

APPLICATION CHECKLIST

The following items are required to be submitted for a complete application. Please check and confirm below if you have attached all required items. Incomplete applications will delay the review process.

✓	Required Application Items:
	Completed application
	MBE / WBE Certification
	Supporting documentation for Gross Business Revenue for 2020
	Supporting documentation for Gross Business Revenue for 2019
	Profit & Loss (P&L) Statement from 2019 tax return
	Profit & Loss (P&L) Statement from 2020 tax return
	Evidence that business revenues were affected by Covid-19 (monthly P&L statements, monthly revenue receipts, etc. for the period between March 1, 2020 and July 31, 2021)
	Bank statements showing receipt and use of other funding received from federal, state or local resources <i>if you received these.</i>
	Documentation supporting the costs for which you're asking reimbursement (rent or mortgage receipts, utility statement showing payments made, supply pricing lists, employee payroll records, etc.)
	Income Certification form(s) (signed and dated)
	CDBG-CV Duplication of Benefits Certification form (signed and dated)
	Anti-Pirating Certification form (signed and dated)
	Applicant Statement and Certifications form (signed and dated)

Completed applications (including all required documentation) must be sent to the following:

Via USPS, FedEx, UPS or other service:

**M&L Associates
c/o Julia
800 Vinial Street, Suite B414
Pittsburgh, PA 15212**

Via email:

juliaf@mandl.net

SECTION 1 – GENERAL INFORMATION

Applications can be submitted beginning October 20, 2021. Applications will be accepted until all funds are awarded.

Application documents should provide a straightforward, concise description of the business and the reasons for, and benefits of, requested economic support. Emphasis should be on completeness, clarity of content, and conveyance of the information requested by the City of New Castle. The original application with all attachments must be submitted in accordance with directions provided within this document. For hard copy submissions, the original document should be unbound and clipped together. Do not include tabs or dividers. Applications should be typed using no smaller than 11-point font Arial. If completing this application in Word, each text box will expand as you type in it.

Electronic versions should be provided in one file saved in **Adobe Acrobat** format. ***Please limit responses to no more than ½ page per question.***

1. Legal Name of Business Entity:

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2. Ownership:

Name	Percentage of Ownership

3. Primary Contact Person and Title for this application:

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4. Business Address (must be physically located in the City of New Castle):

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5. Phone Number and Email Address:

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6. Website address:

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7. What is the Legal Entity of Your Business:

Corporation LLC Sole Proprietorship Other (Explain) _____

8. Business Employer Identification Number:

9. Business Entity DUNS Number:

10. Describe your Business (what service do you provide, what products do you sell, etc.):

11. Number of Full-Time (40 hours/week) Employees at Time of Application (Including Owners):

12. Number of Part-Time Employees at Time of Application:

13. How long has your business been in operation? (Your business must have been in operation since January 27, 2020 to be eligible for funding.)

14. Is the business registered as a minority-owned business? Yes No If yes, provide a copy of your certification from the issuing agency. Check this box if provided

15. Is the business registered as a woman-owned business? Yes No If yes, provide a copy of your certification from the issuing agency. Check this box if provided

16. Are all Federal, Commonwealth of Pennsylvania, and local taxes current? Yes No

If no, explain:

Requirement 1: Covid Impact

A. Describe the impact that Covid had on your business:

B. Between March 1, 2020 and the date of this Application, has your business been closed for any period of time due to COVID-19 restrictions? Yes No

C. Are you currently open/operational for business? Yes No

D. If open, have the hours of operation been reduced? Yes No

If yes, explain:

E. What was your gross business revenue for 2020? Provide supporting documentation with your application. Check this box if provided

F. What was your gross business revenue for 2019? Provide supporting documentation with your application. Check this box if provided

G. Provide a profit and loss (P&L) statement for 2019 and 2020. Check this box if provided.

H. Provide evidence that your business revenues have been affected by COVID-19. Examples include monthly profit and loss statements or monthly revenue receipts. For program eligibility, the business must have experienced a decline in revenue between March 1, 2020 and July 31, 2021.

Check this box if provided

I. Do you anticipate that your business will be operational six months following award of this funding?

Yes No

If no, please note that you will be required to sign a contract with the City of New Castle stating that by accepting program funding, your business will remain operational for at least six months following funding award. **If no, please briefly describe the circumstances below.**

Requirement 2: Job Requirements

All businesses must show that at least one full-time job (or a combination of part-time jobs equal to 40 hours per week) will be retained or held by a low-income person. This may be the owner of the business if it employs less than four other persons. To make recordkeeping easier, a waiver was granted so that the City can count a job that pays less than an annual gross income of \$52,650 as meeting this criterion. Please identify the job that will be either created or retained:

JOB #1

A. Title and Rate of Pay (indicate hourly, weekly or monthly):

B. How many hours a week will be worked?

C. Is this a job that is filled? Yes No If yes, complete and sign the Self-Certification form attached to this application.

D. If the job is part-time (less than 40 hours), is there more than one position or other part-time jobs that count toward the equivalent of one full-time position? Yes No If yes, explain:

JOB #2

E. Title and Rate of Pay (indicate hourly, weekly or monthly):

F. How many hours a week will be worked?

G. Is this a job that is filled? Yes No If yes, complete and sign the Self-Certification form attached to this application.

H. If the job is part-time (less than 40 hours), is there more than one position or other part-time jobs that count toward the equivalent of one full-time position? Yes No If yes, explain:

JOB #3

I. Title and Rate of Pay (indicate hourly, weekly or monthly):

J. How many hours a week will be worked?

K. Is this a job that is filled? **Yes** **No** If yes, complete and sign the Self-Certification form attached to this application.

L. If the job is part-time (less than 40 hours), is there more than one position or other part-time jobs that count toward the equivalent of one full-time position? **Yes** **No** If yes, explain:

Requirement 3: Duplication of Benefits

A. List all funding sources that you may apply for, have applied for, and/or have received due to COVID-19. Add more rows if necessary. Please note that funding for this program cannot duplicate awards made by other Federal, State, or other government entities.

Funding source (e.g., SBA, PPP, EIDL)	Amount Applied for or Amount Awarded	Date Applied	Date Funds were Awarded

B. How were these funds used? Please identify the use of those funds and the time period for the use of those funds:

For example:

- PPP funds – Salaries \$15,000 for March – April 2020
- SBA Funds – Rent March – June 2020; Utilities, March – June 2020; and Salaries May and June 2020

Please explain:

If funds were received, attach bank statements showing receipt and use of the funds.

Requirement 4: Business Financial Request

- A. Funds may be used to pay for operating expenses incurred or paid for by the business for which there have been no other forms of support from federal Covid Funds.
- B. I understand that jobs must be created or retained and all funds expended no later than December 31, 2022. Yes No

Column A	Column B	Column C	Column D	Column E
Budget Item <small>(Detailed items or salaries for which funds are requested)</small>	Activity Description <small>(Detailed description of activity in weekly pay/cost of item)</small>	Amount of CDBG-CV funds requested with this Application	Business Entity's Share of Budget Funded from Other Sources	Total Cost for Business Entity <small>(Sum of Column C and Column D)</small>
EXAMPLE: Staff costs – List Positions:				
Receptionist	\$500 per week – 40 hours x 8 weeks	\$4,000	0	\$4,000
PPE	\$6,000 – (must attach list as proof of purchases)	\$5,000	\$1,000	\$6,000

Provide documentation of the costs for which you are applying for funds, such as rent or mortgage invoices, utility statement, supply lists with pricing, payrolls for employees to be reimbursed, etc. Also include evidence of payment of such costs, such as canceled checks as applicable.

TOTAL FUNDS REQUESTED:

\$	
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CDBG-CV INCOME CERTIFICATION FORM

A. How many persons are in your family?

Number: _____

B. What is your total family income?

“Family” means all related persons in your household and will include all residents temporarily away from the surveyed family (college students, persons on vacation, etc.) Total annual family income* must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.) for all members of the family. Supplemental unemployment is not included.

\$: _____

C. Are you currently unemployed? Yes No

D. Please check the box that identifies your race below:

Single Race:	Multi-Racial Identifiers:
() White	() American Indian/Alaskan Native and White
() Black/African American	() Asian and White
() Asian	() Black/African American and White
() American Indian/Alaskan Native	() American Indian/Alaskan Native and African/American
() Native Hawaiian/Other Pacific Islander	() Other Multi-Racial
() Other	

E. Do you consider yourself as being of Hispanic ethnicity? Yes No

Sign and Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I certify under penalty of perjury that all information provided on this form is true and correct to the best of my knowledge.

Business Name:

Printed Applicant’s Name:

Signature of Applicant:

Date:

CDBG-CV DUPLICATION OF BENEFITS CERTIFICATION

The funding program to which you are applying (CDBG-CV) requires verification of additional financial assistance to comply with The Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act Section 312 42 U.S.C. 5121–5207) which prohibits federal agencies from providing assistance to any person, business concern, or other entity for “any part of such loss as to which he has received financial assistance under any other program or from insurance or any other source.”

Business Name:**Printed Applicant’s Name:****Signature of Applicant:****Date:**

I/We, _____, affirm the following:

I/We own the private for-profit business _____,

at its principal place of business of _____,

and make this Affidavit in connection with Community Development Block Grant (CDBG) assistance received through the City of New Castle, Pennsylvania.

1) Due to the coronavirus pandemic that began in February 2020, our Business at the above address sustained \$ _____ in damages or losses due to the direct effects of the coronavirus, public laws enacted to prevent the coronavirus, and efforts to mitigate the spread of coronavirus.

These damages or losses can be verified by approved source documentation (verification documents will be determined by the City of New Castle and must be attached). Check this box if provided.

2) I/We have received the following recovery assistance funds as the result of the coronavirus pandemic. This is a listing of all funds related to the pandemic which I/we have received after January 2020.

Assistance	Amount	Use of Funds
Insurance	\$	
FEMA Disaster Relief Program	\$	
SBA Paycheck Protection Program	\$	
SBA Economic Injury Disaster Loan	\$	
SBA Express Bridge Loan	\$	
SBA Debt Relief Program	\$	
Coronavirus Relief Fund (US Treasury)	\$	
Economic Impact Payment (US Treasury)	\$	
Supplemental EAA (EDA)	\$	
Other (please name):	\$	
Other (please name):	\$	
Other (please name):	\$	
Total	\$	

ANTI-PIRATING CERTIFICATION

Section 588 of the Quality Housing and Work Responsibility Act of 1998 prohibits States and local governments from using CDBG funds for employment relocation activities or “job pirating”. Job pirating refers to the use of federal funds to lure or attract a business and its positions from one community to another community. CDBG funds may not be used to assist for-profit businesses, including expansions, as well as infrastructure improvement projects or business incubators which are designed to facilitate business relocation.

I, the business owner listed below certify that the activity assisted with CDBG funds will not result in the relocation of any industrial or commercial plant, facility, or operation from one Labor Market Area to another, and, if it does, the number of jobs that will be relocated does not result in significant job loss as defined in this rule; and that I will reimburse any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section within three years of the grant contract date.

Business Name:

Printed Applicant’s Name:

Signature of Applicant:

Date:

APPLICANT STATEMENT AND CERTIFICATIONS

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I understand that the information provided may be subject to further verification by the City of New Castle, DCED, 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.

I hereby certify that the information on this form is complete and accurate.

Business Name:

Printed Applicant's Name:

Signature of Applicant:

Date:

Business Name:

Printed Applicant's Name:

Signature of Applicant:

Date:

Please include the signatures, names, and titles of any additional owners on a separate page.