

## Appendix B – Public Application

## CDBG SOUTHERN OREGON ASSISTANCE - APPLICATION & CHECKLIST

### About

This grant is funded using money from the Community Development Block Grant (CDBG) Emergency Assistance program, administered by Housing and Urban Development (HUD), via Business Oregon.

This grant is intended for small businesses and/or microenterprises impacted by COVID19 with no other source of funding to maintain operations and low to moderate income ("LMI") employees. An award may have a duration of twelve months; employees on staff in each current wage bracket must remain stable for at least 6 months after fund award.

### Contact

Southern Oregon Regional Economic Development, Inc. (SOREDI)

Contact: Colleen Padilla or Kim Young  
Email: colleen@soredi.org or kim@soredi.org  
Phone: 541-773-8946  
Mailing: 1311 Barnett Road, Suite 301  
Medford, OR 97504



### Submittal

Applications are accepted on a rolling basis as long as funding is available. Submissions are accepted via mail and email. All submissions must include:

#### APPLICATION

- Business Information
- Project Eligibility
- Personnel Detail
- Narrative
- Financing
- Certification/Signature

#### ATTACHMENTS

- Grant Eligibility & Award Estimator (Appendix A)
- Financial Statements – 12 month projection
  - Use Sample 12 Month Budget (Appendix B) or your own form
- Financial Statements – Balance Sheet (dated within 30 days)
- Employee Roster
- Payroll Reports – prior 3 months
- Oregon Secretary of State (SOS) initial filing
- Oregon SOS Annual Report

### Review and Award Notification

Applications are reviewed at least monthly. Applicants should expect a response from SOREDI within 45 days of initial submittal.

## **APPLICATION**

**\*\*You are strongly encouraged to complete the Grant Eligibility & Award Estimator (Appendix A) prior to starting this application. \*\***

### ***Business Information***

**Business Name**

**Applicant's Name, Title**

**Applicant's Phone Number**

**Applicant's Email Address**

**Business Physical Address (must match SOS filing)**

**Business Mailing Address (if different)**

**Business Website**

**Business Date Started**

**Requested Grant Amount**

**Is this company a subsidiary or affiliate of another?**

No.

Yes. Provide name and address of parent or affiliate:

**Federal Tax ID Number**

**Federal Income Tax Status/Filing Type**

Sole Proprietorship (IRS Form 1040 Schedule C)

Partnership (IRS Form 1065 w/Schedule K-1)

S Corporation (IRS Form 1120S)

C Corporation (IRS Form 1120)

**Company Officers and Management Personnel**

*Name* \_\_\_\_\_

*Title* \_\_\_\_\_

## Project Eligibility

**Has your business received any other government assistance for COVID? (example: Paycheck Protection Program, PPP)**

*"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.*

*Funds for this program come from the CDBG program. Section 312 of 42 USC 5121-5207 (the Stafford Disaster Relief and Emergency Assistance Act) prohibits any person, business concern, or entity from receiving "any part of such loss as which he has received financial assistance under any other program, insurance or any source."*

- Yes. Stop here. If you have received or are participating in PPP, you may **not** request these funds if they will be used for the same purpose as your PPP funds. Contact SOREDI for guidance.
- No.

**What is your business size?**

- Small Business (6-20 employees)
- Microenterprise (2-5 employees)

**What is the purpose of the requested funding? Select all that apply.**

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

**Does the business provide "essential services" as defined by the Oregon Office of the Governor?**

*Further detail may be found in Executive Order 20-12, or at <https://govstatus.egov.com/or-covid-19>.*

- No.
- Yes. Describe products/services offered, including area(s) served:

*Personnel Detail*

**How many total staff do you typically have (including owner)?**

**How many total staff do you currently have (including owner)?**

**Current Staff: How many total staff do you have that receive a low-moderate annual income (LMI) wage?**

*The income limits (IL) for this category vary by location and can be found here:*

*<https://www.huduser.gov/portal/datasets/il.html>. Data used must be the most current (2020) and based on the registered business address.*

**Do you plan to increase the number of staff in the next 12 months?**

No.

Yes. Describe:

**Will this funding be used to help increase the number of staff within the next 12 months?**

*Note: If staffing levels are increased within the next 12 months, the ratio between non-LMI staff and LMI staff needs to remain at its current level.*

No.

Yes. Describe:

**If awarded, what method(s) will you use to retain and/or recruit LMI employees over the next 12 months?**

*Narrative*

**Describe the primary products/services of your company.**

**Describe your need for funding. If awarded, how would funds be used?**

**Financing**

**Other Financial Assistance Provided and/or Applied For**

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency City, State	Name of Program	Type of Assistance (loan, grant, etc)	Amount (Awarded or Requested)

**Expected Sources and Uses of Funds**

Identify the sources and uses of **all** assistance which have been or may be used in the project.

Source of Funds	Use of Funds

**Other Financial Interests**

Does your business have shareholders?

No.

Yes. Describe:

**Does your business have any other financially interested parties?**

Any financial involvement or pecuniary interest, including (but not limited to) situations in which an individual or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project must be disclosed.

The following are not considered interested parties: local administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property owner and the contractor.

No.

Yes. Describe:



## ***Reporting Requirements***

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports whenever **any** of the following instances occur:

- The applicant/grantee discovers that information was omitted from its initial report or any updated reports.
- Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last updated report was submitted.
- There is a change in the pecuniary interest of any person or entity that exceeds the amount of all previously disclosed interests by the lesser of \$50,000 or ten percent of such interest.
- There is a change in other government assistance that exceeds the amount of assistance that was previously disclosed.
- There is a change in the expected source of funds from a single source that exceeds the lesser of the amount previously disclosed for that source of funds by ten percent of the funds previously disclosed for that source.
- There is a change in the expected sources of funds from all sources previously disclosed that exceeds ten percent of the amounts previously disclosed from all sources of funds.
- There is a change in a single expected use of funds that exceeds ten percent of the previously disclosed uses for all funds.
- There is a change in the use of all funds that exceeds ten percent of the previously disclosed uses for all funds.
- Staffing levels are changed by more than 10% for a period of more than 30 days.
  - SOREDI must receive a copy of the any recruitment plans, including minimum qualifications for each position, expected duration of training, source of training, etc.
  - LMI ratios must be maintained at or above current levels.
- Staff occupational classifications, as defined by the U.S. Department of Labor Standard Occupational Classification System (<http://www.bls.gov/soc>), are changed.

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports **quarterly**, for 12 months following fund disbursement:

- Staff roster, including SOC codes
- Staff payroll reports for each of the preceding 3 months
- Monthly income statements
- Balance sheet

***Certification and Signature***

By signing this document, you agree that SOREDI as agent for participating jurisdictions, may verify this information. Any grants awarded are contingent on verification of the accuracy of the statements made herein.

I have received a copy of the grant reporting requirements. If awarded, I agree to comply to the provided reporting requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. If awarded, I will disclose SOREDI all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature (if applicable)

\_\_\_\_\_  
Date

## APPENDIX A

### GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

**No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI for a referral to your local agency.

**Yes.** Continue to next question.

2. Is your business registered within the jurisdiction (city limits) of Ashland, Grants Pass, or Medford?

**No.** Continue to next question.

**Yes.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI to discuss our other funding options.

3. Are you a microenterprise? (2-5 employees)

**No.** Continue to next question.

**Yes.** Stop here. You are eligible for up to \$10,000 to be used within the definitions of this program.

4. Are you a small business? (6-20 employees)

**No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI to discuss other funding options.

**Yes.** Continue to next question.

5. Do you have staff that earn less than low-moderate income (LMI) from their employment with you?

*Example for a 4 person family: Jackson County, \$52,100; Josephine County, \$49,600.*

*Full limits here: [https://www.huduser.gov/portal/datasets/il/il2020/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn).*

**No.** Stop here. You are ineligible to apply for this funding opportunity. Please contact SOREDI to discuss other funding options.

**Yes.** Continue to next question.

6. How many LMI positions will you create/retain over at least the next 6 months?

\_\_\_\_\_ x \$2,500 = \_\_\_\_\_ Grant Amount

**APPENDIX B**

**SAMPLE TWELVE MONTH BUDGET (P. 1 OF 2)**

<b>MONTHLY OPERATING PROJECTIONS</b>	<i>Month 1</i>	<i>Month 2</i>	<i>Month 3</i>	<i>Month 4</i>	<i>Month 5</i>	<i>Month 6</i>
TOTAL SALES						
- Cost of Goods Sold						
= GROSS PROFIT						
OPERATING EXPENSES						
Officer Salaries						
Administrative Salaries						
Marketing Salaries						
Other Marketing Expenses						
Legal, Accounting, Insurance						
Rent						
Transportation						
Utilities						
Other/Miscellaneous						
Depreciation						
OPERATING PROFIT						
NON OPERATING EXPENSES						
Interest Expenses						
Income Taxes						

**APPENDIX B**

**SAMPLE TWELVE MONTH BUDGET (P. 2 OF 2)**

<b>MONTHLY OPERATING PROJECTIONS</b>	<i>Month 7</i>	<i>Month 8</i>	<i>Month 9</i>	<i>Month 10</i>	<i>Month 11</i>	<i>Month 12</i>
TOTAL SALES						
- Cost of Goods Sold						
= GROSS PROFIT						
OPERATING EXPENSES						
Officer Salaries						
Administrative Salaries						
Marketing Salaries						
Other Marketing Expenses						
Legal, Accounting, Insurance						
Rent						
Transportation						
Utilities						
Other/Miscellaneous						
Depreciation						
OPERATING PROFIT						
NON OPERATING EXPENSES						
Interest Expenses						
Income Taxes						

