



# SMALL BUSINESS GRANT APPLICATION

## WHAT IS THE PRESCOTT CARES SMALL BUSINESS GRANT PROGRAM?

The COVID-19 pandemic negatively impacted small businesses in Prescott, resulting in job loss and serious financial challenges. The City of Prescott received \$427,198 in Community Development Block Grants funds from the US Department of Housing and Urban Development under the “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) to prevent, prepare for, and respond to the Coronavirus (COVID-19). The City has created a Small Business Grant (SBG) Program offering grants to eligible small businesses in two categories (Please check one describing your business):

- 1)  **Low Moderate Income (LMI) Microenterprises** - Prescott for-profit or non-profit businesses with **five or fewer** employees INCLUDING the owner where the owner is LMI.
- 2)  **Other Small Businesses** - Prescott for-profit small businesses that have **fewer than 50 employees based in Prescott.**

See Attached **PRESCOTT CARES SMALL BUSINESS GRANT** Policies and Procedures. READ Policies and Procedures CAREFULLY!

Grant assistance may not exceed under any circumstances **\$5,000** for low-moderate income micro enterprises or other small businesses.

You may apply for **CDBG-CV SMALL BUSINESS GRANT FUNDS** for **ONE** of the following purposes:

- a. **Working capital to retain or create jobs, pay mortgage/rent and/or private utilities**
- b. **Supplies and equipment (to prevent, prepare, and respond to Coronavirus).**

## BUSINESS OWNER - PERSONAL QUESTIONS

- 1. OWNER (YOUR) NAME: \_\_\_\_\_
- 2. HOME ADDRESS: \_\_\_\_\_
- 3. HOME PHONE: \_\_\_\_\_
- 4. CELL PHONE: \_\_\_\_\_
- 5. BEST TIMES TO REACH YOU: \_\_\_\_\_
- 6. EMAIL ADDRESS: \_\_\_\_\_



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## BUSINESS QUESTIONS

1. **TYPE OF BUSINESS** (e.g., restaurant, bar, spa/salon, brewery) \_\_\_\_\_
2. **BUSINESS LEGAL NAME** \_\_\_\_\_
3. **OWNER STATUS**

Owner's Name	Percentage of Business Owned
LIST YOUR NAME FIRST:	
SECOND OWNER'S NAME:	
THIRD OWNER'S NAME:	

4. **BUSINESS EIN** (e.g., Federal Employer Identification Number (FEIN) or Federal Tax ID #): \_\_\_\_\_
5. **DUNS NUMBER: YOU MUST HAVE A DUN & BRADSTREET NUMBER TO APPLY FOR SBG FUNDS. SEE <http://fedgov.dnb.com/webform/index.jsp> TO APPLY. ENTER # HERE:** \_\_\_\_\_
6. **BUSINESS ORGANIZATION TYPE: (CHECK ONE)**  
SOLE PROPRIETOR  CORPORATION   
LIMITED LIABILITY COMPANY  PARTNERSHIP
7. **ADDRESS OF BUSINESS LOCATED IN PRESCOTT:**  
STREET NUMBER: \_\_\_\_\_  
STREET NAME: \_\_\_\_\_  
CITY/TOWN: Prescott \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_
8. **BUSINESS PHONE NUMBER:** \_\_\_\_\_
9. **BUSINESS EMAIL ADDRESS (if there is one):** \_\_\_\_\_



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10. **BUSINESS WEBSITE (if there is one):** \_\_\_\_\_
11. **HOW LONG HAVE YOU OWNED THE BUSINESS FOR WHICH YOU SEEK SBG FUNDS?** (You must have been in business prior to September 2019 to be eligible for these funds).  
\_\_\_\_\_  
\_\_\_\_\_
12. **WHEN DID YOUR BUSINESS BEGIN OPERATIONS AT THE CURRENT ADDRESS?** MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_
13. **IDENTIFY ANY PRIOR ADDRESS AT WHICH YOU OWNED AND OPERATED THIS BUSINESS:**  
STREET NUMBER: \_\_\_\_\_  
STREET NAME: \_\_\_\_\_  
CITY/TOWN: STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_
14. **STATEMENT OF THE IMPACT OF COVID-19 ON YOUR BUSINESS (e.g., lost revenues, layoffs, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. **WAS YOUR BUSINESS IMPACTED BY STATE EXECUTIVE ORDERS REQUIRING CLOSURE OF NON-ESSENTIAL BUSINESSES OR CAPACITY RESTRICTIONS?** YES  NO
16. **IF YES TO QUESTION 15, WAS YOUR BUSINESS ABLE TO OPERATE AT ALL WHILE THE EXECUTIVE ORDERS REMAINED IN EFFECT?** YES  NO
17. **DID YOUR BUSINESS LOSE REVENUES DURING THE EXECUTIVE ORDERS?**  
YES  NO



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**You will need to document the loss through documentation at the end of the application.**

18. DID YOU HAVE TO LAY OFF EMPLOYEES (EVEN IF TEMPORARILY) AS A RESULT OF STATE EXECUTIVE ORDERS?  
 YES  NO

19. IF YES TO QUESTION 18, HOW MANY FULL TIME AND PART TIME EMPLOYEES DID YOU LAY OFF?

**FULL TIME EMPLOYEES LAID OFF:** \_\_\_\_\_ **PART TIME EMPLOYEES LAID OFF:** \_\_\_\_\_

20. PLEASE SHOW THE TYPICAL NUMBER OF EMPLOYEES THAT YOUR BUSINESS CUSTOMARILY EMPLOYS USING THE CHART BELOW. INDICATE WHETHER SUCH POSITIONS ARE NOW FILLED OR VACANT.

	POSITION TITLE	PART TIME	FULL TIME	VACANT	FILLED
1	<i>YOURSELF:</i>				
2					
3					
4					
5					
6					
7					
8					
9					
10					

ATTACH ADDITIONAL PAGES IF NECESSARY

21. **ARE YOU YOURSELF AN EMPLOYEE OF YOUR BUSINESS?**

YES  NO



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22. DOES YOUR BUSINESS HAVE FIVE OR FEWER EMPLOYEES INCLUDING YOURSELF AS OWNER? (if NO you may skip question 23 and 24)

YES  NO

23. TOTAL NUMBER OF ALL PERSONS LIVING IN YOUR HOUSEHOLD RELATED OR NOT? \_\_\_\_\_

24. COMBINED GROSS ANNUAL INCOME OF ALL PERSONS IN YOUR HOUSEHOLD AGE 18 OR OVER? \_\_\_\_\_

**2020-21 CDBG Income Limits – Please circle where your household income level falls *beneath*.**

Number of persons in household	With gross annual income not to exceed:	Number of persons in household	With gross annual income no to exceed:
1	\$36,200	5	\$55,850
2	\$41,400	6	\$60,000
3	\$46,550	7	\$64,150
4	\$51,700	8	\$68,250

\*\*\*\*\*

25. PLEASE RESPOND TO THE ITEMS BELOW (OPTIONAL): INDICATE RACE CATEGORY (CHECK ONE)

- White
- Black/African American
- Asian
- American Indian/ Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other Multi Racial
- American Indian/Alaskan Native & Asian

INDICATE ETHNICITY (Optional)

- Hispanic  Not Hispanic
- Female Head of Household? YES  NO

26. COMPLETE THE TABLE BELOW SHOWING ALL FEDERAL, STATE, LOCAL GOVERNMENT AND PRIVATE GRANTS, LOANS OR OTHER ASSISTANCE YOUR BUSINESS HAS RECEIVED OR APPLIED FOR DURING THE COVID-19 PANDEMIC (SBA Economic Injury Disaster Loan Emergency Advance, Paycheck Protection Program [PPP] Loan,



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etc.

LOAN, GRANT, OTHER ASSISTANCE APPLIED FOR (e.g., PPP)	AMOUNT APPLIED FOR	APPLICATION APPROVED OR DENIED	IF APPROVED, FOR WHAT COMMERCIAL PURPOSE WILL YOU USE FUNDS?
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/>  Utilities <input type="checkbox"/>  Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/>  Utilities <input type="checkbox"/>  Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/>  Utilities <input type="checkbox"/>  Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/>  Utilities <input type="checkbox"/>  Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/>  Utilities <input type="checkbox"/>  Something else <input type="checkbox"/>

IF YOU DID NOT RECEIVE OR APPLY FOR ANY OTHER ASSISTANCE, CHECK THIS BOX.

27. PER FEDERAL REGULATIONS, GRANT RECIPIENT BUSINESSES MUST EITHER CREATE OR RETAIN AT LEAST ONE JOB COMPUTED ON AN FTE BASIS THAT MUST BE HELD BY A LOW-MODERATE INCOME PERSON IN EXCHANGE FOR SBG FUNDS.



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BUSINESSES NEED ONLY PLEDGE TO CREATE OR RETAIN JUST ONE SUCH JOB BUT IF THEY PLEDGE TO CREATE OR RETAIN MORE THAN ONE FTE JOB, 51% OF SUCH JOBS COMPUTED ON AN FTE BASIS MUST ACTUALLY BE HELD BY AN LMI PERSONS. EXAMPLE: IF YOU WILL CREATE FIVE JOBS, THREE MUST BE HELD BY LMI INCOME PERSONS. NOTE: IF YOU LAY OFF RE-HIRE EMPLOYEES LAID OFF, THIS IS, PER HUD GUIDANCE, JOB CREATION NOT JOB RETENTION.

A. I PLEDGE TO (CHECK ONE): CREATE JOBS

RETAIN JOBS

B. I PLEDGE TO CREATE OR RETAIN (AS INDICATED ABOVE) THE FOLLOWING NUMBER OF JOBS COMPUTED ON AN FTE BASIS: \_\_\_\_\_

C. 51% OF THE NUMBER INDICATED IN "B" ABOVE IS: \_\_\_\_\_

**(This represents the number of jobs that you must ensure are held by or will be held by an LMI PERSON). If you are creating or retaining just one job, 51% is that ONE job.**

D. **INDICATE BY JOB TITLE THE POSITIONS TO BE CREATED OR RETAINED (CONSISTENT W/ Q20): JOB TITLE:**

JOB TITLE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ATTACH MORE PAGES IF NEEDED



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28. PLEASE INDICATE ALL BUSINESS EXPENSES IN THE TABLE BELOW.

EXPENSES MONTHLY UNLESS OTHERWISE INDICATED	AMOUNT
MONTHLY (CHECK ONE)	
LEASE <input type="checkbox"/>	
RENT <input type="checkbox"/>	
MORTGAGE <input type="checkbox"/>	
GAS (AVERAGE MONTHLY)	
ELECTRIC (AVERAGE MONTHLY)	
DEBT PAYMENT	
INSURANCE	
COST OF GOODS/SUPPLIES	
Water and sewer	
OTHER MONTHLY (IDENTIFY)	
OTHER MONTHLY (IDENTIFY)	
TOTAL MONTHLY EXPENSES	

29. FOR WHICH PURPOSE ARE YOU APPLYING FOR SBG FUNDS? (CHECK ONE)

PAYMENT OF UP TO THREE MONTHS OF BUSINESS RENT/LEASE/MORTGAGE PAYMENT OF UP TO THREE MONTHS OF UTILITY COSTS

SUPPLIES AND EQUIPMENT (TO PREVENT, PREPARE, AND RESPOND TO CORONAVIRUS)

***Again, assistance may not exceed under any circumstances \$5,000 for low-moderate income micro enterprises or \$5,000 for other small businesses.***





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30. IF APPLYING FOR RENT/LEASE/MORTGAGE OR UTILITY ASSISTANCE, COMPLETE THE FOLLOWING (IF NOT, SKIP TO QUESTION 33).

PHONE NUMBER OF LANDLORD, BANK OR ENTITY TO WHOM PAYMENT IS MADE: \_\_\_\_\_

LEASE/RENT/MORTGAGE AMOUNT: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ADDRESS TO WHICH YOU SEND RENT/LEASE/MORTGAGE PAYMENT: STREET NUMBER: \_\_\_\_\_

STREET NAME: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**You will need to attach copy of utility and /or mortgage & most recent mortgage statement or lease/rental agreement**

31. ARE YOU IN ARREARS/BEHIND IN PAYING YOUR BUSINESS RENT/LEASE/MORTGAGE? (CIRCLE ONE) YES  NO

If Yes, for which months are you in arrears? \_\_\_\_\_

Amount by which you are in arrears. \_\_\_\_\_

32. WHEN DOES YOUR BUSINESS LEASE OR RENT AGREEMENT EXPIRE OR WHEN WILL MORTGAGE BE PAID OFF:

MONTH \_\_\_\_\_

DAY YEAR \_\_\_\_\_

33. **SKIP THIS QUESTION IF YOU ARE NOT APPLYING FOR ASSISTANCE WITH PRIVATE UTILITY PAYMENT.**

IF APPLYING FOR UTILITYBILL ASSISTANCE, FOR WHICH TYPE OF UTILITY ARE YOU SEEKING ASSISTANCE? YOU MAY CHECK ALL THAT APPLY BUT THIS DOES MEAN YOU WILL RECEIVE ASSISTANCE FOR MORE THAN ONE. FUNDING AVAILABILITY AND OTHER FACTORS APPLY.

GAS

ELECTRIC

34. **ANSWER THIS ONLY IF YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS**

ARE YOU BEHIND ON YOUR PAYMENTS FOR YOUR UTILITY(IES)? (CIRCLE ONE) YES  NO

35. The total amount of SBG funds I am asking for is \_\_\_\_\_ (Maximum \$5,000).

36. ACCOUNT NUMBER: \_\_\_\_\_

**-END OF QUESTIONS-**



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ALL APPLICANTS MUST PROVIDE THE FOLLOWING WITH THIS COMPLETED APPLICATION AND SIGN THE CERTIFICATION AT THE END OF THIS APPLICATION.

- A. Most recent business tax return filed.
- B. Profit and Loss Statement
- C. Bank statement
- D. Balance sheet prior three years
- E. Current balance sheet no older than 90 days
- F. Proof of quarterly tax payments if made quarterly
- G. Copy of lease or rental agreement, or mortgage, for your commercial premises in Prescott if you are seeking SBG assistance for commercial lease/rent/mortgage.
- H. Copy of utility bills for utilities for which you seek SBG assistance.
- I. Statement of cash flows
- J. Signed AFFIDAVIT regarding receipt of other funds. This will be provided to you by the Chamber IF and WHEN your application for assistance is approved.
- K. ONLY IF YOU ARE A LOW MOD INCOME OWNER OF A MICRO ENTERPRISE: provide most recent personal tax returns.
- L. Payroll reports for prior year and quarterly reports for current year.

## Certifications

I certify that the information provided in this application as well as information contained within any and all documents required to be submitted as part of this application are true and accurate under penalty of perjury. Under Section 1001 of title 18 of the United States Code, it is a federal crime to knowingly and willfully make a materially false, fictitious, or fraudulent statement in any matter within the jurisdiction of the executive, legislative, or judicial branch of the United States.

Copies of required documents are included with this application. Printed Name

Signature \_\_\_\_\_

Date \_\_\_\_\_