



Community Development

**CITY OF DECATUR ALABAMA COVID-19 SMALL BUSINESS ASSISTANCE (SBPA) PROGRAM
PROGRAM SUMMARY**

The city of Decatur's Small Business Assistance Program (SBPA) is funded with Community Development Block Grant COVID (CV) funding received from the Department of Housing and Urban Development in Fiscal Years 2020 2021 and 2022.

The city's SBPA Program provides up to \$20,000 in assistance for businesses that have been negatively impacted by the COVID 19 pandemic. The eligibility requirements for CDBG-CV funding for carrying out eligible business assistance activities and meeting the national objective of benefitting low and moderate-income (LMI) persons essentially follow the same requirements for the Community Development Block Grant (CDBG) Program. However, there are some modifications explained in the attached document that allows more flexibility in documenting jobs retained and/or created for the SBPA Program.

Attached to this program summary are several documents that explain the program eligibility and LMI national objective requirements in more detail, including:

- Small Business Grant Agreement
- Requirements for documenting LMI National Objective Compliance
- City of Decatur's Income Certification Form
- Duplication of Benefits Certification Form
- Employee Address Listing

Once the application process closes, we will review all applications. The review process can take a couple weeks or longer. Once we have made the decision on your application you will be contacted immediately.

To submit your application by mail:	To submit your application in person:
City of Decatur –Community Development Attn: Susanne Taylor P.O. Box 488 Decatur, AL 35602	Decatur City Hall Community Development – 5 th Floor 402 Lee St NE Decatur, AL 35601

Or you can email your application to: staylor@decatur-al.gov

If you have any questions, please contact: Susanne Taylor (256) 341-4967

COVID-19

Small Business Loan/Grant Assistance Program (SBAP)

Available to: Small businesses with less than 25 employees impacted by the COVID-19 self-isolating period, such as restaurants, hotels, coffee shops, entertainment, gym/spas and other retail business. **Businesses must be located in the City of Decatur and have been in business for a minimum of one year from March 13, 2020**, the date Governor Ivey issued the first State of Emergency for COVID-19.

Amount: Up to three months of working capital (payroll, utilities, mortgage etc.) assistance not to exceed \$20,000.00 of CDBG/RDA funding (No construction projects or purchasing of equipment)

Terms: A 0% interest rate loan. No payments made during the first year. If verified job assisted totals accepted by the City still exists after 1 year, the loan will be forgivable. Loan will require repayment only if terms of grant agreement are not met or any fraudulent information provided to City of Decatur on which this loan request was relied upon.

Requirements: To meet the threshold for this loan, there must be sufficient documentation that jobs would be lost without the loan assistance and that one or both of the following applies: (1) a business owner submitting the application for the loan must be a **low/moderate income individual (LMI) (see attached income guidelines)**; (2) or at least 51% of the jobs retained are held by LMI persons. (3) Small business must still be operational at the time of the loan. (4) Small business must remain in business for a minimum of 1 year after receiving grant/loan. (5) Small business must not have received round 1 and round 2 of the COVID-19 SBAP Grant/Loan.

Disclaimer: All loans under the program are subject to the availability of funds. Once funds have been depleted, this loan program will be discontinued.

City of Decatur

Small Business Loan/Grant Assistance Program (SBAP) Application

Name: _____

Home Address: _____

Street

City

State

Zip Code

Business Name: _____

Business Address: _____

City

State

Zip Code

Phone Number: _____

E-Mail Address: _____

EIN# _____ DUNS# _____

Business Organization Type: Sole Proprietor Limited Liability Company
 Corporation Partnership

Ownership/Management: _____

Name

% Owned

Title

Name

% Owned

Title

Please provide a brief narrative of the impact COVID-19 has had on your business:

Years in Business: _____

Years at Present Address: _____

Rent or Own: _____

Monthly Rent/Mortgage : _____

Average gross Annual Receipts: _____

Gross Receipts since the COVID-19 outbreak: _____

Number of Employees: Before COVID-19: Full time _____ Part time _____

Jobs Expected to be Retained/Hired as a result of this Loan (Please designate Full Time or Part Time)

Full time _____ Part time _____

Use of Funds: Please describe how the COVID-19 SBAP funds will be used to help your small business retain/hire employees and keep your business operating during the challenging time?

Use: _____ \$ _____

Use: _____ \$ _____

Use: _____ \$ _____

Use: _____ \$ _____

Use: _____ \$ _____

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Disaster Loan, PPP, NARCOG Loan Fund, etc.) If so list below:

**CITY OF DECATUR, ALABAMA INCOME CERTIFICATION FORM FOR ALL
CDBG PROGRAMS**

**THIS SECTION IS TO BE COMPLETED BY BUSINESS APPLICANT AND FOR
EACH PERSON WHOSE JOB WILL BE AFFECTED BY THIS APPLICATION**

To the applicant: The City of Decatur provides assistance through funds from the United States Department of Housing and Urban Development (HUD). Federal requirements ask that the following information be supplied to the City. This information will be kept on hand at the Community Development Department for possible review by Federal agencies. **It is kept confidential and is not for public distribution.** Your cooperation in the completion of this form is appreciated.

NOTE: The following information is subject to verification by government officials. Are you a resident of the City of Decatur? Yes ☐ No ☐

What is your current residential address?

Please check the number of people in your household, including yourself:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
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Please check your family income for the last 12 month (including all sources of family income:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
\$35,350	\$40,400	\$45,450	\$50,400	\$54,550	\$58,600	\$62,650	\$66,700

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

For reporting purposes only, please answer the following questions:

Sex: Male ☐ Female ☐

Handicapped: Yes ☐ No ☐

Single Family Head of Household: Yes ☐ No ☐

Please identify the appropriate racial and ethnic category below:

American Indian/Alaskan Native ☐

Asian ☐

African American/Black ☐

Hispanic or Latino ☐

Native Hawaiian ☐

Other Pacific Islander ☐

White ☐

Other Multi-Racial ☐

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 City of Decatur and the business maintains all proper licenses and permits for operation.
- ☐ I have attached a copy of the most recent personal tax returns for owners.
- ☐ I have attached a completed IRS W-9 Form and DUNS number.
- ☐ I have provided documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable.
- ☐ I agree to document and report the economic impact to the business as a result of this loan, including but not limited to, jobs retained, jobs hired, increased sales, 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 loan agreement on behalf of the applicant.

I certify that the above information, to the best of my knowledge, is accurate and true. I understand that the City of Decatur will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.

Business Name

Authorized Representative

Title

Date

Duplication of Benefits Worksheet

Assessed Need

(Please attach documentation
to confirm assessed need)

	Monthly Expenses	Number Months	Total Need
Rent	\$ -	_____	\$ -
Mortgage	\$ -	_____	\$ -
Payroll	\$ -	_____	\$ -
Utilities	\$ -	_____	\$ -
Internet	\$ -	_____	\$ -
Sanitation	\$ -	_____	\$ -
Phone	\$ -	_____	\$ -
Potential Need			\$ -

Assistance Received

(please include all assistance
received even if not listed below)

PPP	\$ -
(SBA) EIDL	\$ -
Revive Alabama	\$ -
Revive Alabama Plus	\$ -
Other	\$ -
	\$ -
Total Assistance Received	\$ -

Total Unmet Need \$ -

City of Decatur, Alabama

Community Development

Department

Post Office Box 488

Decatur, Alabama 35602-0488

Phone 256-341-4960 Fax 256-341-4969

I agree to notify the City of Decatur, Community Development department if I receive any additional assistance. I have full knowledge that these funds cannot be duplicated from any other source. I understand that failure to notify the Community Development department of additional funds will result in my full repayment of this grant/loan.

Signature

Date

CITY OF DECATUR, ALABAMA INCOME CERTIFICATION FORM FOR ALL CDBG PROGRAMS
THIS FORM IS TO BE COMPLETED BY BUSINESS APPLICANT AND FOR EACH PERSON WHOSE JOB WILL
BE AFFECTED BY THIS APPLICATION

To the applicant: The City of Decatur provides assistance through funds from the United States Department of Housing and Urban Development (HUD). Federal requirements ask that the following information be supplied to the City. This information will be kept on hand at the Community Development Department for possible review by Federal agencies. **It is kept confidential and is not for public distribution.** Your cooperation in the completion of this form is appreciated.

The applicant further agrees to maintain the required records on file for verification purposes.

NOTE: The following information is subject to verification by government officials.

Employee # _____.

Please check the number of people in your household, including yourself:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
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Please check your family income for the last 12 month (including all sources of family income:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
\$35,350	\$40,400	\$45,450	\$50,400	\$54,550	\$58,600	\$62,650	\$66,700

As applicant and/or agent thereof, I hereby certify that all the information contained in this application and all information furnished in support of this application is true, correct and complete to the best of my knowledge and belief. I also agree that any assistance so extended is based in part of information furnished, and that **discovery of false information herein shall cause this application to be denied, and any assistance which may have been provided shall become due and payable in full.**

RIGHT TO FINANCIAL PRIVACY:

This notice to you is required by the Right to Financial Privacy Act of 1978. The U.S. Department of Housing and Urban Development and the City of Decatur, Community Development Department have a right to access financial records held by any financial institution in connection with the consideration or administration of the Community Development grant which you have applied.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:

United States Code 18, Section 1001, provides: "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

The City of Decatur reserves the right to request additional information needed to process this application and to reject any applicant based on information gathered in the review of this application. By signing this form you are self-certifying that your annual income and household size, is complete and accurate.

Signature of Applicant

Date

Employee Addresses for City of Decatur SBA Loan

For the purpose of qualifying your business for the Decatur SBA Loan you will need to list below all employees addresses that you intend on retaining as a result of receiving these funds. You don't need to provide to us employees names but will need to maintain a record in the event we need to audit your files. For instance if we need to know who employee #5 was you could provide us with that information. If you have any question in completing this form please give our office a call.

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Signature Page

As applicant and/or agent thereof, I hereby certify that all the information contained in this application and all information furnished in support of this application is true, correct and complete to the best of my knowledge and belief. I also agree that any assistance so extended is based in part of information furnished, and that **discovery of false information herein shall cause this application to be denied, and any assistance which may have been provided shall become due and payable in full.**

The applicant further certifies that he or she is not in the status of restricted resident aliens.

RIGHT TO FINANCIAL PRIVACY:

This notice to you is required by the Right to Financial Privacy Act of 1978. The U.S. Department of Housing and Urban Development and the City of Decatur, Community Development Department have a right to access financial records held by any financial institution in connection with the consideration or administration of the Community Development grant which you have applied. Financial records involving your transactions will be available to the U.S. Department of Housing and Urban Development, the bank through which your loan will be processed, and the City of Decatur, Community Development Department without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent, except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:

United States Code 18, Section 1001, provides: "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

The City of Decatur reserves the right to request additional information needed to process this application and to reject any applicant based on information gathered in the review of this application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Application is property of:

The Community Development Department
City of Decatur, 5th Floor City Hall
402 Lee Street NE P O Box 488
Decatur, Alabama 35602-0488
(256) 341-4960

REQUIREMENTS FOR DOCUMENTING COMPLIANCE WITH LOW AND MODERATE INCOME JOBS CREATED OR RETAINED (LMJ) NATIONAL OBJECTIVE REQUIREMENTS FOR CDBG-CV ASSISTED BUSINESSES

The August 20, 2020, Notice of Program Rules, Waivers, and Alternative Requirements Under the CARES Act for the Community Development Block Grant Coronavirus Response Grants (CDBG-CV) and Fiscal Year 2019 and 2020 Community Development Block Grants (CDBG) includes certain modifications to facilitate the use of funds for economic development.

This document explains these modifications (described below) which are designed to facilitate and expedite assistance to coronavirus affected businesses by streamlining national objective criteria and recordkeeping requirements for activities that benefit low and moderate income LMI persons by retaining or creating jobs.

The LMJ National Objective can be applied to activities that involve the employment of persons, the majority of whom are LMI persons. An LMJ activity is one which creates or retains permanent jobs, at least 51% of which, on a full time equivalent (FTE) basis, are either held by LMI persons or considered to be available to LMI persons.

The CDBG-CV Notice provides two important flexibilities for documenting LMJ compliance:

A. Location-Based Presumption of LMI Benefit.

When documenting LMI jobs, CDBG regulations allows the city to presume a person is LMI if the census tract where they live **or** where the assisted business and job is located:

- Has a poverty rate of at least 20%;
- Does not include a central business district unless it has a poverty rate of at least 30%; and has evidence of pervasive poverty and general distress.

The CDBG-CV Notice standardizes the minimum poverty rate at 20% by eliminating the higher percentage for central business districts.

B. Income Documentation

1. Allows the city to consider individuals that apply for/hold jobs to be “households of one” for purposes of meeting income eligibility requirements, rather than considering the individual’s total family size and income; and
2. Allows the city to substitute records showing the type of job and the annual wages/salary of the job, instead of the individual’s income.

The remainder of this document explains the requirements for documenting jobs held by or considered made available to LMI persons as further described in the CDBG Regulations

Specific evidence that the jobs would be lost without the CDBG assistance; and
If the retained job is held by a LMI person:

- ~ A listing by job title of permanent jobs retained;
- ~ The jobs that are known to be held by LMI persons at the time of assistance;
- ~ The full-time equivalency status of each job; and
- ~ Family size and annual income of each LMI person.

• **For retained jobs that are projected to turn over to LMI persons:**

A listing of the retained jobs that are projected to become available within two years of assistance;

The basis of the determination that the job is likely to turnover within two years of assistance;

The actual turnover date;

The name and income status of the person who filled the vacancy;

If the person who took the job was not a LMI person, records to demonstrate that the job was made available to LMI persons:

- ~ The name(s) of person(s) interviewed for the job and the date of the interview(s);
 - ~ The income status of the person(s) interviewed; and
- Information on the family size and annual income of each LMI person hired.

There are five suggested options for documenting the LMI status of an applicant or employee:

- Referrals from an agency that has agreed to refer individuals who are determined to be LMI based on HUD's category. These agencies must maintain records, which must be available to the State or Federal inspection, showing the basis upon which they determined that the person was LMI;
- A written self-certification by the employee or applicant of his/her family size and total income that is signed and dated and subject to Federal review. Certification can either include actual size and income of family or can contain a statement that the annual family income is below the Section 8 low-income limit for the applicable family size; **

**The city's application includes the self-certification form to be used for the SBAP Program.

NOTE THE FLEXIBILITY DESCRIBED IN B.1 FOR INDIVIDUALS COMPLETING THIS FORM FOR BUSINESSES RECEIVING CDBG-CV ASSISTANCE.

- Qualification of employee or application for assistance under another program with income qualification that are as restrictive as those used by the CDBG program. Examples include referrals from public housing, welfare agency, or the Workforce Investment Act (WIA) program;

- Evidence that the individual is homeless; and
 - Evidence that the individual may be presumed to be LMI by way of residence address and poverty rates of applicable census tract. **NOTE THE FLEXIBILITY DESCRIBED IN A.1 FOR BUSINESSES RECEIVING CDBG-CV ASSISTANCE.**
- When documenting income, the income status of an individual is made at the time the CDBG job is filled. This may have an effect on the retention of high-paying, unskilled jobs counting as eligible except for turnover purposes. This is because a person who occupies a high-paying but low-skilled job may not qualify as a LMI person. Whereas a LMI person may fill the job at a lower pay.

Small Business Loan/Grant Assistance Program (SBAP)

Agreement

WHEREAS the undersigned owner of _____ situated at _____ within the City of Decatur, Alabama, desires to participate in the Small Business Loan/Grant Assistance Program (SBAP), and

WHEREAS the City of Decatur, by and through the Community Development Department, has made funds available for the SBAP. Pursuant to the provisions of the CODE OF ALABAMA, 1985 and the provisions of the Community Development Block Grant (CDBG) Program duly adopted by the governing body of the City of Decatur , Alabama.

NOW THEREFORE, in consideration of the City of Decatur, Alabama, acting by and through the Community Development Department, hereinafter referred to as the "City", granting to _____ hereinafter referred to as the "Applicant" a Grant in the amount of _____ Dollars and no/100 (\$ 0.00)

The Applicant:

1. Certifies that all information on the application made for said grant, to the best of the applicant knowledge, is true and correct;
2. Certifies that the undersigned applicant is the owner of the above stated business;
3. Agrees to abide by all program regulations and requirements of the SBAP program of the City of Decatur;
4. With full knowledge that as a result of entering into this agreement, that all jobs agreed upon by the applicant must be retained for a period of one year in order for this grant to be fully forgiven;
5. Agrees that if after one year if all agreed upon jobs are not retained the grant amount will be due and payable to the City of Decatur.
6. Acknowledges that upon entering into this Agreement authorizes the City to pursue all collection remedies legally available including the recording of a Municipal Lien against the business without further notice of the lien and without further process if repayment is required but not received timely.
7. Agrees to provide the City any information that be requested or required in the processing of this grant application.

8. Agrees that if this assistance is determined to be a duplicative benefit the applicant agrees that any payments under this agreement will be due and payable to the City of Decatur

9. Acknowledges they have read and fully understands all of the terms of this SBAP agreement, application and all other documentation provided in the processing of this Grant Program.

Dated this the _____ day of _____, 2022.

Applicant

Witness

Attested By:

City of Decatur

Stephanie Simon, City Clerk

By

Tab Bowling, Mayor