



CDBG-CV BUSINESS FORMS

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CDBG CV Application

Required Business Documents

Each business owner will need to complete the CDBG-CV Application form and Form C-2 Project Low and Moderate Income Benefit Form (Jobs Retained). Instructions for the forms are included. Special attention should be given to item #2 in the Form C-2 instructions regarding full time equivalent (FTE) basis. A business must accurately report the number of FTE employees, as proof may be required later in the process. The number of LMI employees is determined by having each employee complete the State of Kansas Department of Commerce Employee Certification form. **This form must be completed at this time by each individual employee, whether full time or part time.** The number of LMI employees of each business must be reported accurately and each employee should be prepared to provide proof of their household income if an official asks for it in the future.

Included in this packet are the following documents:

Instructions for Filling Out the CDBG-CV Application

CDBG-CV Application (2 pages)

Instructions for Filling Out Form C-2. Project Low and Moderate Income Benefit Form (Jobs Retained)

Form C-2. Project Low and Moderate Income Benefit Form (Jobs Retained)

State of Kansas Department of Commerce Employee Certification Form (need a form for EACH employee)

Instruction for Filling out the CDBG-CV Application

Legal Name of Business – business name as filed with state

Type of Business – general business category

Primary Contact Person – who is responsible for this paperwork and available to answer questions regarding the application?

Mobile Phone – of Primary Contact Person above

Email – Official business email address OR email address of Primary Contact Person above

Business Phone – official business phone listing (if available)

Website – if available

Social Media – list handles for Facebook, Instagram, Twitter, etc. (optional)

Home address of owner – list one address of majority owner or all home addresses of equal owners

Of Owners – how many owners have interest in your business?

Project Site address – where does your business entity do most of its business?

DUNS # - use your DUNS # if you have one; IRS EIN is acceptable; use individual SSN if you don't have an EIN or DUNS # available at <https://www.dnb.com/duns-number.html>

Business Structure – is your business a sole proprietorship, LLC, LLP, etc.?

Is the business located in the same city as the mailing address above? If no, what City is your business located in?

Date business established – date your business officially began

Does the applying business have a related operating or holding company? If yes, list the holding company's name.

Gross Revenue for Previous 12 months – list your company's previous 12 month gross revenues, as reported in your most recent tax filing

Cost of Goods Sold in Previous 12 months - list your company's previous 12 month cost of goods sold, as reported in your most recent tax filing

Voluntary Demographics – answers are not required here and are optional

Total Working Capital Need – list total amount of funding needed to maintain operations. Grant funds may not cover this entire amount, but this will help illustrate the total need in the event that additional funds become available.

List other funding you are currently seeking – check all boxes that apply; seeking or receiving funding from these other sources does not necessarily preclude your business from receiving CDBG funds.

Jobs Retained – this number comes from Form C-2 included in this booklet

Will Full or Part-Time jobs be retained as a result of these funds? –Answer yes, no or unknown.

Tax liability? – answer yes, no or unknown

Page 2 questions are all self-explanatory. Answer each to the best of your ability. Answers are required for each question.

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE/ETHNICITY: <input type="checkbox"/> White <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>	

INSTRUCTIONS FOR FILLING OUT

C-2. Project Low- and Moderate-Income Benefit Form

Low- and Moderate-Income Benefit forms will have to be submitted for the group of “Jobs Retained.”

Instructions: Name of applicant is the BUSINESS NAME AND CITY.

For Example: Rudy's Pizza - Lawrence

1. Job Title/Classification: The Applicant should provide a brief job title or classification for the jobs that will be retained , e.g., cooks, administrative assistants, installers, clerks, managers, etc.
2. Number of Jobs Retained: For each job title/classification, indicate the number of jobs that will be retained on a full-time equivalent basis. Based on a 40-hour work-week, jobs are converted into FTE status by dividing the number of hours worked by 40: FTE’s (Full-Time Equivalent) will be figured by the following formula by the Department.

<u>Hrs. Worked per Week</u>	<u>Full-Time Equivalent</u>
0 - 5 hours	0 FTE
6 - 15 hours	0.25 FTE
16 - 25 hours	0.5 FTE
26 - 35 hours	0.75 FTE
36 - 40 hours	1.0 FTE

3. Number of Jobs Counted as LMI: Provide the number of jobs included in Column 3 which are to be counted as jobs for low- and moderate-income individuals (LMI eligibility is determined by having each employee complete the Kansas Department of Commerce Employee Certification Form).
4. Salary Level: Indicate the entry level hourly wage or salary for each job classification listed in the first column. This can be expressed as an annual salary or an hourly wage as appropriate.

NOTE: All applicants retaining jobs will be asked to provide Employee Certification Forms verifying that LMI requirements are met for the retained jobs (a form is included in this booklet)

THIS IS REQUIRED FOR EACH EMPLOYEE (WHETHER FULL TIME OR PART TIME) AND NO FUNDS CAN BE DISBURSED UNTIL ALL REQUIRED PAPERWORK IS RECEIVED.

**STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____ Project #: 20-CV-104 Overbrook
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 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>16,350</u> TO	<u>27,200</u> TO	<u>43,550</u>	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income Above Column C
2 <input type="checkbox"/>	<u>18,650</u> TO	<u>31,100</u> TO	<u>49,750</u>	
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>35,000</u> TO	<u>55,950</u>	
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>38,850</u> TO	<u>62,150</u>	
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>42,000</u> TO	<u>67,150</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>45,100</u> TO	<u>72,100</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>48,200</u> TO	<u>77,100</u>	
8+ <input type="checkbox"/>	<u>44,120</u> TO	<u>51,300</u> TO	<u>82,050</u>	

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



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