Emergency Response – CDBG 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:			
Project Site Address:			
Date business established:		# of Owners:	
NAICS Code (manufacturing):		Business EIN:	
Is your business a Hospitality based company?		Is the business located in the same city as the mailing address above?	Yes/No
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?	Yes/No Name:
Voluntary Demographics	GENDER ☐ Male ☐ Female	VETERAN ☐ YES ☐ NO	RACE/ETHNICITY ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White
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.	☐ SBA	☐ City	☐ Network Kansas/HIRE
	☐ Chamber of Commerce	☐ Main Street	☐ Community Foundation
	☐ E-Community	☐ MCAC	☐ Banker/Financing
	☐ Other:_____		
Jobs Retained:	**Full Time:**		**Part-Time**
Average Wages:	**Full Time wages:**		**Part-Time Wages:**
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknow	**What is your annual payroll?**	**Prior Year Revenues:** **Year:** **Revenue:**
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?	Yes/No/Unknow	**Bank (or other organization) name:**	

Please provide a description of the services provided by your business:	
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).	
Describe how the use of the CDBG loan fund enhances the ability of this business to survive.	
What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?	
Please list any other business resource partners that the business is working with if any (e.g. small business development centers, MCAC, industry or trade services).	

JOB CERTIFICATIONS FOR BUSINESS STIMULUS-COVID
BURLINGTON KANSAS

I. Job Retention

Job retention is determined by income level only at time of award and any reasonable turnover in two years. Retention jobs are those jobs that would be lost, by company certification, if the company had not been funded. Jobs are certified at the award stage and at the end of the project for any jobs that may have been replaced.

FTE's (Full-Time Equivalent) will be figured by the following formula by the Department.

40 Hour Week	
0 - 5 hours	0 Person
6 - 15 hours	1/4 Time Person
16 - 25 hours	1/2 Time Person
26 - 35 hours	3/4 Time Person
36 - 40 hours	Full-Time Employee

PLEASE FILL OUT A JOB CERTIFICATION FORM FOR EACH EMPLOYEE BEING RETAINED. PLEASE MARK ON THE CORNER OF THE FORM IF THEY ARE ½ TIME, ¾ TIME, ETC.

STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM

Name of Company: _____ Project #: _____

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 ☐	16150.00 TO	26950.00 TO	43050.00	☐ Income below Column A
2 ☐	18450.00 TO	30800.00 TO	49200.00	
3 ☐	21720.00 TO	34650.00 TO	55350.00	☐ Income between Column A & B
4 ☐	26200.00 TO	38450.00 TO	61500.00	
5 ☐	30680.00 TO	41550.00 TO	66450.00	☐ Income between Column B & C
6 ☐	35160.00 TO	44650.00 TO	71350.00	☐ Income Above Column C
7 ☐	39640.00 TO	47700.00 TO	76300.00	
8+☐	44120.00 TO	50800.00 TO	81200.00	

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	
☐ White	☐ American Indian/Alaskan Native & White
☐ Black/African American	☐ Asian & White
☐ Asian	☐ Black/African American & White
☐ American Indian/Alaskan Native	☐ American Indian/Alaskan Native & Black/African American
☐ Native Hawaiian/Other Pacific Islander	☐ 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**