



CITY OF JOHNSTOWN, PA
2020 COMMUNITY DEVELOPMENT BLOCK GRANT- CARES ACT
(CDBG-CV) SMALL BUSINESS RELIEF PROGRAM

A. OVERVIEW:

On Friday, March 27, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Under the CARES Act, funding is available through the Community Development Block Grant Program and made available in three allocations to states and units of local government. Under the first allocation, the City of Johnstown is receiving \$759,641 in CDBG-CV funding, in addition the City is allocating \$265,359 of FY 2019 CDBG funds the Small Business Relief program.

The City of Johnstown (CoJ) has identified activities to respond to local needs to prevent, prepare for, and address the effects of the coronavirus. One of the greatest local needs identified, is assistance to local businesses affected by the economic shutdown due to the coronavirus. The City proposes to provide forgivable short-term loans to small businesses in need.

B. ELIGIBLE BUSINESSES:

The following are eligible for financial assistance through this program:

1. Existing business located within the City limits of the City of Johnstown.
2. Business has experienced a disruption due to the Coronavirus pandemic.
3. Business was a viable enterprise before crisis. (i.e. Annual Financial Statements)
4. Business must have been in operation for at least one-year and have at least one-year federal tax returns.
5. The business must provide evidence that it is up to date on its federal, state, and local taxes or has an agreed payment plan.
6. Business must not have any outstanding code violations with the City of Johnstown.
7. The business has 40 or fewer employees.

C. INELIGIBLE BUSINESSES:

The following are ineligible for financial assistance through this program:

1. Nonprofits (501c3, places of worship, governmental entities etc.)
2. Real Estate Developers
3. Businesses that practice lobbying or other political activities
4. Public Utility Company

D. ELIGIBLE EXPENSES:

The following are eligible expense through this program:

1. Payment of back rent or mortgage for up to 90 days
2. Unpaid Utilities for up to 90 days (i.e. oil, gas, electric, water/sewer, internet, phone)
3. Supplies (Needed for day-to-day operations for up to 90 days)
4. Equipment purchases needed to “prevent, prepare for, and respond to the coronavirus.”
5. Payroll
6. Insurance

E. INELIGIBLE EXPENSES:

The following are ineligible expenses through this program:

1. The requirements of the Roberts T. Stafford Disaster Relief and Emergency Assistance Act apply to the CDBG-CV funds. The requirements prevent a duplication of benefits when carrying out eligible activities. A duplication occurs when a person, household, business, or other entity receives assistance from multiple sources for the same recovery purpose, and the total assistance received for that purpose is more than the total need.

To calculate duplication of benefits (DOB), grantees are required to identify “total assistance” on FORM B.

2. Professional fees

F. REQUIRED DOCUMENTATION:

The following documentation is required for this program:

1. A project narrative including:
 - a. Amount of loan requested. (FORM A)
 - b. A brief description of how the business experienced disruption due to the Coronavirus pandemic. (FORM D)
 - c. A brief description indicating that, without this assistance, jobs could be lost and that the business would close. (FORM D)
 - d. A brief description for how the funds will be used to finance the business operations. (FORM D)
2. Article of Organization/Incorporation or related business incorporation documents.
3. Business’s most recent filed tax return with Tax Identification Number (TIN), including IRS form 4506-T and a signed W-9 form for any individual or entity serving as a Borrower or Co-borrower.

4. Previous years monthly income statements, ending December 31, 2019.
5. Current monthly income statements from January 1, 2020 to the present.
6. Proof that all City and County taxes are paid for 2019/2020 (or are on a payment plan).
7. List of employees per month from January 1, 2020 to the present and the most recent payroll (indicate if/how many employees have been furloughed due to COVID-19).
8. Documentation to demonstrate the business is not debarred from participating in federally funded contracts or state funded contracts. This will be supplied by the City.

G. TERMS OF THE PROGRAM:

The following are the terms of the financial assistance program:

1. Forgivable loan at 0% interest if the program requirements are met.
2. Forgiveness of the loan is based on:
 - a. Evidence of job retention of a LMI employee for a minimum of three (3) months and the following forms for each employee hired or retained:
 - Employee income data form
 - Employee income certification form
 - Payroll records
 - b. Permission that the CoJ to collect certain income and demographic data, and interview employee(s) on or before project closeout/completion No later than January 31, 2021.
 - c. Applicant shall provide CoJ with certification that all funds have been expended and provide accounting for the expenditures for each of the qualifying costs. It will be the responsibility of the applicant to maintain copies of the receipts for all qualifying costs. The applicant agrees to promptly return to CoJ any unexpended or improperly sourced funds. All expenditures will be subject to an audit by CoJ and/or HUD.
 - d. The applicant must retain records for a period of up to five (5) years from the date of the approval of the loan.
3. If the job creation/retention requirements are not met, the loan will be due and payable.

H. IMPORTANT NOTES:

CDBG-CV funds **CANNOT** be used to duplicate any expenses that are already being covered by other funding opportunities. Think of this as “gap” funding. Please complete FORM B in its entirety to ensure duplication of benefits is avoided.

Submission of this application does not guarantee you will receive funds, or the full amount requested. Funding will be distributed based on number of applicants and availability of funds.

This application will be used by the City of Johnstown DCED to organize and document business needs as they pertain to the corona virus pandemic. As well as a data collecting media, to support The City of Johnstown's ongoing Economic Development efforts.

If assistance is provided, an agreement between the City of Johnstown and the business is required.

Applications should be submitted through email to Mrs. Katherine Purelli-Webb kpurelliwebb@cojtwm.com and will be accepted until Wednesday August 12, 2020 at noon.

Mail to:

City of Johnstown
DCED 2nd Floor
401 Main Street
Johnstown, PA 15901

Any questions regarding this application can be directed to Mrs. Katherine Purelli-Webb, Fiscal Officer kpurelliwebb@cojtwm.com or 814-539-2504, Ext 113 or Mr. John Dubnansky at 814-539-2504, Ext. 110.



City of Johnstown
Small Business Relief Fund

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:

Website:

Other:

Federal EIN:

DUNS code:

Date of Incorporation:

(Include Articles of Incorporation)

Number of Employees:

Is Business Minority-Owned? Yes No

Is Business Women-Owned? Yes No

Has the business ever been subjected to criminal or civil fines and penalties including from City Code or regulatory violations? Yes No

Business Type: LLC Partnership Sole Proprietor Other: _____

BUSINESS DESCRIPTION

OWNER INFORMATION**-list majority share of ownership first-**

Owner Name:

Mailing Address:

City:

State:

ZIP Code:

Phone:

Email:

18 or older:

 Yes No

Percent Ownership:

Industry Experience (yrs):

Low/Mod Income Household:

 Yes No

Currently in Bankruptcy:

 Yes No

Number of people in Household:

(include all adults and children)

Total Household Income:

(Verification will be required for approved projects)**OWNER INFORMATION****-list minority share ownership-**

Owner Name:

Mailing Address:

City:

State:

ZIP Code:

Phone:

Email:

18 or older:

 Yes No

Percent Ownership:

Industry Experience (yrs):

Low/Mod Income Household:

 Yes No

Currently in Bankruptcy:

 Yes No

Number of people in Household:

(include all adults and children)

Total Household Income:

(Verification will be required for approved projects)**PANDEMIC IMPACT ON BUSINESS**

Number of Employees

February 29, 2020:

Present:

Revenues as of:

February 29, 2020:

Present:

APPENDIX A: APPLICATION CHECKLIST

- Formal Application
- Project Narrative
 - Amount of loan request (**FORM A**)
 - A brief description of how the business experienced disruption due to the Coronavirus crisis.
 - A brief description indicating that, without this assistance, jobs will be lost.
 - A brief description for how the funds will be used to finance the business operations.
- Documentation of Total Assistance (**FORM B**)
- Supporting documentation of request (**FORM C**)
- Descriptions (**FORM D**)
- Article of Organization/Incorporation or related business incorporation documents.
- Business's most recent filed tax return with Tax Identification Number (TIN), including IRS form 4506 T and a signed W-9 form for any individual or entity serving as a Borrower or Co-borrower.
- Proof that all City and County taxes were paid for 2019/2020 (or are on a payment plan).
- Most recent year-end financial statements (examples under Section F, 4a & b).
- Previous years monthly income statement, ending December 31, 2019.
- Current monthly income statement from January 1, 2020 to the present.
- List of employees per month from January 1, 2020 to the present and the most recent payroll (indicate if/how many employees have been furloughed due to COVID-19).
- Documentation to demonstrate the business is not debarred from participating in federally funded contracts or state funded contracts.
- Signed Federal Affidavit
- Signed Conflict of Interest

2020 HUD INCOME LIMITS

Based on the number of persons living in your household check whether you are over or under the listed income?

1-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$36,350	5-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$56,100
2-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$41,550	6-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$60,250
3-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$46,750	7-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$64,400
4-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$51,900	8-person household	<input type="checkbox"/> Over or <input type="checkbox"/> Under \$68,550

FORM A: AMOUNT OF LOAN REQUEST

This form will be used to document the amount of loan requested by your business. Please document the requested amount for each eligible use and enter the total amount of funds requested at the bottom of the page.

Applicants must provide supporting documentation for the amount requested. For example, if an applicant requests \$5,000 to pay rent for 5 months, the applicant must provide documentation supporting that the cost of rent for their business is \$1,000 per month. This documentation should be attached to FORM C where these expenditures will be outlined.

Eligible Expenses	Amount
1. Rent/Mortgage	\$
2. Utilities (total)	\$
a. Oil	\$
b. Gas	\$
c. Electric	\$
d. Water/Sewer	\$
e. Internet	\$
f. Phone	\$
g. Other:	\$
h. Other:	\$
3. Supplies	\$
4. COVID-19 Equipment	\$
5. Payroll	\$
6. Insurance	\$
7. Other:	\$
8. Other:	\$
Total Amount of Assistance Requested	\$

FORM B: CALCULATING TOTAL ASSISTANCE

Total assistance INCLUDES all reasonable identifiable financial assistance available to the applicant including: cash awards, insurance proceeds, grants, and loans received by or available to each applicant, including awards under local, state, or federal programs, and from private or nonprofit charity organizations.

Total assistance DOES NOT INCLUDE personal assets such as money in a checking or savings (except insurance proceeds or disaster assistance deposited into the applicant's account); retirement accounts; credit cards and lines of credit; in-kind donations; and private loans.

	Name of Assistance	Type of Assistance (grant, loan, award, etc.)	Amount Received	Expenses Covered (payroll, rent/mortgage, utilities, supplies, etc.)	Expiration / Pay off Date
1.			\$		
2.			\$		
3.			\$		
4.			\$		
5.			\$		
6.			\$		
7.			\$		
8.			\$		
9.			\$		
10.			\$		
11.			\$		
12.			\$		
13.			\$		
14.			\$		
15.			\$		

FORM C: DOCUMENTATION OF EXPENSES

This form will further support your request for funding business assistance. Please attach formal documentation that coincides with the information on this form. Examples include: lease agreement that includes the cost of monthly rent; utility bills; or quotes for COVID-19 related equipment. Documentation supporting utility expenses should be from before the COVID-19 shutdown to ensure funding will properly assist the business when it is able to operate beyond the restrictions of the shutdown. Documentation from a year prior (May 2019) is preferred

INSTRUCTIONS: Enter the cost of eligible business expenses in **Column A**. This information should be supported with documentation attached to the application. Enter the extent the business is requesting assistance in **Column B**. For example, if the business is requesting 3 months of rent assistance, enter the number "3" in Column B. If the expense is a flat rate, leave Column B blank. Multiply Column A and Column B to yield the amount requested for each expense. Enter that amount into **Column C**.

	Column A		Column B		Column C
Eligible Expenses	<i>Cost (prior to shutdown, if applicable)</i>	X	<i>Coverage Requested (months, days, etc.)</i>	=	<i>Amount Requested</i>
1. Rent/Mortgage	\$	X		=	\$
2. Utilities (total)	\$	X		=	\$
a. Oil	\$	X		=	\$
b. Gas	\$	X		=	\$
c. Electric	\$	X		=	\$
d. Water/Sewer	\$	X		=	\$
e. Internet	\$	X		=	\$
f. Phone	\$	X		=	\$
g. Other:	\$	X		=	\$
h. Other:	\$	X		=	\$
3. Supplies	\$	X		=	\$
4. COVID-19 Equipment	\$	X		=	\$
5. Payroll	\$	X		=	\$
6. Insurance	\$	X		=	\$
7. Other:	\$	X		=	\$
8. Other:	\$	X		=	\$
Total Amount of Assistance Requested	\$	X		=	\$

FORM D: DESCRIPTIONS

1. A brief description of how the business experienced disruption due to the Corona virus pandemic:

2. A brief description indicating that, without this assistance, jobs could be lost:

3. A brief description for how the funds will be used to finance the business operations:

FEDERAL AFFIDAVIT

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of Federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government, and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Stated this ____ day of _____, 2020.

Applicant (Affiant) Signature

Applicant (Affiant) Printed Name

Joint Applicant (Affiant) Signature

Joint Applicant (Affiant) Printed Name

CONFLICT OF INTEREST

I hereby disclose any and all of my conflicts of interest and potentially conflicting interests, including specific financial interests and relationships and affiliations relevant to the City of Johnstown to include employment and or any affiliation to any employee, including members of City Council. This applies to the present time.

NO _____

YES _____

PLEASE LIST ANY AFFILIATIONS:

***IF YES, ADDITIONAL DOCUMENTATION WILL BE REQUIRED TO RECEIVE FUNDING.
THIS DOCUMENTATION WILL BE PROVIDED TO YOU BY THE DEPARTMENT OF
COMMUNITY & ECONOMIC DEVELOPMENT.***

Print Name

Signature

Date