

CITY OF GREEN BAY
SMALL BUSINESS PANDEMIC RELIEF LOAN APPLICATION (SB-PRL)

BUSINESS INFORMATION

Name of Business:

Db Name (if applicable):

Mailing Address:

City:

State:

ZIP Code:

Phone:

Email:

Address of Operations (if different):

City:

State:

ZIP Code:

Date of Incorporation:

Current Number of FTE Employees at Time of Application:

Is Business Minority-Owned?

Yes

No

Has the business ever been subjected to criminal or civil fines and penalties including from City of Green Bay code or regulatory violations?

Yes

No

Business Type: LLC Partnership Sole Proprietor Other

BUSINESS DESCRIPTION

OWNER INFORMATION

OWNER NAME(S) (please indicate percent of ownership if multiple owners):

Mailing Address:

City:

State:

ZIP Code:

Phone:

Email:

18 or older: Yes No
(circle)

Please summarize owner's experience in industry (PLEASE LIST ADDITIONAL OWNER INFORMATION BELOW OR ATTACH SERPARATE PAGE IF NECESSARY):

PROPOSED USES OF FUNDS

| AMOUNT OF REQUEST | USE |
|-------------------|------------------|
| \$ | Payroll expenses |
| \$ | Rent/mortgage |
| \$ | Utilities |
| \$ | Other: |
| \$ | Other: |

Total Emergency Funding Request (Max \$5,000 FOR EMPLOYERS WITH FEWER THAN 20 FTE EMPLOYEES and Max \$10,000 FOR EMPLOYERS WITH 20 to 100 FTE EMPLOYEES):

EMERGENCY NEED

Please specify below how your business will be impacted by the policies put into effect due to the current coronavirus pandemic **OR** will provide a support service and need funding assistance to implement new protocols or meet higher demand:

Please specify below how many Full-Time Equivalent jobs your business intends to retain or create through the funds provided by the Emergency Fund. NOTE: jobs retained must be held throughout the term of the forgivable loan, otherwise the loan will be called due and payable. At least 51% of FTE jobs retained must be held by members of low-/moderate-income households.

| | | |
|-----------------|---|------------------------|
| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |
| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |
| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |
| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |
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| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |
| Position Title: | Held by Low-/Mod-Income? Yes No | Hours Worked per Week: |

Please indicate any additional jobs retained on a separate sheet

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of Green Bay, or the US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

| | |
|--|---|
| | Please submit <u>copies</u> of documents if available/applicable |
| | SB-PRL Fund Application (this document) |
| | Owner Income self-verification form using template in Appendix A |
| | Owner's most recently completed IRS Form 1040 |
| | Employee Income self-verification forms using template in Appendix A (Submit one for each employee proposed to be retained) |
| | Business Operating Agreement – (for businesses with multiple partners) |
| | Payroll summary or other document showing total number of employees on payroll as of the application submission date |
| | Section 3 registration (if applicable) |

NOTE- Staff may follow-up with applicants for additional information and documents after application submission as necessary.

APPENDIX A

APPLICANT INCOME ELIGIBILITY – to be completed and signed by each employee whose position is proposed to be retained. At least 51% of FTE jobs to be retained must be low-/moderate-income for their household size. The business owner is also required to complete this form and provide City staff with the most recently submitted IRS Form 1040, even if no jobs are proposed to be retained or created through Emergency Fund assistance.

Information on annual family income and race is required to determine eligibility for services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of person in their household and then **CIRCLE THE BOX** that contains the amount of annual family income.

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Please circle your Income Range based on your Family Size (for example: if there are 5 people in your household go to HH of 5; if there are 8 or more go to HH of 8):

| | HH of 1 | HH of 2 | HH of 3 | HH of 4 | HH of 5 | HH of 6 | HH of 7 | HH of 8 |
|----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Low-/Moderate-Income | \$0-\$17,300 | \$0-\$19,800 | \$0-\$22,250 | \$0-\$26,200 | \$0-\$30,680 | \$0-\$35,160 | \$0-\$39,640 | \$0-\$44,120 |
| | \$17,301-\$28,850 | \$19,801-\$32,950 | \$22,251-\$37,050 | \$26,200-\$41,150 | \$30,681-\$44,450 | \$35,161-\$47,750 | \$39,641-\$51,050 | \$44,121-\$54,350 |
| | \$28,851-\$46,100 | \$32,951-\$52,700 | \$37,051-\$59,300 | \$41,151-\$65,850 | \$44,451-\$71,150 | \$47,751-\$76,400 | \$51,051-\$81,700 | \$54,351-\$86,950 |
| Non-Low Income | \$46,101+ | \$52,701+ | \$59,301+ | \$65,851+ | \$71,151+ | \$76,401+ | \$81,701+ | \$86,951+ |

Please check your ethnicity (pick 1 of 2): Hispanic/Latino Non-Hispanic/Latino

Please check your race (pick 1 of 10 choices):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Native Hawaii/Other Pacific Islander | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-Racial |

Does your family have a **FEMALE HEAD OF HOUSEHOLD?** Yes No

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Green Bay, or the US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary. **WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.

Name: _____(printed)

Signature: _____ **Date:** _____

APPENDIX B

SMALL BUSINESS PANDEMIC RESONSE PROGRAM SCORING MATRIX

If the purposed project meets all threshold criteria, reviewers will utilize the following project scoring criteria to evaluate the purposed project for the purposes of making a funding recommendation. Scoring will help determine priority of project application versus other projects competing for funds. The highest scoring projects will be recommended for funding.

Evaluation Criteria (100 Point Scale + Bonus):

| | |
|--|--|
| <p>Capacity and Experience to Operate the Business (15 Points)</p> <ul style="list-style-type: none"> ○ Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources. | |
| <p>Readiness to Proceed (10 points)</p> <ul style="list-style-type: none"> ○ The Business a proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set deliverables. | |
| <p>Business Impact (15 Points)</p> <ul style="list-style-type: none"> ○ Business will be severely impacted by the policies put into effect due to the coronavirus pandemic OR business provides a support service and will need funding assistance to implement new protocols or meet higher demand. This qualification meets the DCED ESF-14 goals. | |
| <p>Job / Employee retention (30 Points max)</p> <ul style="list-style-type: none"> ○ Proposal ensures employee retention for term of loan. Up to 30 Pts awarded based on Full-Time Equivalent FTE job retention: 30 Pts for 5 or more FTE positions retained, 20 Pts for 3 or more FTE retained, 10 points for 2 FTE positions retained, 5 points for 1 FTE positions retained, and 0 points for a lower ratio of retained jobs. One FTE position is defined as 40 hrs per week, or any combination of part-time positions combining for 40 hours per week, including owners. | |
| <p>Minority Business Enterprise (10 points)</p> <ul style="list-style-type: none"> ○ Business is a minority-owned business: Women, Veteran and Economically Disadvantaged Small Business Enterprise (51%). | |
| <p>Section 3 Registered (10 points)</p> <ul style="list-style-type: none"> ○ Business is a HUD-registered Section 3 business enterprise. https://portalapps.hud.gov/Sec3BusReg/BRegistry/RegisterBusiness | |
| <p>Located in a Retail District (10 points)</p> <ul style="list-style-type: none"> ○ Business is or will be located in an established business corridor. | |
| <p>Application Completeness (5 Point BONUS)</p> <ul style="list-style-type: none"> ○ Up to 5 point bonus for application with concise descriptions and backup information, professional writing and accurate math. | |
| <p>TOTAL</p> | |

-Helpful links-

City of Green Bay - Department of Community and Economic Development
<https://www.greenbaywi.gov/business>

Federal EIN –

<https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>

WI Business Resources- registration and basic information

<https://openforbusiness.wi.gov/>

WI Dept of Financial Institutions-

<https://www.wdfi.org/corporations/>

WI Dept of Revenue-

<https://www.revenue.wi.gov/Pages/Businesses/New-Business-home.aspx> <https://www.revenue.wi.gov/Pages/Form/with-home.aspx>

WI Dept of Workforce Development-

<https://dwd.wisconsin.gov/ui/>

<https://dwd.wisconsin.gov/wc/>

Dun & Bradstreet- DUNS –

<https://www.dnb.com/duns-number/get-a-duns.html>

CAGE code-

<https://www.sam.gov/SAM/>

HUD Section 3 Registration-

<https://portalapps.hud.gov/Sec3BusReg/BRegistry/What>