

**DAUPHIN COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
COVID RECOVERY BUSINESS ASSISTANCE PROGRAM APPLICATION**

**GENERAL INFORMATION**

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

Are you the legal owner/co-owner of your business? *(Applicant must own/co-own business)*

Yes

No

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**BUSINESS INFORMATION**

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

Primary Business Address *(Business must be located outside Harrisburg City limits.)*

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

Describe Business Activities

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

IRS Tax ID Number: \_\_\_\_\_ Date Established \_\_\_\_\_

Number of Employees: Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**BUSINESS OWNER INFORMATION**

Name	Title	Social Security #	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL REQUEST ELIGIBILITY INFORMATION**

**Amount Requested (Max. \$20,000):** \_\_\_\_\_

**Planned Use of Funds:**

Short-Term Working Capital for Business Employing 51% or More Low-to-Moderate Income Individuals

*Funds must be used for short-term operational needs including payroll, rent, mortgage, and/or utility payments. **IMPORTANT: Applicant must furnish income certifications (Attachment 1) for ALL employees to demonstrate 51% or more earn low-to-moderate income wages (<\$45,450 annual wages per employee).***

Payroll Support for Low-Income Employees (Businesses with some LMI individuals but less than 51%)

*Funds must be used solely to recall and/or retain low-to-moderate income employees. Applicant must provide wage certifications (Attachment 1) for LMI employees it intends to support with CDBG-CV funds.*

**FILL OUT THIS SECTION ONLY IF APPLYING FOR SHORT-TERM WORKING CAPITAL**

Detail what expenses CDBG-COVID loan funding will be used to cover:

\_\_\_\_\_ Payroll - Total Weekly Payroll\_\_\_\_\_

\_\_\_\_\_ Rent - Total Monthly Rent\_\_\_\_\_

\_\_\_\_\_ Mortgage - Total Monthly Mortgage\_\_\_\_\_

\_\_\_\_\_ Utility Bills - List Utilities to be paid\_\_\_\_\_

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

\_\_\_\_\_ Other (Specify) - \_\_\_\_\_

**OPERATING COST ESTIMATE**

ESTIMATED TOTAL MONTHLY PAYROLL COSTS:\_\_\_\_\_

ESTIMATED TOTAL MONTHLY COST FOR UTILITIES:\_\_\_\_\_

ESTIMATED TOTAL MONTHLY RENT/MORTGAGE COST:\_\_\_\_\_

ESTIMATED TOTAL MONTHLY ACCOUNTS PAYABLE OTHER THAN UTILITIES:  
\_\_\_\_\_

**ESTIMATED TOTAL OPERATING COSTS PER MONTH:\_\_\_\_\_**

**EST. MONTHLY OPERATING COSTS x's 3 = \_\_\_\_\_**

Loan amount is lesser of \$20,000 or 3 months operating costs.

**ALL APPLICANTS MUST FILL OUT SECTIONS BELOW**

Pre-Qualification of LMI Employee Percentage (*all applicants must provide employee income certifications found in Attachment 1 as a follow-up to this application*).

*Please list all employees and hourly wages.*

<u>Employee</u>	<u>PT or FT?</u>	<u>Hourly Wage</u>	<u>Employee</u>	<u>PT or FT?</u>	<u>Hourly Wage</u>
1			12		
2			13		
3			14		
4			15		
5			16		
6			17		
7			18		
8			19		
9			20		
10			21		
11			22		
23			24		
25					

ESTIMATED TOTAL WEEKLY PAYROLL: \$ \_\_\_\_\_

ESTIMATED MONTHLY PAYROLL: \$ \_\_\_\_\_

ESTIMATED MONTHLY PAYROLL x's 3: \_\_\_\_\_

**Prior Assistance:** *The Stafford Act directs administrators of federal assistance to ensure that no person, business concern or other entity will receive duplicative assistance. As such, all applicants are required to accurately report all prior financial assistance received for this project. Please complete the following sections and indicate all applicable assistance received or applied for:*

Have you applied for an Small Business Administration (SBA) Loan ?     Yes     No

If yes, SBA application status?     Submitted    \$ \_\_\_\_\_  
    Offered Assistance    Total SBA amount received or offered  
    Denied

Is an appeal pending with SBA?     Yes     No

**APPLICANT MUST KEEP RECORDS OF FUNDS SPENT TO DEMONSTRATE NO FEDERAL FUNDS WERE USED FOR DUPLICATE EXPENSES**

**MONTHLY PROGRESS REPORTS**

- I AGREE to provide monthly progress reports to Dauphin County DCED
- I DO NOT agree to provide monthly progress reports to Dauphin County DCED

**SIGN-OFF ON APPLICATION SUBMISSION**

**Name of Authorized Official** \_\_\_\_\_

**Title** \_\_\_\_\_

\*By signing below I attest that the information provided in this application is truthful to the best of my knowledge and recognize that the funding requested is in the form of a loan forgivable only if I meet the eligibility criteria outlined on the loan term sheet.

\_\_\_\_\_  
**Signature of Authorized Official**

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

**APPLICATION CHECK LIST:**

- Application
- Income Certifications for Each Employee (ATTACHMENT 1)

**Any false statement made knowingly and willfully may subject the signer to penalties under Section 1001 of Title 18 of the United State Code**

***APPLICATIONS FOR FUNDS PROCESSED ON A FIRST COME, FIRST SERVED BASIS.***

Submit one copy of this application to Debra Laudenslager by:

Email: [dlaudenslager@dauphinc.org](mailto:dlaudenslager@dauphinc.org)

Mail: Dauphin County Department of Community & Economic Development  
ATTN: Debra Laudenslager  
112 Market Street, 7<sup>th</sup> Floor  
Harrisburg, PA 17101

***Dauphin County Department of Community & Economic Development  
112 Market Street, 7<sup>th</sup> Floor  
Harrisburg, PA 17101  
Phone: (717) 780-6250***

Fax: (717) 780-6258

**ATTACHMENT 1**

**COMMUNITY DEVELOPMENT BLOCK GRANT COVID RECOVERY PROGRAM  
SURVEY FORM  
LOW-MODERATE INCOME LIMITS  
Effective date 6/28/2019**

For the purpose of determining eligibility for proposed community development projects, to be funded by the Dauphin County Community Development Block Grant COVID-Recovery Program, the following information is necessary. Each family should indicate the number of persons living in the family and whether total family income exceeds or falls below the listed figure for the size family. Before completing the survey, refer to the back of this form for a definition of family and examples to guide the income determination.

Business Name: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ /HR  
 Address: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

- 1 Person - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$45,450
- 2 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$51,950
- 3 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$58,450
- 4 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$64,900
- 5 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$70,100
- 6 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$75,300
- 7 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$80,500
- 8 Persons - Total Income is \_\_\_\_\_ Above \_\_\_\_\_ Below \$85,700

Each head of family should also indicate if they are:  
 \_\_\_ Female                      \_\_\_ Male                      \_\_\_ Handicapped

Race	Hispanic?	Race	Hispanic?
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> American Indian or Alaska Native and White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaska Native and Black or African American	
<input type="checkbox"/> White		<input type="checkbox"/> Other <input type="checkbox"/> Russian	

***"Any false statement made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Code."***

Interviewer Signature

Date

Respondent Signature

Date

## ATTACHMENT 1

**Definitions**

**"Family"** - all persons living in the same household who are related by birth, marriage or adoption

**"Low and Moderate Income Person"** - a member of a family having an income equal to or less than the Section 8 Income Limits, as established by HUD. Unrelated individuals shall be considered as one person families for this purpose.

**Examples**

Within a residential structure, it is possible to have one or more families, and thus each person's status as low and moderate income or non low and moderate income, must be based upon their family income.

The following examples are provided to guide your completion of the survey.

**Example No. 1**

Particular house (single unit structures) within surveyed areas where three employed single males reside, not related by birth, marriage or adoption. In this case there are three one person families and each person's income determines whether they are a low and moderate income person, based upon the Section 8 income limits for a one person family.

**Example No. 2**

Particular house (single unit structure) within surveyed area where an employed man resides with an employed woman and her two children. The man and woman are not legally married, however the man has access to the entire house and financially contributes to the support of the woman and her two children. In this case the four people would be a family and the income of both the man and woman would be considered in determining whether they were low and moderate income persons, based on the Section 8 income limits for a four person family

**Example No. 3**

Particular house (single unit structure) within surveyed area where a family of four rents a room to an employed man unrelated to the family who does not have access to the other rooms in the house other than a bathroom. In this case there is one family of four and a

one person family, each of which are determined separately as to whether they are low and moderate income.