



COUNTY *of*  
**PHILLIPS**  
— K A N S A S —

# CDBG-CV Business Application

Available to Phillips County businesses located outside of the Phillipsburg City limits.

Completed applications must be submitted to the PCED office by no later than  
5:00pm on Friday, August 14<sup>th</sup>, 2020.

Applications can be either:

emailed to: [bschneider@pcedks.org](mailto:bschneider@pcedks.org)

hand delivered to: the PCED Office, 205 F. St, Ste 165, Phillipsburg, KS

or, mailed to: PCED, PO Box 604, Phillipsburg, KS 67661

Any applications received after the above cut-off date and time will be rejected.

Questions regarding the application can be directed to the PCED office.

(785) 543-5809

### Eligibility:

To be eligible you must be a for-profit business located in Phillips County outside of the Phillipsburg City limits, in existence as of March 1, 2020, that has been impacted by COVID-19 and is retaining jobs for low to moderate-income individuals. 51% or more of these retained employees must be at 80% low to moderate income (LMI) or lower for the business to qualify.

- All employees that are at risk of not being retained by the employer must complete the LMI worksheet.
- For the business to be eligible, 51% or more of these retained employees must qualify as an LMI employee.
- Example: If a business has 10 employees, but 5 of these employees are not at risk on losing their jobs, then these employees are considered **base employees**. However, if the remaining 5 employees could potentially be at risk of losing their jobs, these are considered **retained employees**. All retained employees must fill out the LMI worksheet which is based on total household income. (There is a form instruction sheet included in the application explaining how to fill out the LMI worksheet.)
- Businesses must submit the application and all required supporting documentation to be eligible.

CDBG-CV grants can be used for:

- 60 days worth of working capital such as wages, utilities, rent, etc. Costs can be reimbursed back to March 1, 2020. (**NOTE:** Funds cannot be used for existing debt)
- The purchase of 60 days' worth of inventory needed to reopen (60days will begin on the day the business is allowed to open)

Businesses will be required to attach documentation that matches or exceeds the amount of funds you are applying for (Invoices, bills, receipts, or other materials documenting expenditures).

A business cannot apply for any CV funding that duplicates the "activity" from alternative sources. A list of these sources are included in the application.

# CDBG-CV Business Application

**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:		Number of Owners:		
Project Site Address:		Duns #:		
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gross Revenue for previous 12 months:				
Cost of Goods sold for previous 12 months:				
Voluntary Demographics	GENDER		RACE/ETHNICITY:	
	<input type="checkbox"/> Male			<input type="checkbox"/> White
	<input type="checkbox"/> Female			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> Asian
				<input type="checkbox"/> American Indian/Alaskan Native
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
				<input type="checkbox"/> American Indian/Alaskan Native & White
				<input type="checkbox"/> Asian & White
				<input type="checkbox"/> Black/African American & White
				<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
				<input type="checkbox"/> Other Multi Racial
				<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Non-Hispanic		
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:		
Will full or part-time jobs be retained as a result of the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

<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 CDBG 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. utilities, payroll, inventory)?</p>	
<p>Please list any other business resource partners that the business is working with, if any, (e.g. small business development centers, economic development organization, industry or trade services).</p>	

**DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?**

- **SBA Payment Protection Program Loans**
- **SBA Economic Injury Disaster Loans**
- **SBA Express Bridge Loans**
- **SBA Debt Relief Program**
- **FEMA Disaster Relief Fund**
- **FEMA Public Assistance Program**
- **FEMA Emergency Food and Shelter Program**
- **TREASURY The Corona Virus Relief Fund**
- **TREASURY Unemployment Insurance Provisions**
- **IRS Economic Impact Payments**
- **USDA Commodity Assistance Program**
- **USDA Child Nutrition Programs**
- **USDA Supplemental Nutrition for Women, Infants and Children**
- **USDA Nutrition Assistance Block Grant to Territories**
- **USDA Disaster Household Distribution**
- **USDA Summer Food Service Program**
- **USDA The Emergency Food Assistance Program**
- **USDA Pandemic EBT**
- **USDA Supplemental Nutrition Assistance Program Emergency Allotments**
- **HHS Community Living Allocation**
- **LABOR Dislocated Worker Grants**

**IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW EXACTLY WHAT THOSE FUNDS WERE USED FOR:**

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**PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE "ACTIVITY" YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY. CV FUNDS CANNOT BE USED TO PAY FOR EXISTING DEBT.**

**IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO  
IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO  
HOW MANY JOBS ARE BEING RETAINED? \_\_\_\_\_**

**PLEASE PROVIDE JOB CERTIFICATION FORMS FOR THOSE EMPLOYEES ONLY.**

**DOLLAR AMOUNT OF CV FUNDS YOU ARE APPLYING FOR:** \_\_\_\_\_

**CONFLICT OF INTEREST –**

<b>ARE YOU A COUNTY COMMISSIONER?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>ARE YOU A COUNTY EMPLOYEE?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>ARE YOU A CITY COMMISSIONER?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>ARE YOU A CITY EMPLOYEE?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>ARE YOU RELATED TO ANY OF THE ABOVE?</b>	<b>Yes</b> _____	<b>No</b> _____

**IF YES, PLEASE DESCRIBE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU CURRENT ON YOUR PROPERTY TAXES?** Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO, PLEASE EXPLAIN:** \_\_\_\_\_

**INELIGIBLE BUSINESSES**

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

**Note: A business may only apply for and receive CV funds one time.**

**Please be sure to attach documentation that matches or exceeds the amount of funds you are applying for. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide receipts to document all costs. Remember, only expenses after March 1, 2020 are eligible.**

**Certified by:** \_\_\_\_\_  
**Business Owner**

**Date:** \_\_\_\_\_

## EMPLOYEE CERTIFICATION FORM INSTRUCTIONS

**Phillips County** has received a grant from the KS Dept. of Commerce *Kansas Small Cities CDBG Program* to assist with CV funding. The employee job certifications are confidential and are not for public view; they **may only be checked by the Kansas Department of Commerce, the Department of Housing and Urban Development and our Grant Administrator**. The survey is not to determine the exact income of a household, but rather if the income is above or below the set income limits.

**INSTRUCTIONS:** Please complete a separate job certification for each employee that is being retained. Enter name of business and date of hire. The employee will then complete the form as follows:

**What is the employee's family size? Check the applicable box under Family Size**

**On that same line, indicate what range the household income is. Please note this is gross income of all family members 18 years of age and older. The amount should be for the past 12 months with factoring in money lost during the past several months (if applicable).** Please refer to columns A (30%), B (50%), and C (80%) for the State's income limits for your family size. If the gross income\* of your family is below the income limits listed in Column A, check the box that says "**Income below Column A**". If your income falls between the amounts in Column A (30%) and Column B (50%), please check the box marked "**Income between Column A & B**". If your household income falls between the amounts in Column B (50%) and Column C (80%), please check the box marked "**Income between Column B & C**". If the income of your family is above the income limit listed in Column C for the family size, check the bottom box ("**Income above Column C**"). *\*Please note that income is defined as: Adjusted Gross income as defined for the purpose of reporting under Internal Revenue Service IRS Form 1040 for individual Federal annual income tax purposes.*

**Household Demographic Information:** Please answer the household and demographic information as completely as possible. Note that "Disabled" is defined as a person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Indicate if your employer offers a health care plan and whether you were unemployed before taking this job. The employee will need to indicate their job title, print and sign their name, and date the form which certifies the information is true and correct.

Please return the **ORIGINAL** completed job certification with the CDBG-CV Business Application. If you have any questions or concerns about the employee certification form, please contact the following individual(s): Justine Benoit, NWKP&DC Phone #: (785) 421-2151

**STATE OF KANSAS  
DEPARTMENT OF COMMERCE  
EMPLOYEE CERTIFICATION FORM**

Name of Company: PHILLIPS COUNTY Project #: 20-CV-053

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"/>	<u>13,600</u> TO	<u>22,650</u> TO	<u>36,200</u>	<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"/>	<u>17,240</u> TO	<u>25,850</u> TO	<u>41,400</u>	
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>29,100</u> TO	<u>46,550</u>	
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>32,300</u> TO	<u>51,700</u>	
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>34,900</u> TO	<u>55,850</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>37,500</u> TO	<u>60,000</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>40,100</u> TO	<u>64,150</u>	
8+ <input type="checkbox"/>	<u>42,650</u> TO	<u>42,650</u> TO	<u>68,250</u>	

**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

**RACE**

<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



**BUSINESSES MUST HAVE A DUNS NUMBER IN ORDER TO RECEIVE CV FUNDS. LACK OF A VALID DUNS NUMBER CAN DISQUALIFY AN APPLICATION. DUNS INFORMATION MUST BE UPDATED ANNUALLY. THERE IS NO COST FOR A DUNS NUMBER.**



Thank you for contacting D&B's Government Customer Response Center. iUpdate will provide you **quick, convenient** and **secure** access to request a new D-U-N-S Number or access to D&B's information on your business. Registered users can view, print, and submit updates to their D&B Business Information Report in a secure environment through a streamlined process.

Please follow the below steps and read the attached document to assist you with your iUpdate Registration request:

1. Click or copy the following link to your browser  
<http://fedgov.dnb.com/webform>
2. Click on "Begin D-U-N-S Search / Request Process" at the top of the left hand tool bar
3. In the "Search" screen select "Your Country or Territory" from the drop down list and click "Continue"
4. In the "iUpdate Webform Page" click on "Continue to iUpdate" arrow at the bottom of the screen
5. In iUpdate, locate the box on the left side titled "Register to use iUpdate" and click on the "Start Now" button
6. Read the attachment "Step-by-Step Process for Customers" document. This will assist you in the process.
7. Once you have completed the entire process, you will receive a confirmation email.

*As a reminder; after two business days of submitting the DUNS request, please review your spam or junk folder. Occasionally DUNS requests are re-routed to one of these folders as D&B is not recognized by all email domains.*

Thank you for using iUpdate,

**D&B's Government Customer Response Center**

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