

Neosho County Business,

Thank you for applying for the available CD BG-CV funds through Neosho County. The following packet will include a two-page application form, an application to supplements received to emergency response, a Low to Moderate Income reporting form, a benefit received scoring rubric, and a Full Time Equivalent Employee work sheet. Each employee, regardless of the employment hours being recorded, must fill out and sign a Low to Moderate Income form with the appropriate box checked indicating their household status. At least 51% of households representing your employees must be in the Low to Moderate category for your business to be eligible for these funds.

This program is a reimbursable program and copies of receipts, bills, invoices, etc. equal to or exceeding the amount requested must be submitted with the completed documents for you to receive funding. This may cover up to 60 days of working capital beginning no earlier than March 1st, 2020. Businesses that cannot meet the 51% employee level of below the low to moderate income regulations will not be approved for funding.

The maximum requestable amount up to \$10,000 per business.

The last date to submit an application is October 1st by 4:30 pm CST.

Any business that took advantage of CARES Act unemployment compensation, paycheck protection program or the EIDL program are allowed to apply for these funds. However, interpretation of federal law may make some or all of those expenses unable to be provided for under the CD BG-CV funds. Anyone that collected from any CARES Act programs mentioned above cannot utilize CDBG-CV funds for the same expense as they did from previous funding programs.

For questions or inquiries into these forms for the CDBG-CV program in the County of Neosho please reach out to Neosho County Clerk's Office at (620) 244-3811 or OfficeAdmin@NeoshoCountyKS.org.

Neosho County CDBG – GRANTS

Program Parameters

This is the guiding document for the grant program being offered by Neosho County. It sets the parameters for who is eligible, how to apply, funding limits, and minimum required documentation. The grants will be awarded until all funds have been expended or June 15th, 2021, whichever occurs first.

Who is Eligible?

- Businesses located within Neosho County but are outside of the city limits of Chanute are eligible for application.
- The business must have no more than 50 employees and can be as small as one employee.
- No less than 51% of the jobs impacted must meet Low to Moderate Income Levels.
- Grants are for COVID 19 related hardship only.
- Farmers/Ranchers are not eligible under this program
- Government, government employee households, and non-profits are not eligible under this program.

How to Apply

Applications will be accepted by the County Clerk's Office on behalf of the County of Neosho. The contact information is:

Neosho County Clerk's Office

Attn: Heather Elsworth

100 S. Main

Erie, KS 66733

nococlerk@neoshocountyks.org

(620) 244-3811

The County of Neosho will provide applications via email or hard copy at the Clerk's Office.

An Application will only be considered once it is fully completed with all requested documentation required to support the requested funding.

Minimum Required Documentation

- Completed Application Form
- Supplement to Application
- Letter stating that hardship has been caused by COVID 19
- Job Certification
- Most recent tax return for self-employed applicants
- Payroll Report if more than one employee
- Invoices of expenses to be covered by this grant
- The County of Neosho reserves the right to request additional documentation

Parameters

- Grants may be considered for working capital expenses for a 60-day period
- Grants are available for those that have already received PPP/EIDL funding. However, funds cannot be used for the same need as was utilized under the PPP program
- Funds can only be used for qualified working capital expenses incurred during the 60-day period beginning March 1st. 2020.
- Maximum Grant
 - up to \$10,000 per business

Process

- A completed application must be submitted to Clerk's Office in electronic or paper form.
- Additional information may be requested for clarification.
- Board of County Commissioners will review applications.
- Board of County Commissioners will approve/decline/adjust request at a regularly scheduled public meeting.
- The County Treasurer will issue check for approved expenditures.

Business Application Checklist -

Please provide the following completed forms and information:

- _____ Fully completed CDBG-CV Business Application.
- _____ Fully completed Supplement to the CDBG-CV Business Application, including signature.
- _____ Employee Certification Form(s) - if part-time, please provide hours per week on form
- _____ Payroll Report reflecting current employees. If owner-operator with no employees, provide most recent tax return for business.
- _____ Invoices supporting requested funds
- _____ If available, checks showing proof of payment of invoices provided

Your application will not be considered until all the required information has been received.
Application will need to be submitted in full by October 1st, no later than 4:30pm CST.

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 EI N:	
Is your business a Hospitality based company?		Is the business located in the same city as the mailing address above?	
Business Structure (LLC, Sole Proprietorship, Inc.):		Does the applying business have a related operating or holding company?	Yes No Name:
Voluntary Demographics	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE/ETHNICITY <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Total Working Capital Need:	<input type="checkbox"/>		<input type="checkbox"/>
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	Deity	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
Average Wages:	Full Time wages:		Part-Time Wages:
Will Full or Part-Time jobs be retained as a result of the funds?	Yes No Unknown	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 Unknown	Bank (or other organization) name:	

<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 loan fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities payroll, accounts payable, etc.)?</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 tradeservices).</p>	

**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 I : 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

Neosho County CDBG Grant

SCORING RUBRIC

The Neosho County Board of Commissioners will use this rubric to score all applications

BUSINESS NAME: _ _ _ _ _

BUSINESS SCORE----- (1-7, WITH 1 BEING THE HIGHEST)

Criteria			Weighted Score
Was the Business Shut Down for an amount of time?	YES	10	
Was the business able to maintain the same employee count and a roll?	YES	10	
Revenue Affected by COVID-19?	YES	10	
Have you received Emergency Inu Disaster Relief?	NO	10	
Have you received Paycheck Protection Funding (PPP)?	NO	10	
Have you received HIRE funds from the Kansas Department of Commerce?	NO	10	
Have you received grant funds including but not limited to the Neosho County CDBG roTTam?	NO	10	
TOTAL			

RUBRIC GUIDELINES

SCALE

70 = 1

60 = 2

50 = 3

40 = 4

30 = 5

20 = 6

10 = 7

JOB CERTIFICATIONS FOR ECONOMIC DEVELOPMENT PROJECTS

Job Retention

Job retention is determined by income level only at time of award. 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. 51 percent of all jobs retained must benefit low- and moderate-income persons.

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