.**

**Before completing this application, please complete the pre-application eligibility questionnaire below. Please place a check in either the “Yes” (Y) or “No” (N) boxes.**

Y	N	Eligibility Criteria
		My business is located in Schuylkill County in PA (Schuylkill Haven & Pottsville businesses are not eligible to apply).
		My business is registered as a minority-owned business
		My business is registered as a woman-owned business
		My business was in operation on March 1, 2019.
		My business remains in operation and does not intend to permanently cease operations within 6 months of the date of application for this grant.
		My Business was closed between March 1, 2020 and December 30, 2020 due to COVID-19 Restrictions
		My Federal, Commonwealth of Pennsylvania, and local taxes are all current

### Job Requirement

All businesses must show that at least one full-time job (or part-time jobs equal to at least 40 hours per week) will be retained or held by a low-income person. This may be the owner of the business if it employs less than 4 other people. To make record keeping easier a waiver was granted so that we can count a job that pays less than an annual gross income of \$37,150 as meeting this criterion. Please identify the job that will be either created or retained:

**Job Title:** \_\_\_\_\_ **Rate of Pay – indicate hourly, weekly or monthly \$** \_\_\_\_\_

How many hours a week will be worked? \_\_\_\_\_

Is this a job that is filled? \_\_\_\_\_ If yes, provide attached Self -Certification form

**If part-time** (less than 35 hours) is there more than one position or other part-time jobs that count toward the equivalent of one -full time position?

**Job 2: Title:** \_\_\_\_\_ **Rate of Pay – indicate hourly, weekly or monthly \$** \_\_\_\_\_

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Are these jobs filled? If yes, provide attached Self -Certification form for each position

### To Be Submitted with Your Completed Grant Application

- 2019 and 2020 Business Tax Return
- 2019 and 2020 Profit and Loss (P&L) Statement.
- Evidence that your business revenues have been affected by COVID-19. Examples include monthly profit and loss statements or monthly revenue receipts. For program eligibility, the business must have experienced a

decline in revenue between March 1, 2020 and December 30, 2020.

Please submit this completed application and all above requested items to:

[recovery@nepa-alliance.org](mailto:recovery@nepa-alliance.org)

Questions can be directed to Steve Ursich at the above email or call 570-891-4649.

In the subject line of your application submission email, please place the county in which your business is located, the name of your business, and the amount of your grant request.

**The maximum award is \$15,000.**

## Company Information

Company Name: \_\_\_\_\_

DBA/Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ FEIN: \_\_\_\_\_

Date Began Operations: \_\_\_\_\_ State in Which Organized \_\_\_\_\_

Ownership Structure:

**\*Please select one. If your company is a Limited Liability Company, please select how your entity is taxed, either as a Sole Proprietorship, Partnership, or S-Corporation\***

Sole Proprietorship

Partnership

S Corporation

C Corporation

Limited Liability Company

## Contact Information

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Company Profile

Please give a brief history of your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Full-Time Employees at Time of Application (Including Owners):

\_\_\_\_\_

Number of Part-Time Employees at Time of Application:

What products/services does your business provide?

What was your company's total revenue in 2019, as reported on your 2019 business tax return?

What was your company's total revenue in 2020, as reported on your 2020 business tax return or your business's financial statements?

## Ownership

Name/Title	Social Security #	% of Ownership	
			%
			%
			%
			%
Total Ownership			%

## Fund Request

**Funds may be used to pay for operating expenses incurred or paid for by the business for which there have been no other form of support from federal Covid Funds.**

**\*\*The maximum award is \$15,000**

I understand that the activities must be completed, and all funds expended, no later than September 30, 2021.

Yes     No

Budget Item Detailed items or salaries for which funds are requested	Description Detailed description of activity in weekly pay/cost of item	CDBG Request Amount of CDBG-CV funds requested	Business Entity Share of Budget Funded from other sources	Total Cost Sum of Columns C and D = total cost for business entity
EXAMPLE: Staff costs – List Positions:				
Receptionist	\$500 per week – 40 hours x 8 weeks	\$4,000	0	\$4,000
PPE	\$6,000 – see list attached	\$5,000	\$1,000	\$6,000

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Please provide documentation of the costs for which you are applying for funds – these may be rent or mortgage invoices, utility statement, supply lists with pricing, payrolls for employees to be reimbursed, etc. Also include evidence of payment of such costs – canceled checks as applicable.

**TOTAL FUNDS REQUESTED:** \_\_\_\_\_

**COVID-19 Impact on Business**

Brief description whether or not your business temporarily closed operations due to the COVID-19 pandemic including date the closure started and date operations resumed. If open, have the hours of operation been reduced:

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Brief description of the adverse financial impact caused to date by COVID-19 pandemic:

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Do you anticipate that your business will be operational 6 months following award of this funding?  
 (If no, please note that you will be required to sign a contract with the County of Schuylkill stating that by accepting program funding, your business will remain operational for at least 6 months following award.)  
 If no, please briefly describe the circumstances:

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**Legal Notices**

**NOTICE TO APPLICANTS:**

As consideration for any Management and Technical Assistance that may be requested, I/We waive all claims against NEPA Alliance and its consultants.

I/We give the assurance that we will comply with Sections 112 and 113 of Volume 13 of the Code of Federal Regulations. These Code Sections prohibit discrimination on grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of federal financial assistance and require appropriate report and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these nondiscrimination requirements, SPC can terminate my/our grant.

I/We give the assurance that our business is not currently under citation for pollution violations and that in the future it will meet all applicable anti-pollution standards.

Authority to Collect Personal Information – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974).

Effects of Nondisclosure – Omission of an item means your application might not receive full consideration.

Agreement of Non-employment of NEPA Alliance Personnel – I/We agree that if SPC approves this grant application, I/We will not, for at least one year, hire as an employee or consultant anyone that was employed by NEPA Alliance during the one-year period prior to the disbursement of the grant.

## Confidentiality

Because NEPA Alliance is a public agency, their meetings are open to the general public. Therefore, certain information about your project may be released to the public through the newspaper, radio or social media. This includes, but is not limited to, use of funds, funding source and grant amount. NEPA Alliance cannot control what other parties choose to report about your project. Press releases directly from NEPA Alliance generally only include general information about the company, funding source and amount, use of funds and jobs to be created and/or retained.

I certify that the above information is true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

NEPA Alliance reserves the right to accept or reject any or all applications submitted on this application contingent upon available funding sources and respective applicant eligibility.