



## City of Pottsville

### CDBG(CV) SMALL BUSINESS ASSISTANCE PROGRAM APPLICATION

#### Business Information

Business Name:

DBA Name:

Mailing Address:

City:

State:

Zip Code:

DUNS Number:

Phone Number:

Email Address:

Address of Operations (If Different):

City:

State:

Zip Code:

Date of Incorporation:

PA Tax ID (11 digits):

Is a license or registration required for the business to legally operate in Pennsylvania?

If yes, list license/registration type and number:

Yes  No

If yes, is the license/registration active and/or valid? Yes  No

Is Business Minority-Owned?

Has the business ever been subjected to criminal or civil fines and penalties, including code or regulatory violations, from the city, county, or Commonwealth of Pennsylvania?

Yes  No

Yes  No

Business Type:

Corporation  LLC  Partnership  Sole Proprietorship  Other

Are all Federal, Commonwealth of Pennsylvania, and local taxes current? Yes  No

Number of Full-Time Employees at Time of Application (Including Owners):

Number of Part-Time Employees at Time of Application:

Business Description:

Business website:

**Business Owner Information**

Owner Names:

1)

%

(Please indicate percent of ownership if business has multiple owners)

2)

%

3)

%

Mailing Address:

City

State:

Zip Code:

Phone Number:

Email Address:

Please summarize owner's experience in the industry. If necessary, please list additional owner information below or add as an attachment to this application.

<b>Proposed Use of CDBG Funds</b>															
<i>Note on local rules/ program/ eligible use of funds.</i>															
\$	Wages/ Payroll Expenses:														
\$	Rent/Mortgage:														
\$	Utilities:														
\$	Equipment:														
\$	Inventory:														
\$	Other:														
\$	Other:														
<b>\$</b>	<b>Total CDBG Funding Request</b>														
<b>Project Financing</b>															
\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Other grant/loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> <tr> <td style="vertical-align: top;">\$</td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Other grant/loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> <tr> <td style="vertical-align: top;">\$</td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Bank Loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> </table> </td> <td style="vertical-align: top;">Use of funds:</td> </tr> </table> </td> </tr> </table>	Terms:	Other grant/loan (attach description and award documentation)  Name:	Use of funds:	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Other grant/loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> <tr> <td style="vertical-align: top;">\$</td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Bank Loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> </table> </td> <td style="vertical-align: top;">Use of funds:</td> </tr> </table>	Terms:	Other grant/loan (attach description and award documentation)  Name:	Use of funds:	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Terms:</td> <td style="width: 40%; vertical-align: top;">Bank Loan (attach description and award documentation)  Name:</td> <td style="width: 40%; vertical-align: top;">Use of funds:</td> </tr> </table>	Terms:	Bank Loan (attach description and award documentation)  Name:	Use of funds:	Use of funds:
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\$	Terms:	Other private funds (attach description and award documentation)  Name:	Use of funds:
\$	Terms:	Applicant Contribution (attach description and award documentation)	Use of funds:
\$	Terms	Other Name:	Use of funds:
\$	Terms	Other Name:	Use of funds:
\$		<b>Total Project Budget</b>	

**Collateral Assignments**

<i>Description of Collateral</i>	<i>Lien Position</i>	<i>Book Value</i>
Bank 1:		\$
Bank 2:		\$
Private Sources:		\$
Other:		\$
Other:		\$
<b>Proposed CDBG:</b>		<b>\$</b>

**Project Description**

Please give a summary of the project.

**Jobs Created or Retained**

Check one:

- Project will **CREATE** jobs
- Project will **RETAIN** jobs
- Project will **NOT** create or retain jobs

If any, specify how many Full-Time Equivalent (FTE) jobs your business intends to create or retain directly as a result of CDBG funding.

**NOTE: Jobs created or retained must be held at least \_\_\_\_ months, otherwise \_\_\_\_  
At least 51% of FTE jobs retained must be held by members of low- or moderate-income (LMI) families.**

Position Title	Held by Low- to -Moderate Income Employee? *		Hours Worked per Week
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

\* "Low- to -Moderate Income Worker" as self-certified by employee on Employee Certification Form

**Essential Goods Service Area**

Check one:

- Business **PROVIDES** essential goods or services to a residential neighborhood
- Business **DOES NOT PROVIDE** essential goods or services to a residential neighborhood

Please describe how and where the business provides essential goods or services to a residential neighborhood.

**Applicant Statement and Certifications**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

*I understand that the information provided may be subject to further verification by Enter City/County Name, DCED, or the US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation if necessary.*

I hereby certify that the information on this form is complete and accurate.

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 include the signatures, names, and titles of any additional owners on a separate page.*

### Supporting Documentation Checklist

Please submit copies of the following documents if available. Staff may follow up with applicants to request additional information and documentation if necessary.

<input type="checkbox"/>	Application (this document)
<input type="checkbox"/>	MBE/WBE Certification
<input type="checkbox"/>	Owner's most recently completed IRS Form
<input type="checkbox"/>	Employee Income Self-Verification Forms (Submit one for each employee proposed to be retained)
<input type="checkbox"/>	Business Operating Agreement – (for businesses with multiple partners)
<input type="checkbox"/>	Payroll summary or other document showing total number of employees on payroll as of the application submission date
<input type="checkbox"/>	Section 3 registration (if applicable)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	