

CDBG-CV Business Application

Date: 8/17/2020

COMPANY INFORMATION				
Legal Name of Business: XYZ Bistro		Type of Business: Restaurant		
Primary Contact Person: John Doe		Mobile Phone: 785-555-5555		
Email: xyzbistro@yahoo.com		Business Phone: 785-777-7777		
Website: xyzbistro.com		Social Media: Facebook		
Home Address of Owner: 123 State Hwy 12, Salina, KS 67401		Number of Owners: 1		
Project Site Address: 123 State Street, Salina, KS 67401		Duns #: 999999999		
Business Structure (LLC, Sole Proprietorship, Inc.): Sole Proprietorship		Is the business located in the same city as the mailing address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date Business Established: 2013		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Gross Revenue for previous 12 months: \$450,000				
Cost of Goods sold for previous 12 months: \$400,000				
Voluntary Demographics	GENDER		RACE/ETHNICITY:	
	<input checked="" type="checkbox"/> Male			<input type="checkbox"/> White
	<input type="checkbox"/> Female			<input type="checkbox"/> Black/African American
	VETERAN			<input type="checkbox"/> Asian
	<input type="checkbox"/> Yes			<input type="checkbox"/> American Indian/Alaskan Native
	<input checked="" type="checkbox"/> No			<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 checked="" type="checkbox"/> Other Multi Racial
		<input type="checkbox"/> Hispanic		
		<input checked="" type="checkbox"/> Non-Hispanic		
Total Working Capital Need: \$30,000				
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 checked="" 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: 1 Part-time: 4				
Will full or part-time jobs be retained as a result of the funds? <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				

<p>Please provide a description of the services provided by your business:</p>	<p>Business is open to serve breakfast and lunch Monday-Saturday.</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>The bistro was not able to maintain 6' social distancing and unable to keep the dining room area open. We adjusted to carry out/curb side meals to accommodate our customers. This drop our weekly sales dramatically.</p>
<p>Describe how the use of the CDBG grant fund enhances the ability of this business to survive.</p>	<p>The grant funds will be used to help replenish inventory, pay wages for our employees and help off set utility and rent expenses.</p>
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	<p>Payroll, utilities, rent and 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>	<p>We were able to obtain some PPP assistance.</p>

City of Salina CDBG-CV Grant Application

Due to the Lauren Driscoll, City of Salina Community and Development Services, 300 W. Ash, Room 205,
by 5:00 p.m. on September 11, 2020

Business Name: XYZ Bistro

1. Are you an immediate family member of an employee or an elected office the City of Salina or Saline County? Yes No

2. Business revenue decrease month of April 2020 compared to month of April 2019. (Please Circle)
less than 10% 10 to 25% 25 to 50% 50 to 75% 75 to 90% >90%

3. How did you respond to reduce the negative impact of Covid-19? Our business converted to solely to carryout or curbside pick up.

4. Were you denied for, or received minimal, PPP or EIDL funds because you did not show enough net income in 2019? Yes No

If yes, was your 2019 net income less than your 2018 net income? Yes No

If yes, by how much _____ and why _____

CITY OF SALINA CDBG-CV GRANT

Date of Expense	Type of Expense	Total Cost	Paid with PPP Funds	Paid with EIDL Funds	Paid with HIRE Funds	Other Funding: _____ (Please Identify Source)	CDBG-CV Grant Request
3/31/2020	Payroll	5000	5000				0
3/31/2020	Utilities - Kansas Gas Service	400					400
3/31/2020	Rent	1000					1000
3/31/2020	Sam's Club - food inventory/carry out containers	2750					2750
4/15/2020	Sam's Club - disinfecting/cleaning supplies	300					300
4/15/2020	Med Supply - masks/disposable gloves	250					250
4/20/2020	Supply Company - food/beverage inventory	5000	2500				2500
4/30/2020	Payroll	5000					5000
4/30/2020	Utilities - Kansas Gas Service	400					400
4/30/2020	Rent	1000					1000
4/30/2020	Sam's Club - food inventory/carry out containers	2000					2000
4/30/2020	Supply Company - food/beverage inventory	3000					3000
5/31/2020	Payroll	5000					5000
5/31/2020	Utilities - Kansas Gas Service	300					300
5/31/2020	Rent	1000					1000
5/31/2020	Sam's Club - food inventory	1500					1500
5/31/2020	Supply Company - food/beverage inventory	3000					3000
6/30/2020	Payroll	5000					5000
6/30/2020	Utilities - Kansas Gas Service	250					250
6/30/2020	Rent	1000					1000
Total							
Amount of Grant Request		43150	7500	0	0	0	35650

To the best of my knowledge, the above information is true and accurate and can be verified if requested by proper officials of the city/county or the State of Kansas.

I understand that a duplication of benefits occurs when a business receives assistance from multiple sources for the same recovery purpose and the total assistance received exceeds the total need. I certify that I have not requested or received any duplication of benefits and funds from the CDBG-CV Grant will not cause any duplication of benefits.

Signature		Date
------------------	--	-------------

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

Name of Company: _____

Project #: _____

Date Employed: _____

Number of hours worked per week _____

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"/>	_____ TO	_____ TO	_____	<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"/>	_____ TO	_____ TO	_____	
3 <input type="checkbox"/>	_____ TO	_____ TO	_____	
4 <input type="checkbox"/>	_____ TO	_____ TO	_____	
5 <input type="checkbox"/>	_____ TO	_____ TO	_____	
6 <input type="checkbox"/>	_____ TO	_____ TO	_____	
7 <input type="checkbox"/>	_____ TO	_____ TO	_____	
8+ <input type="checkbox"/>	_____ TO	_____ TO	_____	

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