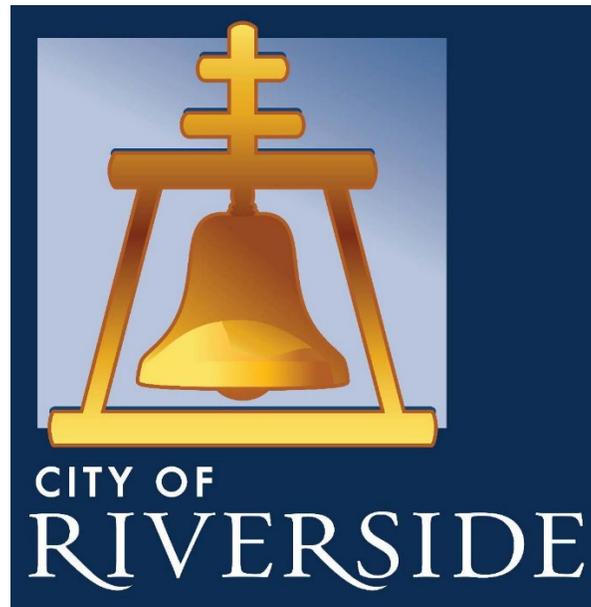


# Microenterprise Business Grant Program Application & Information Packet



**City of Riverside**

**Coronavirus, Aid, Relief and Economic Security Act  
Funding (CARES Act)**

**Community Development Block Grant (CDBG-CV)**



United Way  
of the Inland Valleys



## **Microenterprise Business Grant Program**

**CARES Act Funding allocated to The City of Riverside through the U.S. Department of Housing & Urban Development (HUD)**

### **Application Packet Table of Contents**

#### **PART I – APPLICATION INFORMATION (Pages 3 - 6)**

- I. Application Introduction and Procedures**
- II. What is the Community Development Block Grant (CDBG) Program?**
- III. How Can CDBG-CV Funds Be Used?**
- IV. Eligible Applicants**

#### **PART II – APPLICATION (Pages 7 – 17)**

## **PART I. APPLICATION INFORMATION**

### **I. Application Introduction and Procedures**

The City of Riverside invites all interested and eligible microenterprises, small businesses with five or fewer employees, based in the City of Riverside to apply for CARES Act CDBG-CV funding to assist in the preparation, prevention and response to coronavirus.

Applications for CDBG-CV funding must be completed in full and submitted to the United Way at the following location:

**United Way of the Inland Valleys  
Attn: Jennifer Thornton, Program Manager  
1835 Chicago Ave., Suite B**

**Riverside, CA 92507  
(951) 697-4700**

**OR**

**Via email to  
Jennifer Thornton, Program Manager  
[jthornton@uwiv.org](mailto:jthornton@uwiv.org)**

**APPLICATIONS THAT ARE INCOMPLETE OR ARE MISSING NECESSARY  
ATTACHMENTS, WILL NOT BE ACCEPTED OR CONSIDERED.**

**APPROVED APPLICANTS WILL NOT RECEIVE FUNDING UNTIL A  
COMPLETED, SIGNED, AND NOTARIZED APPLICATION HAS BEEN  
SUBMITTED TO THE UNITED WAY.**

#### Technical Assistance

United Way of the Inland Valleys staff is available to answer questions regarding CDBG-CV regulations, applicant and project eligibility and the City's application process.

Please direct questions to:

Jennifer Thornton, Program Manager

United Way of the Inland Valleys

951.697.4700

[jthornton@uwiv.org](mailto:jthornton@uwiv.org)

## **II. What is the Community Development Block Grant (CDBG) Program?**

The United States Department of Housing and Urban Development (HUD) administers the Community Development Block Grant (CDBG) Program to assist low and moderate-income persons in several ways including: elimination of slums and blight, preserving and improving the supply of affordable housing, development of needed public facilities and improvements and business growth through the creation and retention of jobs and business opportunities.

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) granted the City of Riverside additional CDBG funding (CDBG-CV grants), specifically to

- prevent,
- prepare for, and
- respond to the coronavirus pandemic

The City of Riverside has elected to use its CDBG-CV allocation to fund a grant project for microenterprise businesses affected by the coronavirus pandemic.

## **III. How can CDBG-CV Funds be used?**

Federal regulations require that CDBG-CV funds be used for eligible activities that meet both CDBG and CARES Act objectives. CDBG-CV funding must meet one of three national CDBG objectives:

- Benefit low- and moderate-income persons;
- Aid in the prevention or elimination of slum or blight; and
- Meet a need having a particular urgency

Additionally, CDBG-CV funding must also meet CARES Act objectives by preventing, preparing for or responding to the coronavirus pandemic.

### **Eligible activities may include:**

- Purchase of materials or equipment needed to convert business activities to comply with social distancing guidelines
- Purchase of safety supplies/materials for employees
- Assistance to create jobs and manufacture medical supplies necessary to respond to infectious disease

- Financial assistance for business stabilization due COVID-19 related revenue shortfalls including business license fees, lease payments, and payroll payments
- Assistance avoiding job loss caused by business closures related to social distancing
- Assistance to expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine

**The following are examples of ineligible CDBG activities**

- General government expenses and political activities
- Religious activities
- Purchase of construction equipment
- Purchase of equipment, fixtures, motor vehicles, furnishings, or other personal property that is not a permanent structural fixture

Additionally, the City of Riverside will only fund Direct Costs. Direct Costs are those that have a direct and specific link to the eligible activity which can be readily identified. **Applicants must be able to prove that CDBG-CV grant funds were used for the approved use.**

Under HUD CDBG regulations, at least 70% of those benefiting from CDBG funded activities must be low and moderate-income persons. **Businesses receiving CDBG funding must be able to document that the individuals or households served fall within the HUD income limits.**

**2020 HOUSEHOLD INCOME LIMITS**

	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>Extremely Low Income (30%)</b>	15,850	18,100	21,720	<b>26,200</b>	30,680	35,160	39,640	44,120
<b>Very Low Income (50%)</b>	26,400	30,150	33,900	<b>37,650</b>	40,700	43,700	46,700	49,700
<b>Low Income (80%)</b>	42,200	48,200	54,250	<b>60,250</b>	65,100	69,900	74,750	79,550

#### **IV. Eligible Applicants**

Applicants for CDBG-CV Microenterprise grant funding must have:

- ✓ A valid business license from the City of Riverside that was issued prior to January 21, 2020
- ✓ All applicable business insurances must be valid and up to date
- ✓ Valid and current federal and state tax ID numbers
- ✓ Employ 5 or fewer people

## PART II APPLICATION

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

**Business Address:**  
\_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Business Owner**

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Business email:** \_\_\_\_\_

**FEDERAL TAX ID #:** \_\_\_\_\_

**Business License Number** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**\*Business must have a valid license issued prior to January 21, 2020**

**How long as the applicant owned/operated this business?** \_\_\_\_\_

**Number of employees, including owner:**

Full Time	Part Time	Total

**Describe in detail the type of service/products your business does/will offer:**

**CDBG Eligibility:** Use of CDBG funds must show a primary and direct benefit for low to moderate-income people, as determined by HUD Household Income Limits. Please certify the business eligibility.

	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>Extremely Low Income (30%)</b>	15,850	18,100	21,720	<b>26,200</b>	30,680	35,160	39,640	44,120
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<b>Low Income (80%)</b>	42,200	48,200	54,250	<b>60,250</b>	65,100	69,900	74,750	79,550

**\*Note: Income means the total income of all persons living in the same family who are related by birth, marriage, or adoption and will benefit from the activities. (Ref. 24 CFR 570.3) (Based on 2020 Income Limits, effective 4/01/2020)**

Please select one option below:

**Option 1: Business Owner Low-Moderate Income Certification**

List all personal household members and income for each.

<b>Household Member</b>	<b>Income Source</b>	<b>Income Amount</b>
<b>Household Income Total</b>		<b>\$</b>

Provide proof of income for all household members. Documentation may include:

- tax statements
- pay stubs
- government benefit award letter
- retirement account statements

**Option 2: Low-Moderate Income Employees Retained or Hired certification**

**A. Provide documentation of employees fired or furloughed due to coronavirus or employees hired to assist the business in preventing, preparing for, or responding to the coronavirus pandemic.**

<b>Position</b>	<b>Years with Business</b>	<b>Fired? Yes/No</b>	<b>Hours Cut or Furloughed?</b>

Documentation may include:

- Proof of unemployment insurance dated after January 21, 2020
- Certified payrolls

**List all personal household members and income for each employee.**

<b>Household Member</b>	<b>Income Source</b>	<b>Income Amount</b>
<b>Household Income Total</b>		<b>\$</b>

**B. Provide Documentation of each employees Low-Moderate Income eligibility.**

**C. Provide Documentation of increased employment by low-moderate income individuals due to CDBG-CV grant funding (new hires or increased hours).**

**CARES Act Eligibility:** Use of CARES Act funds must be used to prevent, prepare for, or respond to the coronavirus pandemic. Please certify the business eligibility.

**COVID-19 (CV) IMPACT \*(as of January 21, 2020)**

	Yes	No	Please Describe:
Profit loss of 25% or more?			
Temporary Closure			
Layoffs/Retention of employees?			
Payroll limitations?			
Need to purchase specialized equipment or supplies?			
Other: _____ provide a detailed description			

**INTENDED USE OF CDBG-CV FUNDS**

Microenterprise assistance funds can be used for:

- Financial stabilization and support
- Technical assistance
- Professional advice and business services
- Installation of equipment to ensure a safe working environment
- Purchase of equipment used to ensure a safe working environment

**Describe the intended use of the CDBG-CV Grant funds:**

**Total CDBG-CV Request:**

\$ \_\_\_\_\_

**\*MAXIMUM GRANT AMOUNT \$7,500**

**Describe the financial requirements needed to reopen or remain open, including other potential funding sources:**

	<b>Total funds needed</b>	<b>CDBG-CV Request</b>	<b>OTHER (Federal, State, Local, private loans)</b>
Working Capital	\$	\$	\$
Payroll	\$	\$	\$
Rental Costs	\$	\$	\$
Profit Loss	\$	\$	\$
Increased Insurance Costs	\$	\$	\$
Equipment Purchase	\$	\$	\$
Purchase of Health/Safety Consumable Products	\$	\$	\$
Other. Provide a Detailed Description:	\$	\$	\$

\*Note: The use of federal funding in excess of \$2,000 for construction, alterations, or repairs (including painting and decorating) of buildings is subject to Davis Bacon prevailing wage requirements.

**Please provide a timeline for the implementation of your proposed CDBG-CV funded project/activity. If awarded, the applicant will need to provide proof that the funds were used for the requested purpose.**

<b>Activity</b>	<b>Start Date</b>	<b>End Date</b>

**Duplication of Benefits Affidavit:**

In order to prevent duplication of benefits (double dipping) applicants must identify any other sources of funds that the business has received as a result of the coronavirus pandemic other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please indicate below the amount received by your business from any and all funding sources.

Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

Source of Funds #3

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

Receiving other funding assistance does not automatically disqualify the business from receiving CDBG-CV grant funding. However, the amount of funding under this program may be reduced depending on the documented need.

Please note that any application submitted by the applicant for other sources of funding must include any CDBG-CV funds awarded under this program.

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name and Title of Applicant (Please Print or Type)      Date

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California \_\_\_\_\_  
County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**Maintenance and Operations Commitment**

Any equipment purchases or installation made with CDBG-CV funds must be kept in good working order for its intended purpose. The applicant must be willing to assume the maintenance and operation responsibility and costs associated with the purchase of any equipment purchased through this grant.

The sale of equipment purchased with CDBG-CV funds must be reported to the City of Riverside CDBG Grants Division and may be subject to repayment provisions under 24 CFR 85.32.

NOTE: Community Development Block Grant funds of any kind may not be utilized for ongoing maintenance and operation costs of building improvements/equipment.

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Signature of Authorized Applicant Representative

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Name and Title of Authorized Applicant Representative (Please Print or Type) Date

**City of Riverside CDBG Beneficiary Information:**

<b>RACE/ETHNICITY</b>	<b>CHECK ONE</b>
<b>White</b>	
<b>Black/African American</b>	
<b>Asian</b>	
<b>American Indian/Alaskan Native</b>	
<b>Native Hawaiian / Other Pacific Islander</b>	
<b>American Indian / Alaskan Native and White</b>	
<b>Asian and White</b>	
<b>Black / African American and White</b>	
<b>American Indian / Alaskan Native and Black / African American</b>	
<b>Other Race/Ethnicity (Specify)</b>	

Do you identify yourself as Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)? \_\_\_Yes \_\_\_No

The Undersigned Certifies That:

- a) The information contained in this application and supporting documents are complete and accurate;
- b) The proposed program/project described in this application meets the National Objective of benefiting low and moderate-income persons, as defined by CDBG Federal Regulations;
- c) The proposed program/project described in this application meet one or more of the objectives for CARES Act related activities;
- d) The applicant shall comply with all Federal, State and City laws, policies and requirements affecting the CDBG-CV Program; and
- e) If the project includes the purchase of equipment or facility improvements, the applicant shall maintain and operate the equipment and/or facility for its approved use throughout its economic life.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name and Title of Applicant (Please Print or Type) Date