

CDBG Emergency Funds

Finney County/ Garden City

To apply for the CDBG Loan offered by Finney County and the City of Garden City, please complete and submitt the following:

- Emergency Response - CDBG Application
- Employee Certification Forms (*for all employees*)
- Letter indicating how COVID-19 has affected your business and why the loan is needed
(*letter must be on business letterhead and signed*)

Please email completed forms and letter to Lona DuVall, President/CEO, Finney County Economic Development Corporation to [*lona@ficoedc.com*](mailto:lona@ficoedc.com).

Emergency Response - CDBG Application

Date:

COMPANY INFORMATION				
Legal Name of Business:			Type of Business:	
Primary Contact Person:			Mobile Phone:	
Email:			Business Phone:	
Website:			Social Media:	
Home Address of Owner:				
Project Site Address:				
Date Business Established:		# of Owners:		
		Business EIN:		
Amount Requested: \$		Is the business located in the same city as the mailing address above?		
Business Structure (LLC, Sole Proprietorship, Inc):		Does the applying business have a related operating or holding company?		Yes/No Name:
Voluntary Demographics	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE/ETHNICITY <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Jobs Retained:	Full Time:		Part-Time:	
Average Wages:	Full Time Wages:		Part-Time Wages:	
Will Full or Part-Time jobs be retained as a result of the funds?	Yes/No/Unknown	What is your annual payroll?		Prior Year Revenues: Year: Revenue:
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?	Yes/No/Unknown	Bank (or other organization) name:		

<p>Please provide a description of the services provided by your business:</p>	
<p>Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc.).</p>	
<p>Describe how the use of the CDBG loan fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. commercial loan payments, commercial lease payments, utilities, payroll, accounts payable, etc.)?</p>	
<p>Please list any other business resource partners that the business is working with if any (e.g. small business development centers, MCAC, industry or trade services).</p>	

JOB CERTIFICATIONS FOR ECONOMIC DEVELOPMENT PROJECTS

I. Job Retention

Job retention is determined by income level only at time of award and any reasonable turnover in two years. Retention jobs are those jobs that would be lost, by company certification, if the company had not been funded. Jobs are certified at the award stage and at the end of the project for any jobs that may have been replaced.

II. Job Creation

Taken by: Income level at time of employment.

III. Base Employment

Base employment is the number of current employees on the payroll, not counted as retentions, that would keep their job if the grant were not funded. These do not have to be income-qualified.

IV. Jobs in Excess of Requirement

The agreement (state contract), should state that at a minimum, at least 51 percent of all jobs created or retained (**including any in excess of the number specified which result from the assisted activity**) must benefit low- and moderate-income persons.

FTE's (Full-Time Equivalent) will be figured by the following formula by the Department.

40 Hour Week

0 - 5 hours	0 Person
6 - 15 hours	1/4 Time Person
16 - 25 hours	1/2 Time Person
26 - 35 hours	3/4 Time Person
36 - 40 hours	Full-Time Employee

**STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____

Project #: _____

Date Employed: _____

Number of hours worked per week _____

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1:INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>13,360</u> TO	<u>22,650</u> TO	<u>36,200</u>	<input type="checkbox"/> Income below Column A
2 <input type="checkbox"/>	<u>17,240</u> TO	<u>25,850</u> TO	<u>41,400</u>	<input type="checkbox"/> Income between Column A & B
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>29,100</u> TO	<u>46,550</u>	<input type="checkbox"/> Income between Column B & C
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>32,300</u> TO	<u>51,700</u>	<input type="checkbox"/> Income Above Column C
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>34,900</u> TO	<u>55,850</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>37,500</u> TO	<u>60,000</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>40,100</u> TO	<u>64,150</u>	
8+ <input type="checkbox"/>	<u>42,650</u> TO	<u>42,650</u> TO	<u>68,250</u>	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability? Yes No

Are you Hispanic? Yes No

Are you a female head of household? Yes No

RACE

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job? Yes No

Were you unemployed before taking this job? Yes No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

Job Title

Date

Print Name

Signature Required