



City of Albany
Community Development Block Grant Program
Small Business Grant Application

Albany Community Development Dept.
P.O. Box 490
Albany, OR 97321-0144
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

The goal of this grant program is to create jobs for Albany residents by supporting Albany businesses. The objective is to offset costs for small businesses and microenterprises located in Albany to add these jobs.

1. APPLICANT CONTACT INFORMATION

DATE: _____

Business owner names: _____

Mailing address: _____

E-mail address: _____ Phone: _____

2. BUSINESS INFORMATION

Business name: _____

Business address (location): _____

Business phone: _____ Website: _____

Business License #: _____ Business Start Date: _____

Organizational Structure: LLC S Corp. Sole Proprietorship Corporation
 Not Yet Established Other: _____

Business' EIN (or if Sole Proprietorship only, provide the primary owner's SSN): _____

D-U-N-S #: _____. [The DUNS # is required for all federally funded programs. Obtaining a DUNS number is a free, simple, one-time activity. Obtain one by calling **1-866-705-5711** or by applying online at <http://www.dunandbradstreet.com>.]

3. ELIGIBILITY REQUIREMENTS

a. In order to be eligible for this grant program the business must meet ALL of the following criteria:

- The business must be physically located within Albany's city limits.
- The business must have ten or fewer employees, including the owner. Number of employees: _____
- The business must have been established within the last five years or be ready to start within six months.
- This program requires you to create at least **one full time low- and moderate-income job (LMI Job)** for an Albany resident. Number of New Jobs: _____ [See #6 for details on what qualifies as a LMI Job.]

b. In order to be eligible for this grant program you must have:

- Graduated from a microenterprise or a small business development course or training program within 24 months of the application date: _____; OR
- Held a pre-application advising session with the LBCC Small Business Development Center staff regarding the business and grant application. Advising Date(s): _____.

- c. Does any business owner have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens against you/them or pending against you/them? No Yes *If YES, please describe:*

- d. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings? No Yes *If YES, please describe:*

- e. Are there any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the applicant business and/or any of its owners? No Yes *If YES, please describe:*

- f. Are you currently compliant with all applicable local, state, and federal zoning, permits, and other regulations regarding the operation of your business? Yes No *If NO, please describe:*

4. GRANT EXPENSES AND FINANCING INFORMATION

CDBG GRANT REQUEST: _____ (The maximum grant award is \$8,000.)

- a. Please calculate and explain all expenses the grant will pay for; include additional pages/or a grant/project budget if necessary. Include documentation for expenses to be paid with the grant.

- b. Explain how the grant funds will be used and the importance of this grant to the success of your business.

- c. Total annual operating budget: \$ _____ . Please attach the annual budget and cash flow projections as applicable.

- d. Total of other grant or loans received for business (if any): \$ _____
Describe source and purpose of other grant or loans:

- e. All other funding sources (including personal funds) and describe below: \$ _____

- f. Anticipated Grant Start Date: _____ Anticipated Date Job Created: _____

The business must create **at least one full-time job** or equivalent to be held by or made available to* a low- to moderate-income Albany residents or formerly unemployed residents and may include the business owner's job. If more than one job is created or retained, then at least 51 percent of the jobs must be held by or made available to* low- to moderate-income residents, defined by HUD as residents earning less than 80% of the area median income by household size. (See current income guidelines the Job Creation Self Certification Form.)

*Jobs are considered to be "made available to" LMI persons when:

- The job does not require special skills that can only be acquired with substantial (i.e., one year or more) training or work experience or education beyond a high school education.
- The City of Albany and the assisted business take actions to ensure that LMI residents receive first consideration for filling such jobs.

Please select one of the following:

- I am eligible for this program because as a new business owner, I am creating a full-time job for myself (or another business owner) and I qualify as a Low-Moderate Income (LMI) Albany resident per the current HUD income limite. (Complete the LMI Job Certification form.)
- I will create at least one job to be held by or available to LMI persons within 12 months of the grant contract date. **(Each new employee will need to complete the attached LMI Job Certification form and you will be required to submit a Job Creation Report that collects demographic data on new hires. This info is not collected until the position is filled.)**

Current Number of Employees (including working owners): Full Time _____ Part Time _____

Number of NEW full-time jobs (or equivalent) that will be held by or made available to LMI residents: _____

Anticipated Hire Date(s): _____ Do the new jobs include the owners' job? YES NO

New Job Title(s): _____

7. SUPPORTING DOCUMENTATION TO SUBMIT WITH APPLICATION

- a. Resume of each business owner
- b. Business License
- c. One year financial projections and annual operating budget (existing businesses); OR start-up cash-flow projections and annual operating budget (start-ups)
- d. Documentation of costs or expenses to be paid with the CDBG grant (such as leases, utilities, quotes/estimates, etc.)

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.*

Applicant Signature

Date

Applicant Signature

Date