

CITY OF ST JOSEPH

SMALL BUSINESS PANDEMIC RELIEF LOAN APPLICATION

APPLICATION REQUIREMENTS

Has business received or applied for assistance related to COVID-19 closure? Yes ____ No ____

If YES, what assistance has business received? _____

BUSINESS INFORMATION

Name of Business: _____

Db Name (if applicable): _____

Mailing Address: _____

City: State: ZIP Code: _____

Phone: Email: _____

Address of Operations (if different): _____

City: State: ZIP Code: _____

Date of Incorporation: Current Number of FTE Employees at Time of Application: _____

Is Business Minority-Owned? Yes ____ No ____

Has the business ever been subjected to criminal or civil fines and penalties including from City of St Joseph code or regulatory violations? Yes ____ No ____

Business Type:

LLC: ____

Partnership: ____

Sole Proprietor: ____

Other: ____

BUSINESS DESCRIPTION

OWNER INFORMATION

OWNER NAME(S) (please indicate percent of ownership if multiple owners):

Mailing Address: _____

City: State: ZIP Code: _____

Phone: _____ Email: _____

18 or older: Yes ____ No ____

Please summarize owner's experience in industry (PLEASE LIST ADDITIONAL OWNER INFORMATION BELOW OR ATTACH SERPARATE PAGE IF NECESSARY):

PROPOSED USES OF FUNDS

AMOUNT OF REQUEST USE

\$ Payroll expenses _____

\$ Rent/mortgage _____

\$ Utilities _____

\$ Other: _____

Total Emergency Funding Request (Max \$5,000 FOR EMPLOYERS WITH FEWER THAN 10 FTE EMPLOYEES and Max \$10,000 FOR EMPLOYERS WITH 10 - 20 FTE EMPLOYEES):

EMERGENCY NEED

Please specify below how your business has been impacted by the policies put into effect due to the current COVID-19 pandemic OR will provide a support service and need funding assistance to implement new protocols or meet higher demand:

Please include any other information you feel might be important regarding your business

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of St Joseph, or the US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data

(e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will

provide the supporting documentation, if necessary.

SIGNATURE: _____ Date: _____

Name

(please print): _____

Title

(please print): _____

Please submit copies of documents if available/applicable:

Owner Income self-verification form.

Owner's most recently completed IRS Form 1040

Business Operating Agreement – (for businesses with multiple partners)

Job Retention Plan

Payroll summary or other document showing total number of employees on payroll as of the application submission date.

NOTE- Staff may follow-up with applicants for additional information and documents after application submission as necessary

Please indicate any additional jobs retained on a separate sheet.

SMALL BUSINESS PANDEMIC EMERGENCY LOAN PROGRAM SCORING MATRIX

If the purposed project meets all threshold criteria, reviewers will utilize the following project scoring criteria to evaluate the purposed project for the purposes of making a funding recommendation. Scoring will help determine priority of project application versus other projects competing for funds. The highest scoring projects will be recommended for funding.

Evaluation Criteria (100 Point Scale + Bonus):

Capacity and Experience to Operate the Business (15 Points)

o Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources.

Readiness to Proceed (10 points)

o The Business a proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set deliverables.

Business Impact (15 Points)

o Business will be severely impacted by the policies put into effect due to the coronavirus pandemic OR business provides a support service and will need funding assistance to implement new protocols or meet higher demand. This qualification meets the DCED ESF-14 goals.

Job / Employee retention (30 Points max)

o Proposal ensures employee retention for term of loan. Up to 30 Pts awarded based on Full-Time Equivalent FTE job retention: 30 Pts for 5 or more FTE positions retained, 20 Pts for 3 or more FTE retained, 10 points for 2 FTE positions retained, 5 points for 1 FTE positions retained, and 0 points for a lower ratio of retained jobs. One FTE position is defined as 40 hrs per week, or any combination of part-time positions combining for 40 hours per week, including owners.

Minority Business Enterprise (10 points)

o Business is a minority-owned business: Women, Veteran and Economically Disadvantaged Small Business Enterprise (51%).

Section 3 Registered (10 points)

o Business is a HUD-registered Section 3 business enterprise.

<https://portalapps.hud.gov/Sec3BusReg/BRegistry/RegisterBusiness>

Located in a Downtown Precise Plan District (10 points)

o Business is located in an established business corridor.

Application Completeness (5 Point BONUS)

o Up to 5 points bonus for application with concise descriptions and backup information, professional writing and accurate math.