

CCD Business Development Corporation

Emergency Small Business & Microenterprise Grant Assistance Program Information Sheet

Purpose: In response to the economic impact of the COVID-19 pandemic, the Community Development Block Grant (CDBG) program has been highlighted as a vehicle for providing financial relief to states, communities and businesses.

The City of Roseburg and Douglas County applied and received a \$150,000 CDBG to establish an Emergency Small Business and Microenterprise Grant Assistance Program for businesses located in Douglas county.

The Emergency Small Business and Micro-Enterprise Grant Assistance Program is intended to help businesses remain solvent through the crisis and be ready and able to rebuild and or reopen.

The City of Roseburg and Douglas County have partnered with CCD Business Development Corporation, the regional Economic Development District organization to administer and process this grant program.

To aid small businesses, the grant program will provide the following assistance:

- New businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to COVID-19.
- Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.
- Provide technical assistance, grants and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine.
- The Emergency Business Assistance Grant Program is intended to:
 - Help businesses remain solvent through the crisis and be ready/able to rebuild and or reopen
 - Fill specific cash flow gaps in businesses' larger efforts to scale down, reduce expenses, and take any additional defensive measures to survive the crisis.

Eligible Businesses:

- Those immediately impacted by the public health restrictions;
- Were generally stable/strong prior to the crisis;
- Employ low-moderate income individuals;
- Be a microenterprise (5 or fewer employees, owner is low-moderate income);
- Must have been in business for a minimum of one year.

Eligible Grant Amounts: \$2,500 - \$10,000.

Funds are limited. Actual grant amount will be determined by an application review process.

Allowable Use-of-Funds: These funds are intended to ensure that businesses can survive the COVID-19 crisis. Funds may be used to offset expenses incurred from the COVID-19 crisis, or to pay for operating expenses incurred while revenue is compromised.

The City of Roseburg and Douglas County are equal opportunity providers. All qualified grant applicants will receive considerations without regard to race, color, religion, sex or national origin.

For additional information, contact:

Bryan Sykes
Assistant Director/Accounting Manager
541-672-6728 x301
b.sykes@ccdbusiness.com

Successful applicants will be notified via phone and e-mail no later than the first week of February 2021.

Emergency Small Business & Microenterprise Assistance Grant Application

2270 NW Aviation Dr., Ste. 4
Roseburg, OR 97470
(541) 672-6728



Applicant Information

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address _____

Business Name _____ Year Established _____

Business Structure (i.e. Sole Proprietorship, LLC, S/C-Corp. _____

Industry Sector (Briefly describe businesses' products and/or services.) _____

_____ EIN (if applicable) _____

Business Ownership

Name _____ Title _____ Ownership % _____

Name _____ Title _____ Ownership % _____

Business Information

Number of Employees Pre-COVID		Number of Employees Today	
Business Description (Explain your business products/services:			
How has COVID-19 impacted your business?			
How do you intend to use these funds?			
Has your business taken any measures to retain or hire employees?			

Additional Information

(This program is targeted for microenterprises in the low to moderate income range for the use of CDBG funds. Income will need to be verified in order to receive grant funding. Please check the following chart to help determine income status.)

Do you consider your household to be...or do you have employees which would be considered?

☐ Low income ☐ Moderate income **Please circle applicable family size and income level.**

2020 Low- and Moderate-Income Limits										
County	Median Family Income estimate for 2018	Income Level Note 1	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-Person Family	8-Person Family
Douglas	\$56,200	Low	\$21,900	\$25,000	\$28,150	\$31,250	\$33,750	\$36,250	\$38,750	\$41,250
		Moderate	\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000	\$62,000	\$66,000

Effective April 1, 2020-Income Limits by Family Size. Periodically, HUD provides the state with updated Low- and Moderate-Income Limits by family size. This data, reflected in the tables, reflects the income limits per family size by County.

How many jobs will be ☐ retained or ☐ created at your business as a result of the grant? _____

PROGRAM OBJECTIVES

Grant funding under this program are to be utilized for the following: *(check all that apply)* **Assistance to Small Businesses/Microenterprise to:**

- ☐ New businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to COVID-19.
- ☐ Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.
- ☐ Provide technical assistance, grants and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine.

Eligible Businesses: (check all that apply)

- ☐ Businesses immediately impacted by the public health restrictions.
- ☐ Businesses generally stable/strong prior to the crisis.
- ☐ Employ low-moderate income individuals.
- ☐ Microenterprise Business (5 or fewer employees, owner is low-moderate income).
- ☐ Must have been in business for a minimum of one year.

CHECKLIST

Please provide copies of the following items, **if applicable**.

	2019 or 2020 Personal Federal Tax Return, Business Federal Tax Return or CPA Prepared Financials		Most recent Oregon form 132 quarterly filing; or at least last two pay stubs for each qualifying employee. Only applicable if certifying based on employee income.
	Personal Financial Statement for anyone with 20% or more ownership (form attached)		Copy of valid drivers license.
	Corporation: Articles of Incorporation stamped as "filed" by the State and By-Laws (if applicable)		
	Limited Liability Company: Articles of Organization stamped as "filed" by the State and Operating Agreement (if applicable)		

NOTE: Incomplete packages could cause delays in the processing of the grant request.

Mission Statement

To encourage economic development, diversify local economies, support industry, and enhance quality of life for all in the region.

GENERAL CERTIFICATIONS

I/We hereby certify that the enclosed information, including any attachments or exhibits provided herewithin, or later, is valid and correct to the best of my/our knowledge.

I/We further certify that the application has been reviewed and approved by the authorized owner(s), managers with appropriately delegated authority, and/or in accordance with the organization's articles of incorporation, articles of organization or bylaws.

Applicant Name (printed)

Applicant Signature

Title

Date

Co-Applicant Name (printed)

Applicant Signature

Title

Date

Please return Application to CCD:

2270 Aviation Dr., Ste 4

Roseburg, OR 97420

Or email the completed form to: roseburgcdbg@cddbusiness.com

CCD IS AN EQUAL OPPORTUNITY PROVIDER

A special thanks to the City of Roseburg (lead applicant) and Douglas County for applying for the Community Development Block Grant Funds to make this opportunity possible.

Note: Additional Affidavits Attached.



Affidavit Duplication of Benefit

This affidavit must be completed by all businesses that have applied for and/or received any assistance from the CDBG funded Small Businesses/Microenterprise Assistance Program being offered by CCD Business Development Corporation. The information within this affidavit will provide CCD Business Development Corporation with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which your business is applying and any program your business has previously received funds from.

☒ Small Business and Microenterprise assistance Program

☐ Emergency Assistance-Special Economic Development Assistance Program

☐ Emergency Assistance-Facilities Improvements

☐ Emergency Assistance-Public Services

This section identifies any sources of funds that the business has received as a result of the COVID-19 pandemic other than insurance. Sources of funds include but are not limited to: federal, state, and local loan/grant programs; private or bank loans; nonprofit donations or loans. Please indicate below the amount allocated to your business from any and all funding sources.

Source of Funds #1

Lender/Grant Provider Name _____

Purpose _____

Amount Received _____

☐ Government Loan ☐ Government Grant ☐ Government Forgivable Loan

☐ Nonprofit Grant ☐ Nonprofit Loan ☐ Nonprofit Forgivable Loan

☐ Private Loan ☐ Other: _____

Source of Funds #2

Lender/Grant Provider Name _____

Purpose _____

Amount Received _____

☐ Government Loan ☐ Government Grant ☐ Government Forgivable Loan

☐ Nonprofit Grant ☐ Nonprofit Loan ☐ Nonprofit Forgivable Loan

☐ Private Loan ☐ Other: _____

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Source of Funds #3

Lender/Grant Provider Name _____

Purpose _____

Amount Received _____

<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

Signature:

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; **or** (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the _____ day of _____, 2021.

Applicant (Affiant) Signature Print

Applicant Name (Affiant)

Joint Applicant (Affiant) Signature Print

Joint Applicant Name (Affiant)

Mission Statement*To encourage economic development, diversify local economies, support industry, and enhance quality of life for all in the region.*



Community Development Block Grant - Job Creation/ Retention Certification Form

Douglas County

This is a confidential form to be used for reporting job creation/retention monitoring purposes only for Business Oregon.

This must be completed at the time of application and 6 months after the grant is received by Employer. ***Complete one (1) form for each job created or retained.***

EMPLOYEE SECTION: *To be completed by the employee.*

Employee Name:

Position Title:

Street Address:

City, State & Zip:

Telephone #:

Race/Ethnic Origin: Check one in each section

Race (check <i>one</i> of the following 10 categories)			
American Indian/Alaska Native	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>
Asian	<input type="checkbox"/>	White	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
American Indian/Alaska Native & Black/African American	<input type="checkbox"/>	American Indian/Alaska Native & White	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	Other Multi-Racial	<input type="checkbox"/>

Ethnicity (Check One)	
Hispanic/ Latino	<input type="checkbox"/>
Not Hispanic/ Latino	<input type="checkbox"/>

Income Status: Your income status will be based on the wage you earn at this job.

Check the appropriate box for your annual wage at this job.

Annual Gross Income			
<input type="checkbox"/>	\$0 to 35,000	<input type="checkbox"/>	Over \$35,000

I understand that my employer is applying for Federal grant funds, and that such funds are audited from time to time. I authorize my employer to release my W-2s or paystubs for the purposes of such a confidential audit.

Signature_____

Date Signed_____



COVID-19 Emergency Microenterprise Assistance Program Family Income Self-Certification Form

**ONLY USE IF CERTIFYING BASED ON OWNER INCOME
IF CERTIFYING BASED ON EMPLOYEE INCOME THIS IS NOT APPLICABLE.**

Instructions:

Your eligibility to participate in this program is determined in part by the size of your family and your family income. A **family** is defined as a group of persons residing together, and any **dependent** children living outside of the home. Family types include but are not limited to: a family with or without children, an elderly family; a near-elderly family; a disabled family; a displaced family; a cohabitating couple; a multi-generational family. An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose.

Income is defined as the total annual **gross** income of all family members 18+ years old. All sources of income during calendar year 2019 must be counted. Income includes all money coming into the family from all persons aged 18 or older. Wages, self-employment wages, business income, TANF, alimony, Social Security benefits, pensions, child support, and regular gifts of money from friends, family or a church must be included. Money earned from providing services, and interest from bank accounts or investments must be included.

Family Member Information

Total persons in your family, including yourself: _____

In the chart below, provide the requested information for each adult family member. Then calculate the total annual gross family income.

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Name	Age	Relationship to You	Annual Income (\$\$)	Source(s) of Income
		Total Annual Gross Family Income:	\$	

Required: For each member of the family over the age 18 filing separately, attached a copy of IRS 1040 for Tax Year 2019, or 2020 if available. This is necessary to complete your grant application.

I certify that all information is true and complete, in accordance with the instructions on page 1. I made no misrepresentation, nor did I omit any pertinent information. I fully understand that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for CDBG assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Home Address: _____

Business Name: _____

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PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children)

Name		Business Phone	
Home Address		Home Phone	
City, State, & Zip Code			
Business Name of Applicant			
ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on Hand & in banks.....\$ _____		Accounts Payable.....\$ _____	
Savings Accounts.....\$ _____		Notes Payable to Banks and Others.....\$ _____	
IRA or Other Retirement Account.....\$ _____		(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....\$ _____	
Accounts & Notes Receivable.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 5)		Installment Account (Other).....\$ _____	
Life Insurance – Cash Surrender Value Only.....\$ _____		Mo. Payments \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....\$ _____	
Stocks and Bonds.....\$ _____		Mortgages on Real Estate.....\$ _____	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....\$ _____		Unpaid Taxes.....\$ _____	
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....\$ _____		Other Liabilities.....\$ _____	
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....\$ _____		Total Liabilities.....\$ _____	
(Describe in Section 5)		Net Worth.....\$ _____	
Other Assets.....\$ _____			
(Describe in Section 5)			
Total	\$ _____	Total	\$ _____
		*Must equal total in assets column.	
Section 1. Source of Income.		Contingent Liabilities	
Salary.....\$ _____		As Endorser or Co-Maker.....\$ _____	
Net Investment Income.....\$ _____		Legal Claims & Judgments.....\$ _____	
Real Estate Income.....\$ _____		Provision for Federal Income Tax.....\$ _____	
Other Income (Describe below)*.....\$ _____		Other Special Debt.....\$ _____	

Description of Other Income in Section 1.

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize CCD to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that CCD will rely on this information when making decisions regarding an application for a grant or loan.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.