

CITY OF LIBERAL CDBG-CV
GRANT FUNDING APPLICATIONS

NOW AVAILABLE

To be eligible to receive a CDBG-CV Economic Development grant the recipient business must be a **for-profit business and retaining jobs for low to moderate-income people. 51% or more of the full-time jobs retained must be for persons from low to moderate-income households as defined by HUD.**

Grant funds can be used to pay for the following expenses:

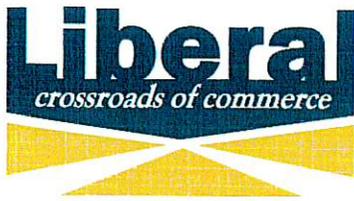
- 1.) Working capital such as wages, utilities, rent, etc. from March 1, 2020.
- 2.) The purchase of 60 days' worth of inventory needed to reopen.
(60 days will begin on the day the business is allowed to reopen.)
- 3.) Businesses with (5) five or fewer employees including the owner or businesses with between (6) six and (50) fifty employees are eligible.
- 4.) Expenses must be documented with bills, invoices and receipts.

**Grant applications are available online at
cityofliberal.org or chooseliberal.com**

For more information contact:

Cindy Wallace, Economic Development Director,
cindy.wallace@cityofliberal.org

**Grant funds are limited and are awarded on a first-come,
first-serve basis based on income eligibility**



June 17, 2020

To: Applicants for CDBG-CV Funding

- RE: City of Liberal CDBG-CV Grant Funds

CDBG-CV Economic Development grants provide communities with funding to help local businesses retain jobs for low-to-moderate income people.

To be eligible to receive a CDBG-CV Economic Development grant the recipient business must be a for-profit business and retaining jobs for low to moderate-income people. 51% or more of the full-time equivalent (FTE) jobs retained must be for persons from low to moderate-income households as defined by HUD. Business is not eligible if you received Economic Injury Disaster Loan funding.

Grant funds can be used to pay for the following expenses:

- Working capital such as wages, utilities, rent, etc.
- The purchase of 60 days' worth of inventory needed to reopen (60 days will begin on the day the business is allowed to reopen).
- Categories for businesses with (5) five or fewer employees (including the owner) and businesses with between (6) six and (50) fifty employees are eligible to receive funding.
- Expenses must be documented with bills, invoices and receipts.

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.

To apply for the CDBG Grant offered by the City of Liberal, please complete and submit the following:

- Emergency Response – CDBG Application
- State of Kansas Department of Commerce Employee Certification Form (one each for all employees)

Applications are available online at cityofliberal.org or chooseliberal.com. Please email completed forms to Cindy Wallace, Economic Development Director at cindy.wallace@cityofliberal.org

Grant funds are limited and are awarded on a first-come, first-served basis and are based on income eligibility.

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?	
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:			
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
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:	

Also state whether business owner has tax liability in arrears with Seward County or City of Liberal.

<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 trade services).</p>	

Please fill one form out for each employee. Number of forms must match, number of employees on application.

**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	<i>Section 1: INCOME LIMITS</i>			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	13600 TO	22650 TO	36200	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	17240 TO	25850 TO	41400	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	21720 TO	29100 TO	46550	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	26200 TO	32300 TO	51700	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	30680 TO	34900 TO	55850	
6 <input type="checkbox"/>	35160 TO	37500 TO	60000	
7 <input type="checkbox"/>	39640 TO	40100 TO	64150	
8+ <input type="checkbox"/>	42650 TO	42650 TO	68250	

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

JOB CERTIFICATIONS FOR ECONOMIC DEVELOPMENT PROJECTS

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.

II. Job Creation

Taken by: Income level at time of employment.

III. Base Employment

Base employment is the number of current employees on the payroll, not counted as retentions, that would keep their job if the grant were not funded. These do not have to be income-qualified.

IV. Jobs in Excess of Requirement

The agreement (state contract), should state that at a minimum, at least 51 percent of all jobs created or retained (**including any in excess of the number specified which result from the assisted activity**) 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