

RECEIVED: _____



Cumberland County
COVID-19 Small Business Assistance Program

PROGRAM APPLICATION

I. GENERAL INFORMATION

1. Name of Applicant: _____

2. Legal Name of Business: _____

3. Business Address (including block/lot): _____

4. Website Address _____

5. Mailing Address: _____

6. Contact Person: _____

7. Work Telephone: _____

8. Mobile Telephone: _____

9. Email Address: _____

10. Bank for Business Account: _____

11. Amount of Grant Requested: _____

Min. \$1,000, Max. \$10,000

II. OWNERSHIP & MANAGEMENT

1. Structure & Ownership (Check one)

- C-Corporation
- Sub Chapter S Corporation
- Limited Liability Corporation
- Partnership
- Sole Proprietorship
- Trading As/Doing Business As

A business owner or *an employee* must not exceed the maximum 80% AMI income threshold (\$43,150). Please refer to the HUD Income Limits and check all that apply below:

Household Size	1	2	3	4	5	6	7	8
Income	\$43,150	\$49,300	\$55,450	\$61,600	\$66,550	\$71,500	\$76,400	\$81,350

Owner/Employee Low Moderate Income Information

Owner/Employee: Name _____ Annual Income _____
 Full Time/Part Time: _____ Hours Per Week _____
 Family Size _____ Address _____

VI. CURRENT MONTHLY EXPENSES

Payroll: \$ _____
 Rent/Mortgage: \$ _____
 Advertising: \$ _____
 Insurance: \$ _____
 Utilities: \$ _____
 Inventory: \$ _____
 Other: \$ _____
 \$ _____
 \$ _____
 Total Monthly Costs: \$ _____

VII. PREVIOUS COVID-19 RELATED ASSISTANCE RECEIVED:

Program	Date	Amount

VIII.

VIII. PROPOSED USE OF FUNDS

Please list the proposed use of funds and the associated costs; provide any verification of the costs such as estimates, quotations, loan information.

Proposed use	Amount	Invoice/quote attached

- 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) Explain how the funding will help your business remain viable and prevent layoffs.

- 3) Have you or do you plan on creating any new lines of business products or services to meet new or changed demand from the COVID-19 pandemic? Any new jobs created?

IX. SUPPORT INFORMATION & DOCUMENTATION REQUIRED

- a. Copy of NJ-WR30 for proof of employees
- b. Paystubs for one low/moderate income employees
- c. Two most recent years of State and Federal Tax returns
- d. W-9 (attached to this application)
- e. Copy of Lease or Property Loan Document (Mortgage statement)
- f. Copy of Utility Bill payment-paid receipt for last month
- g. Real Estate Tax Bills- paid receipt for last quarter
- h. Most recent Bank Statement
- i. Photo ID
- j. Self Income Certification for Low/Mod Employee

X. CERTIFICATION

The business certifies that the information and documentation contained in this application is accurate, complete and true to the best of his/her knowledge. The Business also certifies that it has read and understands the application guidelines. The business acknowledges that grant must be repaid if the business violates any of the terms or conditions of the Agreement or otherwise defaults under the Agreement.

Name, Printed and signed

Date

Title

GRANT AGREEMENT

Covid-19 Small Business Assistance Program

THIS Agreement (this "Agreement") dated _____, 2021, is made between (the "Business") and the Cumberland County Improvement Authority (The Authority"), a government agency of the State of NJ, whose address is 745 Lebanon Rd., Millville, NJ.

RECITALS

The County of Cumberland has appropriated a portion of its federal Community Development Block Grant CARES Funds (CDBG-CV) to establish the COVID-19 Small Business Assistance Program (the "Program"). The Program has been established to provide working capital funds to eligible small businesses in approved Target areas within Cumberland County that have been severely impacted by the COVID-19 pandemic. The Program will be marketed and administered by The Authority, as authorized by Cumberland County Board of Commissioners Resolution 2021-119, passed on February 16, 2021

AGREEMENT

In consideration for the mutual promises contained herein and for other good and valuable consideration, the parties agree to modify the terms of the Promissory Note as follows:

1. The Business warrants and represents that:
 - (a) it has no more than **10 employees** including full and part-time employees;
 - (b) it was in business as of **December 31, 2019**;
 - (c) the Business is currently open or will reopen when permitted under guidelines issued by the State of New Jersey;
 - (d) it meets the CDBG National Objective of Low/Mod Income for the benefiting business. The business must document that it will retain at least one permanent job held by a low- and moderate-income person and that that the job(s) would be lost without the CDBG assistance. The business must document the income of the low-and-moderate income person through a written self-certification by the employee of his/her family size and total income or the business can presume that the job is held by a low-moderate income person if 1) the employee resides in a qualified low income area (Census tract with at least 70 percent LMI persons), or 2) the business is located in a qualified low income area (Census tract is one that is located within a Federally- designated Empowerment Zone or Enterprise Community or a Census tract that: (a) has a poverty rate of at least 20 percent.)
 - (e) the Business has is deemed eligible for COVID-19 relief by definition of the U.S. Department of Housing and Urban Development;
 - (f) the Business maintains its principal place of business in the County of Cumberland; within a non-entitlement municipality
 - (g) the Business certifies and attests that funds received in this program will not duplicate other federal aid received by the business as a result of the COVID-19 pandemic; and
 - (h) all the information contained on the application for this Grant is true and correct.
2. The Business acknowledges and agrees that the representations contained in paragraph 1 above are a material part of this Agreement. If any of the representations in paragraph 1 above are not true, the Business shall be deemed to be in default under the terms of this Agreement.
3. It is a condition of the Grant that the monies received by the business be used to pay eligible expenses for a 120-day period from the date of the Grant. Eligible expenses may include payroll, rent, utilities, insurance, existing loan repayments and/or cost to comply with the State of New Jersey and any local social distancing and personal protection policies.
4. The Business agrees to remain open or reopen if grant funds are received.

5. The Business agrees to comply with all State and Local guidelines as they pertain to social distancing, reopening, or other issues related to the COVID-19 pandemic.

6. Upon the execution of this Agreement, the submission of an application for the Grant and approval of the Grant, the County will provide the Business with a Grant of up to \$10,000.00

7. Provided that the terms of this Agreement are fully complied with, the business provides evidence of appropriate use of the funds, and the Business is not otherwise in default under the terms of this Agreement, the Grant does not have to be repaid.

8. In the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement the full amount of the Grant shall be immediately due and payable.

9. The Parties acknowledge and agree that the amount of the Grant to be provided to the Business is \$ _____ .

10. By signing this Agreement on behalf of the Business the undersigned hereby guarantees repayment of the Grant in the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement.

Witness: **County of Cumberland**

Name, Title

Date

Business:

Name, Title

Date

COVID-19 SMALL BUSINESS ASSISTANCE PROGRAM
SUBMISSION APPLICATION CHECKLIST

Business Name: _____

Funding Requested: \$_____

APPLICATION:

- _____ Application form
- _____ Supporting documentation
 - _____ 2 Years Tax Returns
 - _____ WR30 employees or W9
 - _____ Lease
 - _____ Utility Bills
 - _____ Real estate tax bill
 - _____ Latest bank statement
- _____ Employee List
- _____ Photo ID
- _____ Income Self Certification (as needed)

PARTICIPATION AGREEMENT

- _____ Signed Grant Agreement

OTHER

- _____ Receipts/Invoices/Estimates

LOW/MOD INCOME EMPLOYEE SELF CERTIFICATION FORM FOR ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME

<input checked="" type="checkbox"/> HUD 24 CFR Part 5	<input type="checkbox"/> IRS Form 1040	<input type="checkbox"/> American Community Survey
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Beneficiary Information-BUSINESS

Name:	Beneficiary City:
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Member Information Household Information

First Names:	Last Name	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

CONTACT INFORMATION

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = \$

COMPLETE SIGNATURES ON SECOND PAGE

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Beneficiary :

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.