

CITY OF ROANOKE

Micro Business Relief Grant

BUSINESS INFORMATION

Applicant Business Name:

Doing Business As (DBA):

Roanoke City Business License Number: _____

Business is in good standing with City of Roanoke: Yes No

Applicant/Business owner name(s):

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

Tax Id. Number

DUNS No: _____ <https://www.dnb.com/duns-number.html> (Get one here or look up yours)

Date of Incorporation:

Current number of employees:

Number of employees retained if business receives grant:

Has the business ever been subjected to criminal or civil fines and penalties including from City of Roanoke code or regulatory violations or in bankruptcy? Is the business or business owner delinquent in any city, federal, state taxes, child support? Yes No

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY

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. Please use the space below to explain how the funding will help your business remain viable and prevent layoffs:

3. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created:

Other Funds

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19:
2. Have you applied for any additional assistance? If so, describe other funds you have applied for or intend to apply for; and the amounts and sources of those funds; and total amounts (e.g. SBA loan, WEDC SB 20/20f, unemployment insurance benefits, etc.). Please provide documentation (email confirmation from source, online confirmation, call form lender, etc.)
3. Indicate if you are receiving any “Business Interruption Insurance” and the amount.
4. 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 Roanoke or its agent. 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.

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 <u>copies</u> of documents along with application	
	Small Business Relief Grant Application (this document)
	Income Verification Affidavit in Appendix A
	Uses of Funds Affidavit in Appendix B
	Employee Verification Affidavit in Appendix C
	Owner's last two years of recently completed IRS Form 1040 (all owners 51% of business or more)
	Business Operating Agreement – (for businesses with multiple partners)
	Copy of liability insurance (or willing to obtain)
	Previous four weeks of payroll or other documents showing a history of employees on payroll as of the application submission date

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: ffe@freedomfirst.com

APPENDIX A

**City of Roanoke
Community Development Block Grant – COVID-19 Program (CDBG-CV)
Micro Business Assistance
Income Verification Affidavit and Conflict of Interest Certification**

Assistance through the City of Roanoke requires the Business must be owned at least 51% by an individual with a household income at or below 80% or the Area Median Income for Roanoke City. Income guidelines are based on how the Department of Housing and Urban Development (HUD) calculates the Area Median Income (AMI) of the City. Every application is thoroughly checked and all assertions with regard to income and other necessary documentation are reviewed to ensure compliance with the applicable program. Tax returns and income may be verified with the IRS.

List all family and non-family members living in the household:

HH member Name:	HH member Age:	HH member Sources of income (list none if member has no income)

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 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 which box applies to you, match household size (number of family members) to income:

Number of Family Members in Household (Select one)	Annual Income Select Which Household Size and Income Applies to You	
1	\$42,950 or less	Above \$42,950
2	\$49,100 or less	Above \$49,100
3	\$55,250 or less	Above \$55,250
4	\$61,350 or less	Above \$61,350
5	\$66,300 or less	Above \$66,300
6	\$71,200 or less	Above \$71,200
7	\$76,100 or less	Above \$76,100
8	\$81,000 or less	Above \$81,000

APPLICANT STATEMENT: 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 or their representatives. Additionally, I hereby declare that any person(s) employed by the City of Roanoke, 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 Roanoke employee, City of Roanoke Council Member, who would be paid to perform services under this proposal. An example of indirect interest would be a City of Roanoke Council Member or employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known). I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

Name: _____ (printed)

Signature: _____ **Date:** _____

Disclosed Conflicts of Interest:

You will be asked to provide documentation including current wages, benefits, and all bank accounts after an initial review is completed.

APPENDIX B

City of Roanoke
Community Development Block Grant Program (CDBG)
Micro Business Assistance
Uses of Funds Affidavit

Eligible Use of Funds

Grants are restricted to certain eligible costs, especially those related to basic operating capital for leasing space, insurance and/or utilities, and staff salaries. Applicant will provide documentation as to how the funds were spent within a **60-day period**. All request must demonstrate need to retain or create jobs.

Please check boxes where grant funds will be used:

PROPOSED USES OF FUNDS	
AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Reasonable business costs(specify):
\$	Training for long-term sustainability
\$	Business modeling for modified business planning
\$	Cost to comply with COVID related CDC standards below
Total Relief Grant Funds Request (Max \$25,000):	
\$	

Cost to comply with COVID related CDC standards below

- Space and technology upgrades to reopen and conduct business safely, including furniture, barriers, and technology such as, software, and touch-free credit card payment systems to accommodate social distancing.
- Sanitization (cleaning service and/or supplies such as EPA approved disinfectants, gloves, and masks) (should follow CDC and Virginia Department of Health COVID-19 guidance.
- Job training, classes and/or technical assistance related to COVID training to protect employees and customers
- Training for long-term sustainability planning

Ineligible Use of Funds

Funds under this Program may NOT be used to:

- Reimburse expenses incurred prior to Applicant approval of grant
- Pay off non-business debt, such as personal credit cards for purchases not associated with the business
- Purchase personal items such as buying a new family car or making repairs to a participant’s home
- Direct funding to political activities
- Paying off taxes and fines
- Acquisition of real estate
- New Construction

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 or their representatives.

Signature

Date

APPENDIX C

**City of Roanoke
Community Development Block Grant Program (CDBG)
Micro Business Assistance
Employee Verification Affidavit**

The Business Applicant qualifies as a Micro Business. To be eligible under this category, the Business Applicant must earn under 80% of the Area Median Income and have five or fewer employees including the Business Applicant.

Business Applicant Name:	
Business Applicant Title/Position:	
Business Applicant Job Duties:	

Employee #2 Name:	
Employee #2 Title/Position:	
Employee #2 Job Duties:	

Employee #3 Name:	
Employee #3 Title/Position:	
Employee #3 Job Duties:	

Employee #4 Name:	
Employee #4 Title/Position:	
Employee #4 Job Duties:	

Employee #5 Name:	
Employee #5 Title/Position:	
Employee #5 Job Duties:	

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 or their representatives.

Signature

Date

City of Roanoke
Community Development Block Grant Program (CDBG)
Micro Business Assistance

Please provide the following information as indicated.

APPLICANT (please print)

First Name

Middle Initial

Last Name

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multiple Races

CO APPLICANT (if applicable, please print)

First Name

Middle Initial

Last Name

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- White
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multiple Races

SCORING MATRIX

If the proposed project meets all threshold criteria, reviewers will utilize the following project scoring criteria to evaluate the project for the purposes of making a funding recommendation. Scoring will help determine priority of project application versus other projects competing for funds. The highest scoring projects will be recommended for funding.

Evaluation Criteria (100 Point Scale + Bonus):

Capacity and Experience to Operate the Business (15 points) <ul style="list-style-type: none"> ○ Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources. 	
Readiness to Proceed (10 points) <ul style="list-style-type: none"> ○ The Business has a thoroughly demonstrated a proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set deliverables. 	
Infectious Disease Response (15 points) <ul style="list-style-type: none"> ○ Business will be severely impacted by the policies put into effect due to the coronavirus pandemic OR business provides a support service and will need funding assistance to implement new protocols or meet higher demand 	
Job / Employee retention (30 points) <ul style="list-style-type: none"> ○ Proposal ensures employee retention for at least 6 months. Up to 30 Pts awarded based on Full-Time Equivalent FTE job retention: 30 Pts for 5 FTE positions retained, 20 Pts for 3 or more FTE retained, 10 points for 2 FTE positions retained, 5 points for 1 FTE positions retained, and 0 points for a lower ratio of retained jobs. One FTE position is defined as 40 hrs per week, or any combination of part-time positions combining for 40 hours per week, including owners. 	
Minority Business Enterprise (10 points)	
Project Costs (20 points) <ul style="list-style-type: none"> ○ Project costs are reasonable, all other sources of financing committed, grant resources as not being substituted for other available resources 	
Application Completeness (5 point BONUS) <ul style="list-style-type: none"> ○ Up to 5 point bonus for application with concise descriptions and backup information, professional writing and accurate math. 	
TOTAL	