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Municipal Building
P. O. Box 287
700 N. Jefferson St.
Junction City, KS 66441

July 24, 2020

TO: Junction City Businesses
RE: CDBG-CV Funds.

The City of Junction has received \$132,000 of funding known as Community Development Block Grant-Coronavirus Aid (CDBG-CV) funds. These funds serve as a grant to small business who suffered economic losses due to the pandemic.

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 request must be submitted with the completed documents for you to receive this funding. Businesses that cannot meet the 51% level of below the low to moderate income regulations will not be approved.


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 CDBG-CV funds. Anyone that collected any CARES Act programs mentioned above cannot utilize CDBG-CV funds for the same expense as they did from previous funding programs.

Our CDBG Grant Administrator will review applications for completeness and eligibility. After that funds will be awarded.

Forms are to be returned to the City Office at 700 N. Jefferson Street, Junction City. Funds will be distributed until they are all allocated by the City. The applications will be reviewed on a First Come-First Served Basis.

Please contact me if you have any questions regarding this program.

Sincerely,


Allen Dinkel
City Manager

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:

PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY. CV FUNDS CANNOT BE USED TO PAY FOR EXISTING DEBT.

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 JOB CERTIFICATION FORMS FOR THOSE EMPLOYEES ONLY.

BUSINESSES FORCED TO CLOSE DUE TO STATE SHUTDOWN? YES OR NO

IF YES, EXPLAIN HOW LONG YOU WERE CLOSED & IMPACT.

DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR: _____

CONFLICT OF INTEREST –

ARE YOU A COUNTY COMMISSIONER? Yes____ No____
ARE YOU A COUNTY EMPLOYEE? Yes____ No____
ARE YOU A CITY COMMISSIONER? Yes____ No____
ARE YOU A CITY EMPLOYEE? Yes____ No____
ARE YOU RELATED TO ANY OF THE ABOVE? Yes____ No____

IF YES, PLEASE DESCRIBE:

ARE YOU CURRENT ON YOUR PROPERTY TAXES? Yes____ No____

IF NO, PLEASE EXPLAIN:_____

INELIGIBLE BUSINESSES

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

Note: A business may only apply for and receive CV funds one time.

Please be sure to attach documentation that matches or exceeds the amount of funds you are applying for. 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 receipts to document all costs. Remember, only expenses after March 1, 2020 are eligible.

Certified by:_____

Business Owner

Date:_____

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		RACE/ETHNICITY:	
	<input type="checkbox"/> Male			<input type="checkbox"/> White
	<input type="checkbox"/> Female			<input type="checkbox"/> Black/African American
	VETERAN			<input type="checkbox"/> Asian
	<input type="checkbox"/> Yes			<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> No			<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>	

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

Name of Company	Project # CDBG-#20-CV-036 Plan
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	<i>Section 1- INCOME LIMITS</i>			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	13,600 TO	22,650 TO	36,200	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	17,240 TO	25,850 TO	41,400	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	21,720 TO	29,100 TO	46,550	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	26,200 TO	32,300 TO	51,700	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	30,680 TO	34,900 TO	55,850	
6 <input type="checkbox"/>	35,160 TO	37,500 TO	60,000	
7 <input type="checkbox"/>	39,640 TO	40,100 TO	64,150	
8+ <input type="checkbox"/>	42,650 TO	42,650 TO	68,250	

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