



**Carbon County**

**CARBON COUNTY CDBG BUSINESS ASSISTANCE PROGRAM**

**Business Information**

Business Name:

DBA Name:

Mailing Address:

City:

State:

Zip Code:

DUNS Number:

Phone Number:

Email Address:

Address of Operations (If Different):

City:

State:

Zip Code:

Date of Incorporation:

PA Tax ID (11 digits):

Is a license or registration required for the  
business to legally operate in Pennsylvania?

If yes, list license/registration type and number:

Yes ☐ No ☐

If yes, is the license/registration active and/or valid? Yes ☐ No ☐

Is Business Minority-Owned?

Has the business ever been subjected to criminal or civil fines and  
penalties, including code or regulatory violations, from the city,  
county, or Commonwealth of Pennsylvania?

Yes ☐ No ☐

Yes ☐ No ☐

Business Type:

Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other ☐

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

Number of Full-Time Employees at Time of Application (Including Owners):

Number of Part-Time Employees at Time of Application:

Business Description:

Business website:

#### Business Owner Information

Owner Names:  (Please indicate percent of ownership if business has multiple owners)	1)	%
	2)	%
	3)	%

Mailing Address:

City

State:

Zip Code:

Phone Number:

Email Address:

Please summarize owner's experience in the industry. If necessary, please list additional owner information below or add as an attachment to this application.

Proposed Use of CDBG Funds	
<i>Note on local rules/ program/ eligible use of funds.</i>	
\$	Wages/ Payroll Expenses:
\$	Rent/Mortgage:
\$	Utilities:
\$	Equipment:
\$	Inventory:
\$	Other:
\$	Other:
\$	<b>Total CDBG Funding Request</b>
Project Financing	
\$	<div> <div>Terms:</div> <div> Other grant/loan  (attach description and award documentation)   Name: </div> </div> <div>Use of funds:</div>
\$	<div> <div>Terms:</div> <div> Other grant/loan  (attach description and award documentation)   Name: </div> </div> <div>Use of funds:</div>
\$	<div> <div>Terms:</div> <div> Bank Loan  (attach description and award documentation)   Name: </div> </div> <div>Use of funds:</div>

\$	Terms:	Other private funds (attach description and award documentation)  Name:	Use of funds:
\$	Terms:	Applicant Contribution (attach description and award documentation)	Use of funds:
\$	Terms	Other Name:	Use of funds:
\$	Terms	Other Name:	Use of funds:
\$		<b>Total Project Budget</b>	
<b>Collateral Assignments</b>			
<i>Description of Collateral</i>		<i>Lien Position</i>	<i>Book Value</i>
Bank 1:			\$
Bank 2:			\$
Private Sources:			\$
Other:			\$
Other:			\$
<b>Proposed CDBG:</b>			\$

### Project Description

Please give a summary of the project.

### Jobs Retained

Check one:

☐ Project will **RETAIN** jobs

☐ Project will **NOT** create or retain jobs

If any, specify how many Full-Time Equivalent (FTE) jobs your business intends to create or retain directly as a result of CDBG funding.

**NOTE: Jobs created or retained must be held at least \_\_\_\_\_ months, otherwise \_\_\_\_\_**

**At least 51% of FTE jobs retained must be held by members of low- or moderate-income (LMI) families.**

Position Title	Held by Low- to -Moderate Income Employee? *		Hours Worked per Week
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

\* "Low- to -Moderate Income Worker" as self-certified by employee on Employee Certification Form

### Essential Goods Service Area

Check one:

☐ Business **PROVIDES** essential goods or services to a residential neighborhood

☐ Business **DOES NOT PROVIDE** essential goods or services to a residential neighborhood

Please describe how and where the business provides essential goods or services to a residential neighborhood.

### 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 Enter City/County Name, 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.

Signature:

Date:

Name (Please Print):

Title (Please Print):

Signature:

Date:

Name (Please Print):

Title (Please Print):

Signature:

Date:

Name (Please Print):

Title (Please Print):

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

### Supporting Documentation Checklist

Please submit copies of the following documents if available. Staff may follow up with applicants to request additional information and documentation if necessary.

<input type="checkbox"/>	Application (this document)
<input type="checkbox"/>	MBE/WBE Certification
<input type="checkbox"/>	Owner's most recently completed IRS Form
<input type="checkbox"/>	Employee Income Self-Verification Forms (Submit one for each employee proposed to be retained)
<input type="checkbox"/>	Business Operating Agreement – (for businesses with multiple partners)
<input type="checkbox"/>	Payroll summary or other document showing total number of employees on payroll as of the application submission date
<input type="checkbox"/>	Section 3 registration (if applicable)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	



ULG Name: \_\_\_\_\_

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

County/MSA: \_\_\_\_\_



## CDBG(CV) INCOME CERTIFICATION FORM

Dear Employee/Applicant:

Your employer is collecting the following information because of participation in the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To meet federal regulations, your employer is required to collect statistical data on your family income, race/ethnicity, and employment status. This information is reported to HUD to measure the effectiveness of the CDBG program. Your name and personal information will be kept private, and your income, race, and unemployment status information only shared with the federal government anonymously.

Please answer questions 1 and 2 then sign and date the form certifying the information is correct.

### 1. Please circle your current family size and check off your annual family income on the chart below.

"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.

Circle the number of persons in your family	FAMILY INCOME			
	Please check your family income for the row containing the number of persons in your family.			
	A	B	C	D
1	____ \$0 - \$16,450	____ \$16,451 - \$27,400	____ \$27,401 - \$43,800	____ Greater than \$43,801
2	____ \$0 - \$18,800	____ \$18,801 - \$31,300	____ \$31,301 - \$50,050	____ Greater than \$50,051
3	____ \$0 - \$21,720	____ \$21,721 - \$35,200	____ \$35,201 - \$56,300	____ Greater than \$56,301
4	____ \$0 - \$26,200	____ \$26,201 - \$39,100	____ \$39,101 - \$62,550	____ Greater than \$62,551
5	____ \$0 - \$30,680	____ \$30,681 - \$42,250	____ \$42,251 - \$67,600	____ Greater than \$67,601
6	____ \$0 - \$35,160	____ \$35,161 - \$45,400	____ \$45,401 - \$72,600	____ Greater than \$72,601
7	____ \$0 - \$39,640	____ \$39,641 - \$48,500	____ \$48,501 - \$77,600	____ Greater than \$77,601
8 or more	____ \$0 - \$44,120	____ \$44,121 - \$51,650	____ \$51,651 - \$82,600	____ Greater than \$82,601

\*Annual Income is determined by computing the total income of all family members for the last 3 months and then multiplying that number by 4.

Are you currently unemployed?      ( ) Yes      ( ) No



**2. Please check the box(es) that identify your race and ethnicity.**

Single Race:	Multi-Racial Identifiers:
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and African/American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Other	

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

**Please 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.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

EMPLOYER/LOCAL GOVERNMENT USE ONLY (ALL SECTIONS ARE MANDATORY)

Position Details

☐ Full Time    ☐ Part Time (FTE:\_\_\_\_)    ☐ Employer-Sponsored Healthcare Plan Offered

Position Class

☐ Official/Manager

☐ Professional

☐ Office/Clerical

☐ Sales

☐ Technician

☐ Craft Worker/Skilled

☐ Operative/Semiskilled

☐ Laborer/Unskilled

☐ Service Worker

Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Job Category Definitions

1. Officials or Managers - Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.
2. Professional - Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.
3. Technicians - Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.
4. Sales - Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.
5. Office or Clerical - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.
6. Craft Worker (skilled) - Manual workers of a relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.
7. Operatives (semi-skilled) - Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metalworking trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dressmakers and sewers (except factory), dryer's furnaces workers, heaters (metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.
8. Laborers (unskilled) - Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; woodchoppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.
9. Service Workers - Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, careworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred worker.



## **Anti-Pirating Policy**

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 IF:

- The funding will be used to assist directly in the relocation of a plant, facility or operation; and
- The relocation is likely to result in a significant loss of jobs in the labor market area from which the relocation occurs. The following are definitions that will assist in determining if a business location falls under these provisions:
  - Labor Market Area (LMA): An economically integrated geographic area within which individuals can live and find employment within a reasonable distance or can readily change employment without changing their place of residence.
  - Operation: A business operation includes, but is not limited to, any equipment, employment opportunity, production capacity or product line of the business.
  - Significant Loss of Jobs: A loss of jobs is significant if the number of jobs to be lost in the LMA in which the affected business is currently located is equal to or greater than one-tenth of one percent of the total number of persons in the labor force of that LMA; OR in all cases or The loss of jobs is 500 or more.
- A job is considered to be lost due to the provision of CDBG assistance if the position is relocated within three years of the provision of assistance to the business. Notwithstanding the above definition, a loss of 25 positions or fewer does not constitute a significant loss of positions.

The grant agreement with the UGLG shall provide for reimbursement of any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section.

CDFA can help the Grantee or business calculate whether the project is likely to result in a significant loss of jobs in the LMA as defined by HUD and this policy.

Before directly assisting a business with CDBG funds, the Grantee must receive the signed Anti-pirating certification from the assisted business.

## **CDFA: Anti-Pirating Policy 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 LMA 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)

By: \_\_\_\_\_

Name:

Title:

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

I/We, \_\_\_\_\_, affirm the following:

I/We own the private for-profit business \_\_\_\_\_,

at its principal place of business \_\_\_\_\_,

and make this Affidavit in connection with Community Development Block Grant (CDBG) assistance by the Commonwealth of Pennsylvania, Department of Community and Economic Development (DCED).

- 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 DCED and must be attached).

- 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):	\$	
<b>Total</b>	\$	

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/We have received no other assistance funds other than that set forth above.*

I/We certify under penalty of perjury that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of (grant or loan) consideration.

\_\_\_\_\_  
*Business Owner Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Business Owner Signature*

\_\_\_\_\_  
*Date*