

# CITY OF SPRINGFIELD MISSOURI

## BUSINESS ASSISTANCE FORGIVABLE LOAN

### 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
\$	Other(specify):
\$	Other(specify):
<b>Total Relief Grant Funds Request (Max \$10,000):</b> \$	

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

## **EMERGENCY NEED**

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
2. Explain how the funding will help your business remain viable and prevent further layoffs:

## **Other Funds**

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19:
2. List any other funding you have received, the amount and if those funds have been expended (e.g. PPP, EIDL, unemployment insurance benefits, etc.).
3. List any other funding you plan to apply for.
4. Indicate if you are receiving any "Business Interruption Insurance" and the amount.
5. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.

**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 liability insurance (or indicate you are willing to obtain)
	Previous eight weeks of payroll or other documents showing a history of employees on payroll as of the application submission date
	Profit/loss statements showing revenues from January 2019-May 2019 and profit/loss statements showing revenues from January 2020-May 2020
	SAM.GOV registration
	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
\$35,250	\$40,250	\$45,300	\$50,300	\$54,350	\$58,350	\$62,400	\$66,400	\$70,450

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

**Email completed application to:** [chagler@springfieldmo.gov](mailto: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	\$35,250 or less	Above \$35,250
2	\$40,250 or less	Above \$40,250
3	\$45,300 or less	Above \$45,300
4	\$50,300 or less	Above \$50,300
5	\$54,350 or less	Above \$54,350
6	\$58,350 or less	Above \$58,350
7	\$62,400 or less	Above \$62,400

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

\_\_\_\_\_

## Small Business Assistance Forgivable Loan Program Job Retention Form (to be completed by employee)

DATE \_\_\_\_\_: Business: \_\_\_\_\_

Your employer has received assistance through the City of Springfield to retain the business and associated job(s) at their business, including your job. We are asking your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided through the City of Springfield's small business. As soon as you have completed the information listed below, you may submit it directly to your employer or return it to the City of Springfield Department of Planning and Development, P.O. Box 8368 Springfield, MO 65801-8368. Thank you for your cooperation.

Full Name (print please):			
Address:			
Telephone			
Job Title:		<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
Are you a resident of the City of Springfield? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the <u>number</u> of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		

Was your total household income during the last 12 months higher or lower than the amount indicated below? The dollar amount represents annual household income. ☐ Higher ☐ Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$35,250	\$40,250	\$45,300	\$50,300	\$54,350	\$58,350	\$62,400	\$66,400

**Describe any employer paid benefits you receive as an employee:** \_\_\_\_\_

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):			
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
<input type="checkbox"/> Asian		<input type="checkbox"/> White	
<input type="checkbox"/> Asian & White		<input type="checkbox"/> Other Multi-Racial	
<b>Hispanic ethnicity if appropriate</b>	<input type="checkbox"/> Hispanic	<b>Female Head of Household</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> No

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date