

**COVID-19
Small Business
Assistance Program
Application & Information Packet**



**County of Trinity
Coronavirus, Aid, Relief and Economic Security Act
Funding (CARES Act)
Community Development Block Grant (CDBG-CV)**



COVID-19 Small Business Assistance Program

**CARES Act Funding allocated to the County of Trinity
through the Housing and Community Development
Department (HCD)**

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PART I. APPLICATION INFORMATION

I. Application Introduction and Procedures

The County of Trinity invites all interested and eligible small businesses based in the County of Trinity to apply for CARES Act CDBG-CV funding to assist in the preparation, prevention and response to Coronavirus.

Applications for CDBG-CV funding must be completed in full and submitted to the Grants Department electronically at the following email address:

skochems@trinitycounty.org

APPLICATIONS THAT ARE INCOMPLETE OR ARE MISSING NECESSARY ATTACHMENTS, WILL NOT BE ACCEPTED OR CONSIDERED. Required documentation is listed on Page 11 of this application.

Technical Assistance

SBDC staff is available to answer questions regarding CDBG-CV regulations, applicant and project eligibility and the City's application process.

Please direct questions to:

Suzi Kochems

Grants Coordinator

County of Trinity

530-228-7811

skochems@trinitycounty.org

- **What is the Community Development Block Grant (CDBG) Program?**

The United States Department of Housing and Urban Development (HUD) administers the Community Development Block Grant (CDBG) Program to assist low and moderate-income persons in several ways including: elimination of slums and blight, preserving and improving the supply of affordable housing, development of needed public facilities and improvements and business growth through the creation and retention of jobs and business opportunities.

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) granted the County of Trinity additional CDBG funding (CDBG-CV grants), specifically to

- prevent,
- prepare for, and
- respond to the Coronavirus pandemic

The County of Trinity has elected to use its CDBG-CV allocation to fund a grant project for small businesses affected by the Coronavirus pandemic.

II. How can CDBG-CV Funds be used?

Federal regulations require that CDBG-CV funds be used for eligible activities that meet both CDBG and CARES Act objectives. CDBG-CV funding must meet one of three national CDBG objectives:

- Benefit low- and moderate-income persons; and
- Aid in the prevention or elimination of slum or blight; and
- Meet a need having a particular urgency

For this program, only the benefit to low- and moderate-income persons will be allowed. Additionally, CDBG-CV funding must also meet CARES Act objectives by preventing, preparing for or responding to the coronavirus pandemic.

Eligible activities include:

- Up to \$25,000 (businesses with 6-20 employees) or up to \$10,000 (businesses with 1-5 employees) to cover rental/ mortgage/ utility expenses for operation of a business. Due to the nature of this funding source and its relation to COVID-19, only expenses incurred after April 1, 2020 will be allowed.

Applicants must be able to prove that CDBG-CV grant funds were used for the approved use.

Businesses receiving CDBG funding must be able to document that the individuals or households served fall within the HUD income limits found below for Trinity County. If the business owner is located outside Trinity County, then the applicable county HUD income limits will be used.

2021 HOUSEHOLD INCOME LIMITS

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income (30%)	\$14,650	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
Very Low Income (50%)	\$24,400	\$27,900	\$31,400	\$34,850	\$37,650	\$40,450	\$43,250	\$46,050
Low/Moderate Income (80%)	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600

I V. Eligible Applicants

Applicants for CDBG-CV business assistance program must have:

- The business must be a for-profit business and located within the County of Trinity limits
- The business must be brick and mortar with a physical presence in the County of Trinity. The business must be located in a commercial or industrial space. Home-based businesses are not eligible
- The business must be legally operating with any required local business licenses, insurances and permits for local, state and federal requirements
- The business must be in operation prior to March 2020
- A business that has not already received funding for the same purpose as the funding request, or a “duplication of benefits”. Applicants will be required to disclose all COVID-19 relief funding, including but not limited to the Protection Program (PPP), Economic Injury Disaster Loan (EIDL), or any other federal/state Coronavirus pandemic relief program. This will be documented by a self-certification that must be signed and attached to the application to avoid any duplication of benefits.
- The business must have 20 or less full time, or an equivalent combination of full or part time employees, including the owner at the time of application
- The business must be in good standing with the County, meaning: no outstanding tax liens or existing municipal code violations

*Additional program requirements and limitations may be found in the Program Guidelines which can be found on the County’s website.

PART II APPLICATION



Business Name: _____

Business Address: _____

Business Owner Name: _____

Business Owner

Household Address: _____

Phone: _____

Business email: _____

FEDERAL TAX ID #: _____

Business License Number _____

DUNS # (with active www.SAM.gov account): _____

How long as the applicant owned/operated this business? _____

Number of employees, including owner:

Full Time	Part Time	Total

Describe in detail the type of service/products your business does/will offer:

CDBG Eligibility: Use of CDBG funds must show a primary and direct benefit for low to moderate-income people, as determined by HUD Household Income Limits. Please certify the business eligibility within Option 1 or 2 below.

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income (30%)	\$14,650	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
Very Low Income (50%)	\$24,400	\$27,900	\$31,400	\$34,850	\$37,650	\$40,450	\$43,250	\$46,050
Low Income (80%)	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600

*Note: Income means the total income of all persons living in the same family who are related by birth, marriage, or adoption and will benefit from the activities. (Ref. 24 CFR 570.3) (Based on 2021 Income Limits, effective 6/01/2021)

Please select one option below:

Option 1: Business Owner Low-Moderate Income Certification

This option is only available to those businesses with 5 employees or less, including the business owner. Under this option, you, as the business owner, are certifying that your household income falls below the limits listed in the table above (subject to applicable county of your address). If there are multiple business owners, then ALL owners must fall below the income limit to qualify the business

Please list your annual income for the most recent tax year that you filed a return.

Tax Year	Adjusted Gross Income (for entire household)

CARES Act Eligibility: To qualify for CARES Act funds, a business must provide documentation of how the business was negatively impacted by the Coronavirus pandemic. Please certify the business eligibility.

COVID-19 (CV) IMPACT *(as of January 21, 2020)

	Yes	No	Please Describe:
2020 or 2021 Profit/Loss of 10% or more, compared to 2019?			
Temporary Closure? (i.e. provide dates when business was closed 30 days or more)			
Layoffs/Retention of employees?			
Need to purchase specialized equipment or supplies?			
Other: _____ provide a detailed description			

INTENDED USE OF CDBG-CV FUNDS

COVID-19 Business Assistance funds may be used for:

- Past due or current rent / mortgage / utility expenses

Describe the intended use of the CDBG-CV Grant funds (current or past due, total amount due, how many months will be covered, etc.):

Total CDBG-CV Request:

\$ _____

*MAXIMUM GRANT AMOUNT \$10,000 (5 or fewer employees)/\$25,000 (6-20 employees)

Describe the financial requirements needed to reopen or remain open, including other potential funding sources:

	Total funds needed	CDBG-CV Request	OTHER (Federal, State, Local, private loans)
Working Capital	\$		\$
Payroll	\$		\$
Rent/Mortgage/Utility Costs	\$	\$	\$
Increased Insurance Costs	\$		\$
Equipment Purchase	\$		\$
Purchase of Health/Safety Consumable Products	\$		\$
Other. Provide a Detailed Description:	\$		\$
Additional Documentation Required		Included	Not Included
2019, 2020 and Current Profit and Loss Statement			
IRS W-9 Form			
Copy of lease or deed			
Option 1 or Option 2 National Objective Supporting Documentation			
Current payroll documenting number of employees			
Documentation business has been negatively impacted by COVID-19			
Active account on SAM.GOV (this requires a DUNS# as well)			

Trinity County CDBG Beneficiary Information for Business Owner (s):

Do you identify yourself as

RACE/ETHNICITY of Business Owner (s)	
White	
Black/African American	—
Asian	
American Indian/Alaskan Native	
Native Hawaiian / Other Pacific Islander	
American Indian / Alaskan Native and White	
Asian and White	
Black / African American and White	
American Indian / Alaskan Native and Black / African American	
Other Race/Ethnicity (Specify)	

Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)? ___ Yes ___ No

Trinity County CDBG Beneficiary Information of Employees

RACE/ETHNICITY of Employees	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian / Other Pacific Islander	
American Indian / Alaskan Native and White	
Asian and White	

Black / African American and White	
American Indian / Alaskan Native and Black / African American	
Other Race/Ethnicity (Specify)	

Do you identify yourself as Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)? ___Yes___No

The Undersigned Certifies That:

- a) The information contained in this application and supporting documents are complete and accurate
- b) The proposed program/project described in this application meets the National Objective of benefiting low and moderate-income persons, as defined by CDBG Federal Regulations
- c) The proposed program/project described in this application meet one or more of the objectives for CARES Act related activities
- d) The applicant shall comply with all Federal, State and City laws, policies and requirements affecting the CDBG-CV Program; and

Signature of Applicant

_____/_____/_____
Name and Title of Applicant (Please Print or Type) Date

LIST OF RELIEF FUNDS RECEIVED

Name or Organization	Name of Organization Contact Person	Phone number and e-mail of Contact	Amount Awarded	Purpose for Funds (stated all uses if multiple)	Date Funds Awarded
FEMA (Example)	Ms. Jones	(560) 555-5555 Mjones@gmail.com	\$1,000	Rent for March and April	6/1/2020
Insurance Refund					
EDD Awards					

I _____ (PRINT NAME) confirm that the above information is true and accurate. I have listed **ALL** funding sources in which I have received both monetary and non-monetary support. I acknowledge that if any funding sources have been withheld from this awarding agency, that it may result in a readjustment in awarded funds. This can also cause a recapture of funds, which will require me to pay back money awarded on an earlier date.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT SIGNATURE

DATE