



July 14, 2021

On July 8, 2021 Atchison County was approved for \$150,000 in grant funds to assist small businesses who employ persons from low-to-moderate income households. Atchison County is now accepting applications from businesses meeting the following requirements:

- Business must be physically located in Atchison County (business located in the City of Atchison are not eligible);
- Business must be for profit and have 1-50 employees;
- Company must have been in operation prior to March 1, 2020;
- 51% of employees, including owner, must meet Low-to-moderate income requirements;
- Must submit the application and all required supporting documentation;
- Must disclose if the business has received capital through alternative sources (e.g. Economic Injury Disaster Loan (EIDL) or Payroll Protection Program (PPP) Loan at the time of application submittal.

AVAILABLE FUNDING

The program is based on the availability of CDBG-CV3 funds, program guidelines, and submission of all required information. Based on the criteria stated above, applicants may receive a grant of up to:

- \$25,000 maximum per job for businesses under 5 employees, including owner, for a maximum grant of \$30,000 per company.
- \$35,000 per job retained for businesses with 6-50 employees, including owner, for a maximum grant of \$50,000 per company.

Grant funds are structured as reimbursements for eligible working capital expenses beginning March 1, 2020. Before any funds can be released to businesses, the business must provide proof of payment for eligible expense once the application process is successfully completed and grant funds are awarded.

APPLICATION REQUIREMENTS

1. Application: All fields on the application must be completed.
 - Note: A DUNS number is **required** for all businesses that wish to receive grant funds. For more information please visit: <https://www.dnb.com/duns-number.html> or call (844) 235-9189.
2. Employee Certification Form(s): Must be completed for each employee & owner.
3. Agreement Regarding Duplication of Benefits
4. 2020 Business Tax Return: A copy of your 2020 business tax return must be included with your application.



SUBMISSION DEADLINE: JULY 30TH, 2021 by 4:00pm

All complete applications submitted by the deadline above will be reviewed for eligibility. Grant awards for eligible applicants will be determined by County Commissioners.

A program timeline for the CDBG-CV3 process is below but may be subject to change:

July 14 th , 2021	Applications Are Available
July 30 th , 2021	Applications DUE by 4:00pm
August 24 th , 2021	Commissioners review, determine, and approve grant awards
August 27 th , 2021	Grantees are notified of awards
September 10 th , 2021	Documentation for working capital expenses DUE by 4:00pm

Once all documentation for working capital expenses is received, request for payment of grant funds will be requested from Kansas Department of Commerce (KDOC). It can take up to 30 days or more for grant funds to be issued to Atchison County from KDOC. Once funds are received, Atchison County will issue grant funds to grantees.



CDBG-CV3 Application Checklist

Prior to submitting your CDBG-CV3 application, please review and complete the checklist below to ensure your application is complete.

- All fields on the CDBG-CV Business Application are complete
- My business DUNs number is listed on the application OR I have applied for a DUNs number for my business
DUNs Application Date: _____
- Employee Certification Form(s) are complete for each employee & business owner are complete and included with my application
- A signed copy of the Agreement Regarding Duplication of Benefits is included with my application.
- I have included a copy of my 2020 Business Tax Returns with my application

By signing below, I acknowledge that I understand the application requirements for the CDBG-CV3 grant and I have included all required information listed above.

Printed Name of Business Owner/Primary Contact Person

Signature of Business Owner/Primary Contact Person

Date

AGREEMENT REGARDING DUPLICATION OF BENEFITS
ATCHISON COUNTY

COMES NOW the undersigned business owner (printed name) _____, (“business owner”) and represents to the Atchison County Governing Body, (“the County”), that he/she is seeking approval for funds through the CDBG grant for relief from economic duress caused by the COVID-19 pandemic. In order to effectuate the grant, the parties make the following agreement:

WHEREAS the County desires to make CDBG funds available under the stipulation that the business owner agrees that no funds provided under this grant shall be used for any purpose or use that other federal COVID relief funds have been applied to, or will be applied to, and;

WHEREAS, the business owner stipulates, and agrees that no portion of any funds provided by the County under the CDBG grant will be used for any purpose or use that the business owner has already applied other State or Federal COVID relief benefits to, or will apply State or Federal COVID relief benefits to that the business owner has already received. The business owner agrees to provide a monthly audit of the funds awarded to verify that the application of the funds is only for novel purposes and that there have been no duplication of benefits., and;

WHEREAS the business owner acknowledges that if he/she applies funds awarded through the CDBG grant to any purpose or use that other Federal COVID relief benefits have already been applied to, then that business owner will be liable for refunding those funds to the County, along with any other civil and criminal penalties allowed by law.

Jack Bower, Atchison County Commission Chairman

ATTEST

Michelle Phillips, Atchison County Clerk

Signature, Business Owner

CDBG-CV Business 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:		Number of Owners:	
Project Site Address:		Duns #:	
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Revenue for previous 12 months:			
Cost of Goods sold for previous 12 months:			
Voluntary Demographics	GENDER		RACE/ETHNICITY:
	<input type="checkbox"/> Male		<input type="checkbox"/> White
	<input type="checkbox"/> Female		<input type="checkbox"/> Black/African American
			<input type="checkbox"/> Asian
			<input type="checkbox"/> American Indian/Alaskan Native
			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
			<input type="checkbox"/> American Indian/Alaskan Native & White
			<input type="checkbox"/> Asian & White
			<input type="checkbox"/> Black/African American & White
			<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
			<input type="checkbox"/> Other Multi Racial
			<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Non-Hispanic	
Total Working Capital Need:			
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	<input type="checkbox"/> SBA	<input type="checkbox"/> City	<input type="checkbox"/> Network Kansas/HIRE
	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Main Street	<input type="checkbox"/> Community Foundation
	<input type="checkbox"/> E-Community	<input type="checkbox"/> MCAC	<input type="checkbox"/> Banker/Financing
	<input type="checkbox"/> Other:		
Jobs Retained: Full-time:		Part-time:	
Will full or part-time jobs be retained as a result of the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<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 grant fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	
<p>Please list any other business resource partners that the business is working with, if any, (e.g. small business development centers, economic development organization, industry or trade services).</p>	

Include your 2020 Business Tax Return with your Application

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

Name of Company: _____

Project #: _____

Date Employed: _____

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>13,700</u> TO	<u>22,800</u> TO	<u>36,500</u>	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income Above Column C
2 <input type="checkbox"/>	<u>17,420</u> TO	<u>26,050</u> TO	<u>41,700</u>	
3 <input type="checkbox"/>	<u>21,960</u> TO	<u>29,300</u> TO	<u>46,900</u>	
4 <input type="checkbox"/>	<u>26,500</u> TO	<u>32,550</u> TO	<u>52,100</u>	
5 <input type="checkbox"/>	<u>31,040</u> TO	<u>35,200</u> TO	<u>56,300</u>	
6 <input type="checkbox"/>	<u>35,580</u> TO	<u>37,800</u> TO	<u>60,450</u>	
7 <input type="checkbox"/>	<u>40,120</u> TO	<u>40,400</u> TO	<u>64,650</u>	
8+ <input type="checkbox"/>	<u>43,000</u> TO	<u>43,000</u> TO	<u>68,800</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