

Business Application Checklist – CDBG Covid Fund Request

Please provide the following completed forms and information:

- _____ Fully completed CDBG-CV Business Application, including letter that need funding due to Covid-19 Restrictions and why specifically.
- _____ Fully completed Supplement to the CDBG-CV Business Application, including signature.
- _____ Employee Certification Form(s) – one for every employee on payroll; if part-time, please provide hours per week on form
- _____ Completed W-9
- _____ Payroll Report reflecting current employees. If owner-operator with no employees, provide most recent tax return for business.
- _____ Invoices supporting requested funds
- _____ If available, checks showing proof of payment of invoices provided

Your application will not be considered until all the required information has been received.

Emergency Response – CDBG CV for Grant Funds

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:			
Project Site Address:			
Date business established:		# of Owners:	
NAICS Code (manufacturing):		Business EIN:	
Is your business a Hospitality based company?		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?	Yes/No Name:
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"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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
Average Wages:	Full Time wages:		Part-Time Wages:
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknow	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?	Yes/No/Unknow	Bank (or other organization) name:	

<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 CV 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. 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, ED Org, industry or trade services).</p>	

Name of Business: _____

Duns Number: _____

Other Federal Assistance Received:

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

___ SBA Payment Protection Program (PPP)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Economic Injury Disaster Loan (EIDL)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Express Bridge Loan

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Debt Relief Program

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ Other Federal Program Assistance

- Name of Program: _____
 - Amount Received: _____
 - What were funds used for (please be specific): _____
-

Types of Jobs Retained

Jobs Category

Jobs Retained

Officials and Managers

Professionals

Technicians

Sales

Office and Clerical

Craft Workers (Skilled)

Operatives (Semi-Skilled)

Laborers (Unskilled)

Service Workers

Certification:

I understand the requirements for the CDBG-CV program and certify under penalties of perjury, the information provided in this application and all supporting documents are correct. The grant will be required to be repaid if false information has been provided.

Signature of Business Owner

**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 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	14750 TO	24550 TO	39300	<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"/>	17240 TO	28050 TO	44900	
3 <input type="checkbox"/>	21720 TO	31550 TO	50500	
4 <input type="checkbox"/>	26200 TO	35050 TO	56100	
5 <input type="checkbox"/>	30680 TO	37900 TO	60600	
6 <input type="checkbox"/>	35160 TO	40700 TO	65100	
7 <input type="checkbox"/>	39640 TO	43500 TO	69600	
8+ <input type="checkbox"/>	44120 TO	46300 TO	74100	

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

<u>RACE</u>	
<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

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <p>City of Ottawa, Kansas 101 S. Hickory St., P.O. Box 60 Ottawa, KS 66067</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.