



Community Development Block Grant- CV3 Application

Application Details

Applications Open: August 9th, 2021

Application Closes/Deadline: August 25th, 2021 by 4:00 PM (MST)

Applications can be accessed on the City of Goodland website, <https://goodlandks.gov>, or can be picked up at these locations:

Welcome Center	OR	City of Goodland
524 E. Hwy 24		204 W. 11th
Goodland, KS 67735		Goodland, KS 67735

Applications will only be accepted via email or mail:

If submitting via email please send to: julica.oharah@gogoodland.org

If submitting via mail please send to: SCCD
524 E Hwy 24
Goodland, KS 67735

Please contact Julica Oharah the Executive Director of Community Development, if you have any questions or concerns about the application process. She can be reached at julica.oharah@gogoodland.org or 785-821-0403.

CDBG-CV Business Application

Date:

CITY OF GOODLAND #21-CV-131

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"/> Chamber of Commerce <input type="checkbox"/> E-Community <input type="checkbox"/> Other:	<input type="checkbox"/> City <input type="checkbox"/> Main Street <input type="checkbox"/> MCAC	<input type="checkbox"/> Network Kansas/HIRE <input type="checkbox"/> Community Foundation <input type="checkbox"/> Banker/Financing
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>	

DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?

- SBA Payment Protection Program Loans
- SBA Economic Injury Disaster Loans
- SBA Express Bridge Loans
- SBA Debt Relief Program
- FEMA Disaster Relief Fund
- FEMA Public Assistance Program
- FEMA Emergency Food and Shelter Program
- TREASURY The Corona Virus Relief Fund
- TREASURY Unemployment Insurance Provisions
- IRS Economic Impact Payments
- USDA Commodity Assistance Program
- USDA Child Nutrition Programs
- USDA Supplemental Nutrition for Women, Infants and Children
- USDA Nutrition Assistance Block Grant to Territories
- USDA Disaster Household Distribution
- USDA Summer Food Service Program
- USDA The Emergency Food Assistance Program
- USDA Pandemic EBT
- USDA Supplemental Nutrition Assistance Program Emergency Allotments
- HHS Community Living Allocation
- LABOR Dislocated Worker Grants

IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW EXACTLY WHAT THOSE FUNDS WERE USED FOR AND WHEN (BE SPECIFIC):

PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR WITHIN THE SAME TIME FRAME. IE: IF YOU USED PPP FOR JULY AND AUGUST, YOUR FIRM IS INELIGIBLE FOR CV3 PAYROLL DURING THOSE MONTHS. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY ONLY DURING THE SAME TIMEFRAME.

IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO

IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO

HOW MANY JOBS ARE BEING RETAINED? _____

PLEASE PROVIDE A COMPLETED EMPLOYMENT CERTIFICATION FORM FOR EACH EMPLOYEE BEING RETAINED. NOTE: IT DOES NOT HAVE TO BE ALL EMPLOYEES OF THE BUSINESS (UNLESS YOU ARE RETAINING ALL OF THEM WITH THIS PROJECT).

IF THEY ARE A PART TIME EMPLOYEE, PLEASE DENOTE ON THE FORM OR APPLICATION WHETHER THEY ARE FT OR PT. IF PT, INDICATE IF THEY ARE ¼, ½, or ¾.

0-5 hours – 0 person

6-15 hours – ¼ time person

16 to 25 hours – ½ time person

26 to 35 hours – ¾ times person

36 to 40 hours – full time person

Seasonal workers are not to be counted.

The business must prove they are retaining at least one LMI job to be eligible. Regardless of how many jobs they are retaining, 51% of the jobs retained must be LMI. WHEN THE EMPLOYEE FILLS OUT THE FORM, IT IS FOR THE 12-MONTH PERIOD FROM THE DATE THE JOB CERTIFICATION IS FILLED OUT. PLEASE BE SURE THE CITY HAS YOUR ORIGINAL APPLICATION AND EMPLOYEE CERTIFICATION FORMS – THEY CANNOT BE COPIES.

CONFLICT OF INTEREST –

ARE YOU A CITY COUNCILPERSON? Yes_____ No_____

ARE YOU A CITY EMPLOYEE? Yes_____ No_____

ARE YOU RELATED TO ANY OF THE ABOVE? Yes_____ No_____

IF YES, PLEASE DESCRIBE:

Note: If there is a conflict of interest identified, the City must hold a hearing disclosing the information plus submit a formal request to the State for approval before processing the application.

INELIGIBLE BUSINESSES

- **BUSINESSES SUCH AS MARY KAY, AVON, ETC.**
- **FARMERS AND RANCHERS THAT RECEIVE BENEFIT FROM USDA**
- **NON-PROFIT/GOVERNMENT ORGANIZATIONS**
- **BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020**
- **BUSINESS MUST STILL BE OPEN AND CURRENT ON ALL TAXES**
- **BUSINESSES THAT RECEIVED CDBG RLF EMERGENCY FUNDS**

Additional Notes:

- **A business may only apply for and receive CV funds one time.**
- **Sole Proprietorships are eligible for salaries/wages if there is a Schedule C for 2019 that documents a profit. Please include a copy of the 2019 Schedule C.**
- **The DUNS number is a requirement.**
- **Working Capital in any category is eligible as long as you are not duplicating any benefit during the same timeframe.**

- **City/County owned utilities are not eligible (water, sewer, trash). We are still under the impression that property taxes are eligible.**
- **CV funds cannot be used to pay for construction, existing debt or contract labor.**

DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR: \$ _____

\$25,000 maximum per job retained for business under 5 employees for a maximum of \$30,000 per company. \$35,000 maximum per job retained for business with 6-50 employees for a maximum of \$50,000 per company

Please be sure to attach documentation to justify your request. Please provide a clear invoices and corresponding proof of payment. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide invoices/receipts to document all costs. We cannot accept QuickBooks printouts or statements listing invoice numbers – it must be a dated invoice that shows what was purchased. Remember, only expenses after March 1, 2020 are eligible.

Certified by: _____

Business Owner Signature

Business Owner Printed Name

Date: _____

It will take time to process the applications ensuring the correct documentation for each business is included.
Thank you for your patience!

AGREEMENT REGARDING DUPLICATION OF BENEFITS

COMES NOW the undersigned business owner _____, ("business owner") and represents to the City of Goodland Governing Body, ("the City"), that he/she is seeking approval for funds through the CDBG grant for relief from economic duress caused by the COVID-19 pandemic. In order to effectuate the grant, the parties make the following agreement:

WHEREAS the City desires to make CDBG funds available under the stipulation that the business owner agrees that no funds provided under this grant shall be used for any purpose or use that other federal COVID relief funds have been applied to, or will be applied to, and;

WHEREAS, the business owner stipulates, and agrees that no portion of any funds provided by the City under the CDBG grant will be used for any purpose or use that the business owner has already applied other State or Federal COVID relief benefits to, or will apply State or Federal COVID relief benefits to that the business owner has already received. The business owner agrees to provide a monthly audit of the funds awarded to verify that the application of the funds is only for novel purposes and that there have been no duplication of benefits., and;

WHEREAS the business owner acknowledges that if he/she applies funds awarded through the CDBG grant to any purpose or use that other Federal COVID relief benefits have already been applied to, then that business owner will be liable for refunding those funds to the City, along with any other civil and criminal penalties allowed by law.

Mayor of the City of Goodland

ATTEST

City Clerk

Business Owner

EMPLOYEE CERTIFICATION FORM INSTRUCTIONS

The City of Goodland has received a grant from the KS Dept. of Commerce *Kansas Small Cities CDBG Program* to assist with CV3 funding. The employee job certifications are confidential and are not for public view; they **may only be checked by the Kansas Department of Commerce, the Department of Housing and Urban Development and our Grant Administrator**. The survey is not to determine the exact income of a household, but rather if the income is above or below the set income limits.

INSTRUCTIONS: Please complete a separate job certification for each employee that is being retained. Enter name of business and date of hire. The employee will then complete the form as follows:

What is the employee's family size? Check the applicable box under Family Size

On that same line, indicate what range the household income is. Please note this is gross income of all family members 18 years of age and older. The amount should be for the past 12 months. Please refer to columns A (30%), B (50%), and C (80%) for the State's income limits for your family size. If the gross income* of your family is below the income limits listed in Column A, check the box that says "**Income below Column A**". If your income falls between the amounts in Column A (30%) and Column B (50%), please check the box marked "**Income between Column A & B**". If your household income falls between the amounts in Column B (50%) and Column C (80%), please check the box marked "**Income between Column B & C**". If the income of your family is above the income limit listed in Column C for the family size, check the bottom box ("**Income above Column C**"). **Please note that income is defined as: Adjusted Gross income as defined for the purpose of reporting under Internal Revenue Service IRS Form 1040 for individual Federal annual income tax purposes.*

Household Demographic Information: Please answer the household and demographic information as completely as possible. Note that "Disabled" is defined as a person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Indicate if your employer offers a health care plan and whether you were unemployed before taking this job. The employee will need to indicate their job title, print and sign their name, and date the form which certifies the information is true and correct.

Please return the **ORIGINAL** completed job certification with the CDBG-CV Business Application. If you have any questions or concerns about the employee certification form, please contact the following individual(s): Justine Benoit, NWKP&DC Phone #: (785) 421-2151

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

Name of Company: _____ Project #: City of Goodland #21-CV-131

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>13,700</u> TO	<u>22,800</u> TO	<u>36,500</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>17,420</u> TO	<u>26,050</u> TO	<u>41,700</u>	
3 <input type="checkbox"/>	<u>21,960</u> TO	<u>29,300</u> TO	<u>46,900</u>	
4 <input type="checkbox"/>	<u>26,500</u> TO	<u>32,550</u> TO	<u>52,100</u>	
5 <input type="checkbox"/>	<u>31,040</u> TO	<u>35,200</u> TO	<u>56,300</u>	
6 <input type="checkbox"/>	<u>35,580</u> TO	<u>37,800</u> TO	<u>60,450</u>	
7 <input type="checkbox"/>	<u>40,120</u> TO	<u>40,400</u> TO	<u>64,650</u>	
8+ <input type="checkbox"/>	<u>43,000</u> TO	<u>43,000</u> TO	<u>68,800</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.

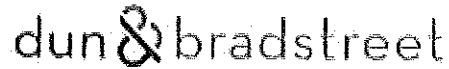
Job Title

Date

Print Name

Signature Required

BUSINESSES ARE REQUIRED TO HAVE A DUNS NUMBER IN ORDER TO RECEIVE CV FUNDS. LACK OF A VALID DUNS NUMBER CAN DISQUALIFY AN APPLICATION. DUNS INFORMATION MUST BE UPDATED ANNUALLY. THERE IS NO COST FOR A DUNS NUMBER.



Thank you for contacting D&B's Government Customer Response Center. iUpdate will provide you **quick, convenient** and **secure** access to request a new D-U-N-S Number or access to D&B's information on your business. Registered users can view, print, and submit updates to their D&B Business Information Report in a secure environment through a streamlined process.

Please follow the below steps and read the attached document to assist you with your iUpdate Registration request:

1. Click or copy the following link to your browser
<http://fedgov.dnb.com/webform>
2. Click on "Begin D-U-N-S Search / Request Process" at the top of the left hand tool bar
3. In the "Search" screen select "Your Country or Territory" from the drop down list and click "Continue"
4. In the "iUpdate Webform Page" click on "Continue to iUpdate" arrow at the bottom of the screen
5. In iUpdate, locate the box on the left side titled "Register to use iUpdate" and click on the "Start Now" button
6. Read the attachment "Step-by-Step Process for Customers" document. This will assist you in the process.
7. Once you have completed the entire process, you will receive a confirmation email.

As a reminder, after two business days of submitting the DUNS request, please review your spam or junk folder. Occasionally DUNS requests are re-routed to one of these folders as D&B is not recognized by all email domains.

Thank you for using iUpdate,

D&B's Government Customer Response Center