



**Community Development Block Grant Program
Economic Opportunity Grant Application**
DUE by 5:00 p.m. Wednesday, August 4, 2021

Community Development Dept.
333 Broadalbin St SW
Albany, OR 97321
(541) 917-7550
anne.catlin@cityofalbany.net
www.cityofalbany.net/cdbg

The goal of this grant program is to provide gap financing up to \$10,000 to help newer businesses with 5 or fewer employees grow until they are eligible for bank or other loans.

1. GENERAL INFORMATION:

GRANT REQUEST: \$ _____

Business name: _____ Contact: _____

Business address (location): _____

Contact person phone: _____ Contact Email: _____

Business License #: _____ Business Start Date: _____

Organizational Structure: LLC S Corp. Sole Proprietorship Corporation Other: _____

Tax ID number/IRS EIN #: _____ D-U-N-S #: _____

***The DUNS # is required for all federally funded programs. Obtaining a DUNS number is free.** Obtain one by calling 1-866-705-5711 or by applying online at <http://fedgov.dnb.com/webform>. If awarded a grant, you must also register your business with SAM.GOV. Please create a user login and follow the steps to register the business with SAM.GOV. Verification of registration is required.

2. BUSINESS OWNERSHIP INFORMATION:

Business Owners (Printed Name)	Title (i.e., president, Managing Partner)	% Owner- ship	Title Race	Hispanic /Latino (Y or N)	Are you female? (Y or N)	Are you a Veteran (Y or N)

Race and ethnicity information is required for each beneficiary of a CDBG-funded activity. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, visual observation by city staff will be used to determine race and ethnicity.

3. BASIC ELIGIBILITY: Applicants must meet **ALL** of the following criteria to be eligible to apply:

- Have a business license (attach this) and been in business for about six months, but not more than 5 years.
Length in Business: _____
- Have no more than **5 full-time** employees, including the owner. Current number of employees (FTE): _____
- You must meet with an LBCC Small Business Development Center advisor to review business growth plans and business plan (if you have one). Provide Advisor Name and Date(s):

- Meet a low-mod objective for the CDBG program – either the business owner’s household income is less than 80% of the area median and/or the business will create at least one full time or full-time equivalent (40 hours/week) low- and moderate-income job (LMI Job) within 12 months, which could be the owner’s job if not full time. See info on pages 3-4.

5. FINANCIAL PROJECTIONS:

- a. Describe steps and resources needed to grow your business and to create at least one full-time job over the next year.

- b. Please list and describe the expenses that the grant would cover and/or attach a grant expense budget (attach any expense documentation/cost estimates).

- c. Please list other sources and amounts of funding to meet business plan goals including revenue, personal funds, grants or loans received (CARES Act, SBA, EIDL, PPP, etc.).

6. MEETING THE HUD NATIONAL OBJECTIVE FOR JOBS: All CDBG-funded activities must meet a CDBG program National Objective. The national objectives for this grant are either Low or Moderate-Income (LMI) Microenterprise Owner or Low or Moderate-Income Jobs (LMJ). HUD defines an LMI resident as a person whose earnings are less than 80% of the area median income by household size. (See the current income limits below.) **Please check which National Objective you will meet, or if both will be met.**

___ Low or Moderate-Income Limited Clientele, Microenterprise (LMCMC) – To qualify under this LMI category, the business owner must be LMI and creating a full-time job for themselves and must document household income.

___ Low or Moderate-Income Job (LMJ) Creation - The business must create at least one full-time job that is **made available to* or held by** a low or moderate-income Albany resident.

- a. A created job is only considered to be **made available to** LMI persons when:
 - Special skills that can only be acquired with substantial training or work experience or education beyond high school **are not a prerequisite** to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
 - The assisted business takes actions to ensure that LMI persons receive first consideration for filling such jobs.
- b. For the purposes of this grant, a created job is only considered to be **held by** a LMI person when:
 - The job is held by a LMI resident (as documented on the Employee Certification Form) or the employee resides in a Census tract with at least 70 percent LMI persons; or
 - The assisted business and the job are in a Census tract that has a 20% poverty rate and does not include part of a central business district unless the Census tract has a poverty rate of 30% or more; and the tract evidences pervasive poverty and general distress and meets at least one of the following:
 - All block groups in the Census tract have 20 percent or greater poverty rates;
 - The activity is undertaken in a block group with a 20 percent or greater poverty rate; or
 - HUD determines the tract shows other signs of distress (e.g., crime, homelessness, deteriorated housing, etc.)

6/1/2021 Income Limits by Household Size for CDBG Programs:

Household Size:	1	2	3	4	5	6	7	8
80% of Median Income:	\$37,650	\$43,000	\$48,400	\$53,570	\$58,050	\$62,350	\$66,650	\$70,950

7. JOB CREATION:

Estimate the number of full-time or full-time equivalent (FTE) jobs to be created over the next year? _____

When more than one job is created, there must be documentation indicating that at least 51 percent of the jobs will be held by, or made available to, LMI persons.

8. BUSINESS INFORMATION:

- a. Are there any current or pending personal/business judgments, unsettled lawsuits, major disputes, bankruptcy, insolvency proceedings, or tax liens against you/any owners? ___No ___Yes
- b. Are any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business and/or any of its owners? ___No ___Yes
- c. Is the business compliant with all applicable local, state, and federal zoning, building, business laws and permits, and other regulations regarding the operation of your business, including home business standards if applicable? (https://www.cityofalbany.net/images/stories/cd/devcenter/forms/home_business_standards.pdf)
 ___Yes ___No ___Don't know. *If NO, please describe:*
- d. Home based businesses – do you have or intend to purchase company vehicles? *If yes, where will vehicles be parked when not in use?*

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.*

I also agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, national origin, religion, sex, sexual orientation, genetic information, or retaliation associated with state of federally protected classes.

Business Owner/Applicant Signature Date

Business Owner/Applicant Signature Date

SUBMIT COMPLETED AND SIGNED GRANT APPLICATION:

BY EMAIL: anne.catlin@cityofalbany.net

IN PERSON: Anne Catlin, Community Development Dept., Albany City Hall 333 Broadalbin St SW, Albany

BY MAIL: Anne Catlin; Community Development Dept; P.O. Box 490; Albany, OR 97321-0144