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|  |  **Community Development Block Grant Program****Economic Opportunity Grant Application**  | A picture containing company name  Description automatically generated |

The goal of this grant program is to provide gap financing ranging between $6,000 and $10,000 to help newer small businesses grow and create local jobs.

**1. GENERAL INFORMATION: GRANT REQUEST: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address (location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business License # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizational/Business Structure:  LLC Partnership Sole Proprietorship Not Applicable:

Tax ID/SS number or IRS EIN # : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  UEI\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***The UEI, unique entity ID is required for all federally funded programs. Obtaining a UEI number is free –**at SAM.GOV. Please create a user login and follow the steps to register the business with SAM.GOV. Verification of registration is required.

**2. BUSINESS OWNERSHIP INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Business Owners**(Printed Name) | **Title**(i.e., Owner, Member, Other) | **% Owner-ship** | **Race** | **Hispanic/Latino** (Y or N) | **Are you female?** (Y or N) | **Are you a Veteran** (Y or N) |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Race and ethnicity information is required for each beneficiary of a CDBG-funded activity. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, visual observation by OCWCOG staff will be used to determine race and ethnicity.

**3. BASIC ELIGIBILITY:** Applicants must meet **ALL** of the following criteria to be eligible to apply:

* Have been in business for about six months. Length of time in Business: \_\_\_\_\_\_\_\_\_
* Have no more than **5 full-time** employees, including the owner(s). Current number of employees, including

owner(s) : \_\_\_\_\_\_\_\_

* + You must meet with an Oregon Cascades West Council of Governments staff to review business growth plans and business plan (if you have one). Schedule meeting with Anne Whittington, awhittington@OCWCOG.org Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meet a low-mod objective for the CDBG program – the business will create at least one full time or full-time equivalent (40 hours/week) low- and moderate-income job (LMI Job) within 12 months,which could be theowner’s job if not full time, **or**, if you have 5 or fewer employees including yourself, you may qualify if your household income is at or below 80% of the median income*. (See info on pages 2-3).*

**3. SUPPORTING DOCUMENTATION TO SUBMIT WITH APPLICATION:**

* Income and expenses for 2022 *(template provided if needed)*
* One year of tax returns
* One-year financial projections *(template provided if needed)*
* Documentation/estimates for expenses to be reimbursed by the CDBG grant *(leases, utilities, license expense, payroll, etc.)* or for future expenses to be covered by the CDBG Grant.
* Business license and/or registration with Oregon Secretary of State *(if applicable)*
* Business Plan (*recommended, but not required*)

**4. BUSINESS PLAN INFORMATION:**

1. Briefly describe the business, including its primary business activities, products or services provided.
2. How will the CDBG grant help with your long-term business goals?
3. Will the CDBG grant assist with adding staff? How many full time? How many part time?
4. Will the CDBG grant assist with adding more child care slots? How many?
5. Please describe any of your business experience and/or training related to your business operation.

**5. MEETING THE HUD National Objective FOR JOBS:** All CDBG-funded activities must meet a CDBG program National Objective. The national objectives for this grant are either Low or Moderate-Income (LMI) Microenterprise Owner **or** Low or Moderate-Income Jobs (LMJ).HUD defines an LMI resident as a person whose earnings are less than 80% of the area median income by household size. (See the current income limits below.) **Please check which National Objective you will meet, or if both will be met.**

\_\_\_ Low or Moderate-Income Limited Clientele, Microenterprise (LMCMC) – To qualify under this LMI category, the business owner must be LMI and creating a full-time job for themselves and must document household income.

\_\_\_ Low or Moderate-Income Job (LMJ) Creation - The business must create at least one full-time job that is ***made available to***\* ***or held by*** a low or moderate-income Albany resident.

1. A created job is only considered to be ***made available to*** LMI persons when:
* Special skills that can only be acquired with substantial training or work experience or education beyond high school **are not a prerequisite** to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
* The assisted business takes actions to ensure that LMI persons receive first consideration for filling such jobs.
1. For the purposes of this grant, a created job is only considered to be ***held by*** a LMI person when:
* The job is held by a LMI resident (as documented on the Employee Certification Form) or the employee resides in a Census tract with at least 70 percent LMI persons; or

 **4/1/2022 Income Limits by Household Size for CDBG Programs:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size:** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **80% of Median Income:** | $42,100 | $48,100 | $54,100 | $60,100 | $69,750 | $72,150 | $74,550 | $79,350 |

**6. JOB CREATION:**

Estimate the number of full-time or full-time equivalent (FTE) jobs to be created over the next year: **\_\_\_\_\_\_\_\_\_\_**

Estimate the number of **low-mod jobs** (full-time or FTE) to be created over the next year: **\_\_\_\_\_\_\_\_\_\_**

When more than one job is created, there must be documentation indicating that at least 51 percent of the jobs will be held by, or made available to, LMI persons.

**7. BUSINESS INFORMATION:**

1. Are there any current or pending personal/business judgments, unsettled lawsuits, major disputes, bankruptcy, insolvency proceedings, or tax liens against you/any owners? \_\_\_\_*No* \_\_\_\_*Yes*
2. Are any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business and/or any of its owners? \_\_\_\_*No* \_\_\_\_*Yes*
3. Is the business compliant with all applicable local, state, and federal zoning, building, business laws and permits, and other regulations regarding the operation of your business, including home business standards if applicable? (<https://www.cityofalbany.net/images/stories/cd/devcenter/forms/home_business_standards.pdf>)

\_\_\_\_\_*Yes* \_\_\_\_\_No \_\_\_\_\_Don’t know. *If NO, please describe:*

**8. ASSURANCES AND** **SIGNATURES:**

**I understand and by signing agree:** *that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.*

I also agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, national origin, religion, sex, sexual orientation, genetic information, or retaliation associated with state of federally protected classes.

 Business Owner/Applicant Signature Date

 Business Owner/Applicant Signature Date

**SUBMIT COMPLETED AND SIGNED GRANT APPLICATION:**

**By EMAIL:** awhittington@ocwcog.org

**In PERSON or By MAIL:** Oregon Cascades West Council of Governments, Attn: Anne Whittington

1400 Queen Ave SE, Albany OR 97322