

- You must provide sufficient documentation that jobs would have been lost without this grant assistance by providing current profit/loss statements from 2019 and 2020 along with any completed months in 2021
- Must provide documentation showing low/mod FT or FT equivalent employee(s) were retained by completing and submitting the attached job retention form within 8 weeks of receiving funds for each employee

What are the terms for this grant?

- Business/owners must remain open for at least 3 months from approval
- Business/owner must retain and document the required number of low/mod income FT employee(s) or FT equivalent employee(s)
- If the business/owner has no employees, the owner must be able to document they are a low/mod owner
- The business/owner must submit payroll records at the end of 3 months from the time the grant is approved to satisfy HUD requirements for job retention

What can the funds be used for?

- Funds may be used for operating expenses for day-to-day operations including but not limited to working capital, payroll, rent/mortgage costs, utilities, inventory, food supplies and insurance.

What can I not use the funds for?

- Any items that are currently/have been/or will be covered using any other available funding from programs such as, but not limited to, the PPP or EIDL program--no double dipping!
- Equipment, construction or expansion
- Payment of non-business debt
- Personal expenses or purchases of personal items
- Political activities
- Taxes and fines

What happens after I apply?

- The application review process will be carried out by city staff after receipt of all required materials
- After review and if approval is granted, documents will be prepared for signing and after signing funds will be available to be drawn
- Funds will be disbursed by reimbursement to the business for documented eligible project expenses or paid directly to third party vendors for purchase orders
- You will be required to submit payroll records after three months showing employees have been retained

**CITY OF SPRINGFIELD
MISSOURI GRANT PROGRAM**

BUSINESS INFORMATION

Business Name:

Doing Business As (DBA):

Business Owner(s) Name:

Business Address:

Business Owner(s) Home Address:

Business Phone:

Applicant Phone:

Email:

EIN No.

Social Security No.

Are any owners or the
business in bankruptcy?

____ Yes ____ No

Is the business current
on all city taxes,
licenses & fees?

____ Yes ____ No

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

Date of Incorporation:

Current number of
employees:

Full Time Part Time

Number of employees retained if
business receives loan

Full Time Part Time

Has the business ever been subjected to criminal or civil fines and penalties including from City of Springfield code or regulatory violations? ____ Yes No ____

BUSINESS DESCRIPTION AND SUMMARY OF EXPERIENCE IN INDUSTRY

PROPOSED USES OF FUNDS

AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Working capital
\$	Other(specify):
Total Grant Funds Request (Max \$10,000): \$	

Please specify below the jobs your business intends to retain through the funds provided by this program.

Position Title:	Hours Worked per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:

Please indicate any additional jobs retained on a separate sheet

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of Springfield. If necessary, I will provide any additional information requested to verify this data. I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary. Please provide signatures of all members of the business with 20% or more ownership.

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

Please submit the following documents along with application

	Small Business Relief Grant Application (this document)
	Owner Income(s) self-verification form
	Owner’s last two years of recently completed IRS Form 1040 (all owners 20% of business or more) along with two years of the most current business returns
	Business Operating Agreement– (for businesses with multiple partners)
	Copy of insurance (or indicate you are willing to obtain)
	Previous eight weeks of payroll prior to application along with eight weeks of payroll pre-COVID
	Profit/loss statements showing revenues and expenses from 2019 and 2020 and any available months for 2021
	Criminal Background Disclosure form

HUD NATIONAL OBJECTIVE

HUD program rules state that in order to be eligible for funding, every CDBG-funded activity must meet a National Objective. For this program you must qualify as a low-mod owner (below 80% of Median Income—see chart below) or one of the following criteria must be met.

- The funding requested will assist you in retaining jobs that would have been lost
- The funding requested will assist you in creating new jobs

80% OF MEDIAN INCOME

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
\$36,600	\$41,800	\$47,050	\$52,250	\$56,450	\$60,650	\$64,800	\$69,000	\$73,150

NOTE- Staff will follow-up with applicants for required additional information and documents after application submission, including income self-certification forms for all employees.

Email completed application and any requested attachments to:
chagler@springfieldmo.gov

Business Owner Income Documentation and Conflict of Interest Certification

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Please circle the number of family members in your household and then move across and circle whether your household income is less than the amount listed or above the amount listed:

Number of Family Members in Household (Select one)	Annual Income	
	Select Which Household Size and Income Applies to You	
1	\$36,600 or less	Above \$36,600
2	\$41,800 or less	Above \$41,800
3	\$47,050 or less	Above \$47,050
4	\$52,250 or less	Above \$52,250
5	\$56,450 or less	Above \$56,450
6	\$60,650 or less	Above \$60,650
7	\$64,800 or less	Above \$64,800

Please check your ethnicity (pick 1 of 2): Hispanic/Latino Non-Hispanic/Latino

Please check your race (pick 1 of 10 choices):

- | | |
|---|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Asian
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Native Hawaii/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Other Multi-Racial |
|---|--|

APPLICANT STATEMENT: I hereby declare that any person(s) employed by the City of Springfield, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of). An example of a direct interest would be a City of Springfield employee or City of Springfield Council Member, who would be paid to perform services under this proposal. An example of indirect interest would be a City of Springfield employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt, please disclose to the extent known).

Name: _____ (printed)

Signature: _____ **Date:** _____

Disclosed Conflict of Interests:

Name: _____ (printed)

Signature: _____ **Date:** _____

Disclosed Conflict of Interests:

**CITY OF SPRINGFIELD
DEPT OF PLANNING & DEVELOPMENT
SMALL BUSINESS COVID-19 GRANT PROGRAM
JOB RETENTION RECORD**

NAME OF EMPLOYER: _____

NAME OF EMPLOYEE: _____

ADDRESS OF EMPLOYEE: _____

DATE EMPLOYED: _____

JOB TITLE: _____

Full Time _____

Part-Time _____

Hrs/Week _____

Male _____

Female _____

White _____

Black _____

Indian _____

Asian _____

Hispanic _____

Other _____ (_____)

Is employee head of household? **Yes** _____ **No** _____

Total number of persons in household _____ (include yourself, spouse, children & others)

Current Household Income: \$ _____

EMPLOYEE SIGNATURE: _____

Date

EMPLOYER SIGNATURE: _____

Date



Criminal Background Disclosure for the City of Springfield

Applicant: _____

Project Address: _____

All applicants must provide and certify their complete adult criminal conviction record from age 17. This form must be completed by all loan applicants and must include all criminal convictions other than minor traffic violations.

 I have **NEVER** been **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in
 Federal: State: or Municipal court:

 I have **been** **convicted of** or **pled guilty** to felony and/or misdemeanor offense(s) in
 Federal: State: or Municipal court:

Are you currently on probation? YES NO

Are you subject to a lifetime registration requirement under a state sex offender registration program? YES NO

I have attached the papers that show the punishment the court(s) imposed on me for the above offense(s). YES NO

I understand that my failure to truthfully complete this disclosure and attach any relevant documents means that my loan application will be automatically rejected. I also understand that if this disclosure proves to be untruthful or incomplete after I receive a loan, I must return the loan in full with any accrued interest upon demand.

The City is authorized to conduct a criminal background check of the applicant and any guarantors.

Applicant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 20_____.

Notary Public in and for the State of Missouri