

# COUNTY OF ROCKLAND

## SMALL BUSINESS RELIEF GRANT PROGRAM

### BUSINESS INFORMATION

Applicant Business Name: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

Applicant/Business owner name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Applicant Cell: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

EIN# \_\_\_\_\_ <https://www.ris.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identificatin-number-ein-online>

DUNS# \_\_\_\_\_ <https://www.dnb.com/duns-number/get-a-duns.html>

CAGE Code \_\_\_\_\_ <https://www.sam.gov/SAM/>

Business Organization Type: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

Ownership/Management:

Name	%Interest Owned	Title
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\_\_\_\_\_

\_\_\_\_\_

Years in Business: \_\_\_\_\_ Years at Present Address: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Monthly Rent/Mortgage: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Average Gross Annual Receipts: \$ \_\_\_\_\_

Approximate Square Footage of the occupied space: \_\_\_\_\_

Amount of Personal Funds Invested in the Business to Date: \$ \_\_\_\_\_

Loan Amount Requested: \$ \_\_\_\_\_

Number of Employees: Before Covid-19 Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Jobs expected to be Retained/Hired as a Result of this Grant (Please designate Full Time or Part Time):

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**PROPOSED USE OF FUNDS**

**AMOUNT OF REQUEST**

**USE**

\$ \_\_\_\_\_

Payroll Expenses

\$ \_\_\_\_\_

Rent/Mortgage

\$ \_\_\_\_\_

Utilities

\$ \_\_\_\_\_

Inventory Type of: \_\_\_\_\_

\$ \_\_\_\_\_

Other (Specify): \_\_\_\_\_

\$ \_\_\_\_\_

Total Relief Grant Funds Request *(up to \$45,000 based upon need)*

Please specify below the jobs your business intends to retain or create through the funds provided by the Small Business Relief Grant Program.

Position Title

Hourly Wage

Hours Worked Per Week

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please indicate any additional jobs retained on a separate sheet

**EMERGENCY NEED**

Please provide a brief narrative of the impact COVID-19 has had on your business. Include the number of employees who have been laid off, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Narrative Continued:

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Describe how the funding will help your business remain viable and prevent layoffs, or create new low/moderate income jobs:

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While it is understood that there is uncertainty, the County of Rockland hopes that businesses receiving the grant will successfully continue to remain in and perhaps expand their business. Please describe your plans and ability to persevere. Also, please describe the economic and/or community benefits your business creates for the County of Rockland/municipality:

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**OTHER FUNDS**

Describe your business revenues during COVID-19 and during the same or similar period prior to COVID-19

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Describe other funds you intend to apply for or have applied for and received and the amounts and sources of those funds and total amount (i.e. SBA Loan, Unemployment Insurance benefits, CARES Act, etc.):

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Indicate if you are receiving any "Business Interruption Insurance" or other insurance and the amount:

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Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.

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**CONFLICT OF INTEREST**

I hereby declare that any person(s) employed by the County of Rockland, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. Please include in your disclosure any interest which you know of. An example of a direct interest would be a County of Rockland employee or elected official who would be paid to perform services under this proposal. An example of indirect interest would be a County of Rockland employee or elected official who is related to any officers, employees, principal, or shareholders of your business or to you. If in doubt as to status or interest, please disclose to the extent known. I hereby certify that the information is complete and accurate.

Disclosed Conflicts of Interest \_\_\_\_\_

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## APPLICANT STATEMENT

I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the County of Rockland. I will provide the information required to verify this data (i.e. payroll records, tax filings, bank account statements, etc.) I, therefore, authorize such verification and I will provide the supporting documentation as required, within ten (10) business days of written request.

I certify that the business has complied with its bylaws and other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement. I am aware that any misrepresentation or inaccurate information will be treated as a default concerning the grant made and will require repayment.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title (Please Print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title (Please Print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Name (Please Print): \_\_\_\_\_

Title (Please Print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title (Please Print): \_\_\_\_\_

*Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).*





Is the total family income (including all members of the family age 18 and over) for the last 12 months, **less or equal to** the amount indicated for the size of your family.  YES  NO

<b><u>1 Person HH</u></b>	<b><u>2 Person HH</u></b>	<b><u>3 Person HH</u></b>	<b><u>4 Person HH</u></b>	<b><u>5 Person HH</u></b>	<b><u>6 Person HH</u></b>	<b><u>7 Person HH</u></b>	<b><u>8 Person HH</u></b>
\$66,880	\$76,400	\$85,920	\$95,440	\$103,120	\$110,720	\$118,400	\$126,000

**PLEASE INCLUDE THE FOLLOWING SOURCES OF INCOME FROM ALL ADULT MEMBERS OF THE HOUSEHOLD FOR INCOME CALCULATIONS IF APPLYING AS A BUSINESS OWNED BY A LOW/MODERATE INCOME HOUSEHOLD:**

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Bonuses/Incentives	<input type="checkbox"/> Commissions/Tips
<input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Grant Repayments	<input type="checkbox"/> Unemployment

Compensation

<input type="checkbox"/> Rent (as landlord)	<input type="checkbox"/> Reverse Mortgage	<input type="checkbox"/> Court Settlement
<input type="checkbox"/> Self-Employment Draw	<input type="checkbox"/> Social Security/Survivors	<input type="checkbox"/> Annuities
<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	<input type="checkbox"/> 401 (k)/403(b)

Plans

<input type="checkbox"/> Disability/Long Term Insurance	<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Military Pension
<input type="checkbox"/> VA Disability Benefits	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Union Pension or Disability
<input type="checkbox"/> Deferred Compensation	<input type="checkbox"/> Pension/Profit Sharing	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Keogh/IRA Plans	<input type="checkbox"/> Retirement Plan

*The following question are required by the Federal Government for the program funding these business assistance programs and will be used in their aggregate only. No individual information provided in this section of the form is public information.*

**For Reporting purposes only, please answer the following:** Sex:  Male  Female

Disabled/Handicapped:  Yes  No Single-Family Head of Household:  Yes  No

**Please identify the appropriate racial and ethnic category:**  American Indian/Alaskan Native  
 American Indian/Alaskan Native & Black/African American  Asian  Asian/Hispanic  
 Black/African American  Black/African American & White  Black Hispanic  
 Native Hawaiian  Other Pacific Islander  White  White/Hispanic  Other Multi-Racial

*Continue to next page*



## REQUIRED APPLICATION SUBMITTALS AND ELIGIBILITY CERTIFICATIONS

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provided in conjunction with the application.

- I confirm that my business is located within the County of Rockland jurisdictional boundaries, that is part of the Urban County as listed in the 2019 Action Plan submitted to HUD.
- I certify that my revenue has declined because of COVID-19 since March 10, 2020. *Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.*
- I certify that the average annual gross receipts of the business are less than \$2,000,000.
- I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest.
- I have attached a completed IRS W-9 and DUNS number.
- I have provided documentation to help verify the economic hardship suffered because of COVID-19, including financial statements, and other data as applicable.
- I agree to document and report the economic impact to the business because of this grant, including but not limited to, jobs retained, job hired, increased sales, and participation in other relief programs.
- I confirm that the business is current with all local, state, and federal taxes.
- I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement.

**APPLICANT STATEMENT:** I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the County of Rockland. I will provide the information required to verify this data (i.e. payroll records, tax filings, bank account statements, etc.) I, therefore, authorize such verification and I will provide the supporting documentation as required, within ten (10) business days of written request.

I certify that the business has complied with its bylaws and other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement. I am aware that any misrepresentation or inaccurate information will be treated as a default concerning the grant made and will require repayment.

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Business Name

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Authorized Representative (PRINT)

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Authorized Representative (Signature)

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Title

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Date

# CDBG-CV SMALL BUSINESS RELIEF GRANT PROGRAM SCORING MATRIX

*If the proposed project meets all threshold criteria, County of Rockland Community Development Staff will utilize the following project scoring criteria to evaluate the application for the purpose of determining priority of project application versus other projects competing for grant funds. The highest scoring projects will be funded first.*

*This table is provided as a reference and will be completed by program staff.*

Capacity and Experience to Operate the Business (15 Points) Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources	
Readiness to Proceed (10 Points) The business has a thoroughly demonstrated proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set of deliverables.	
Infectious Disease Response (10 Points) Business will be severely impacted by the policies put into effect due to COVID-19 or business provides a support of service and will need funding assistance to implement new protocols or meet higher demand.	
Job/Employee Retention (30 Points) Proposal ensures employee retention for term of grant. (Up to 30 points)	
Job Creation (20 Points) At least 1 job will be created for a low/moderate income resident. (Up to 20 points)	
MBE/WBE Enterprise (10 Points) Business is an MBE/WBE business enterprise	
Located in a Retail District (5 Points) Business is in an established business corridor	
<b>SUB TOTAL</b>	
Application Completeness (5 Point BONUS) 5 bonus points for application with concise descriptions and backup information, professional and accurate math.	
<b>TOTAL INCLUDING BONUS</b>	

## HELPFUL LINKS

Dun & Bradstreet – DUNS – <https://www.dnb.com/duns-number/get-a-duns.html>

Cage code – <https://www.sam.gov/SAM/>

Federal EIN – <https://www.ris.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identificatin-number-ein-online>