



# CITY OF TOPEKA

Housing Services Division  
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Topeka, KS 66607

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## SMALL BUSINESS GRANT PROGRAM 2020 APPLICATION

The purpose of the Small Business Grant Program is to provide operating assistance to business owners to continue the operations of independent small businesses and keep residents employed as a result of the COVID-19 pandemic. As the City is utilizing federal funding through the Community Development Block Grant (CDBG) program, all operating assistance must be utilized under federal regulations. **Completed applications will be accepted on or after October 1, 2020. Applications will be accepted continuously until funding has been depleted.**

**Eligible businesses may request up to a \$20,000 grant through the program.**

Only small businesses providing employment to one or more low-moderate income persons based on the income limits in the table below (per HUD LMI Guidelines for Topeka, KS 2020):

Number of Persons in Household	Maximum Income
1	\$ 43,550
2	\$ 49,750
3	\$ 55,950
4	\$ 62,150
5	\$ 67,150
6	\$ 72,100
7	\$ 77,100
8	\$ 82,050

Before you fill out the Small Business Grant Program application, you must review all program eligibility guidelines, processes, and requirements included in this application packet. Failure to follow the applicable process and submission of an incomplete application will delay review and processing.

For more information on the program contact:  
Shane Wilson at 785-368-4492 or [swilson@topeka.org](mailto:swilson@topeka.org)

The Small Business Grant Program is funded by the federal CDBG program. All grants provided under the CDBG program must be administered and utilized per federal regulations. An application will not be processed nor pre-approved until all documentation has been provided to ensure the application meets all program requirements.

This program is intended to provide assistance to local small businesses, including retail, restaurants, and personal services.

Once a grant application has been reviewed and meets all requirements, a notice of pre-approval will be provided to the applicant/business owner notifying them of the next step, which includes the execution of a formal grant contract between the business owner and the City of Topeka. As part of the contract agreement, the business owner will be responsible for submitting quarterly reports to the Division of Housing Services detailing how the grant was utilized to preserve the business and jobs in Topeka. Quarterly reporting is required for at least one (1) year after execution of a contract

Grants are intended to support ongoing operations during the COVID-19 pandemic. The approved use of funds is for payroll, rent/mortgage, utilities, loss of inventory, and any purchases needed that were COVID-19 related such as food packaging supplies, PPE equipment, changes required to work stations to maintain social distancing, etc..**If you have received other funding for an COVID related expense you will not be eligible for reimbursement of the same expense.**

#### **APPLICATION CHECKLIST**

The following items **must** be submitted for the application to be considered complete. Your application will **not** be considered for the program until all required documentation has been submitted, reviewed, and determined to meet all program requirements. Additional items may be required based on further guidance from HUD – the applicant will be notified of any additional required items needed prior to grant approval.

- Completed and signed application (pages 4-9 of this packet)
- Business Income required documentation (see page 7 for details)
- Employee Income Self-Certification Form (see pages 6 & 10 for details)
- Applicant must submit a W-9 & ACH form's to be reimbursed.

## **The following businesses may be eligible for the Small Business Grant Program:**

- The business must be based in the City of Topeka limits.
- The business **MUST** be able to provide documentation that the businesses income has suffered due to COVID19.
- This Grant is limited to businesses that employ between 1-25 employee's as of March 1, 2020
- The owner or FTE must qualify as LMI.
- The business must be a for-profit corporation, LLC, partnership, or sole proprietorship.
- The business must be registered and in good standing with the Kansas Secretary of State.
- The business must be either owned by a low-moderate income household or employ full-time low-moderate income persons.
- Assistance must result in the continued employment of low-moderate income persons.
- The business must be able to demonstrate that the operating assistance provided will enable the business to continue to operate and to provide continued employment to low-moderate income persons.
- Any additional business eligibility requirements as determined by staff after further consultation with HUD.
- Business does not have any current unpaid code enforcement or tax liens and is not operating in violation of any state, federal or local laws
- Owner/Applicant is not currently in bankruptcy and has not filed bankruptcy in the last 12 months.
- No conflict of interest with the City of Topeka and the City of Topeka Chamber of Commerce (i.e. the following persons cannot have ownership or financial interest in the assisted business, or be an employee of the assisted business: City of Topeka elected officials and their immediate family members or the City of Topeka staff and City of Topeka Chamber of Commerce Staff).

## **The following Businesses are ineligible for this Grant**

- Banks or other financial institutions
- E-Commerce
- Businesses where the primary products or services are oriented to specific ages (vaping, liquor stores, etc.)
- Franchises, except for those franchises which are completely locally-owned and operated
- No owner, officer, partner or principal actor of the business involved with financial mismanagement. This includes: "Business Owner(s) with any conviction(s) for financial crimes within the last 3 years, with Business Owner(s) defined as: Managing Members and/or Officers."
- National chains
- Businesses engaged in any illegal activity
- Sexually-oriented businesses
- Ineligible businesses include businesses restricted to patrons above the age of 18, sports teams, payday and title loan businesses, franchises/chains that cannot provide proof of independent ownership, firearm or other weapons dealers, passive real estate investments, non-profit or home-based businesses.

## BUSINESS INFORMATION

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

DBA as (if applicable): \_\_\_\_\_

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

## CONTACT INFORMATION

Point of Contact Name / Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name(s) (if different than point of contact): \_\_\_\_\_

(if more than one owner, please attach their contact information separately)

Type of Corporation: \_\_\_\_\_ Year Founded: \_\_\_\_\_

(Corporation, Partnership, Sole Proprietorship, LLC, if other - specify)

The following checklist must be completed and submitted with the completed application packet. Items required under “eligibility considerations” must be provided with the application submittal.

QUESTIONS	YOUR ANSWERS	ELIGIBILITY CONSIDERATIONS
Is your business based in Topeka?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Only businesses based in Topeka are eligible for this program (additional requirements on page 1).
Do you employ low-moderate income jobs AND you have 25 or fewer employees (including yourself)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, proof of FTE’s Income and number of employees must be included through Self-Certification.
Is your business a minority-owned, women owned or Section 3 Business	<input type="checkbox"/> YES <input type="checkbox"/> NO	25% of the Grant allocation will be for MBE, WBE & Section 3 owned businesses.
Under the State and County’s stay-at-home orders, was your business deemed non-essential?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preference will be given to grants for businesses that were deemed non-essential and were closed during the duration of the orders.

## BUSINESS DETAILS

*(the following questions may be provided through a typed response and attached)*

Type of Business:

Describe the types of products and/or services you provide:

Describe how your business has been impacted by COVID-19 and/or the stay-at-home orders:

Do you own the space in which you operate your business or lease/rent? If you lease/rent, please indicate when your lease is set to expire or up for renewal and what is the likelihood you will remain in your current location for at least the next 2 years:

Although there is uncertainty, CDBG funds require that businesses receiving a grant have a realistic plan to preserve their business through the COVID-19 pandemic. Describe your plans and ability to preserve your business during and after the pandemic to the best of your ability:

**EMPLOYEE INFORMATION / JOB RETENTION PLAN**

Number of Employees pre-pandemic (02/29/2020): FT: \_\_\_\_\_ PT: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Employees currently: FT: \_\_\_\_\_ PT: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Employee proposed to be retained: FT: \_\_\_\_\_ PT: \_\_\_\_\_ Total: \_\_\_\_\_

Provide a summary of any changes in employment as a result of the COVID-19 pandemic:

How many FTE jobs does your business intend to retain or create through financial assistance from this grant program? (Note: jobs must be retained through the duration of the grant period; and at least 51% of jobs retained must be for low-income persons):

**Please provide details of positions proposed to be retained by your business:**

Position / Name of Employee	*LMI (Yes or No)	Hours per week
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

\*LMI stands for Low-Moderate Income. The applicant/owner must obtain an income self-certification form from each employee listed in the table above and determine whether or not they are classified as low-moderate income based on household income (see pages 9 and 12 for details).

**PROPOSED USE OF FUNDS**

(Maximum Grant Amount is based on the following: \$20,000 for businesses with 5-25

Use of Funds	Amount Requested
Payroll Expenses	\$
Rent/Mortgage	\$
Utilities	\$
Other: _____	\$
Other: _____	\$

Please describe how the requested funds and uses of the funds will assist your business in retaining jobs for low-moderate income employees:

  
  
  
  
  
  
  
  
  
  
  

**BUSINESS FINANCIAL INFORMATION**

	FY 2019	FY 2020 to date
Gross Revenue		
Gross Expenses		

*Average Monthly Expenses	Pre-March 2020 (03/01/20) Monthly Expenses	**Current Monthly Expenses
Personnel – Wages		
Personnel – Fringe/Benefits		
Rent/Mortgage		
Utilities		
Insurance		
Supplies		
Other: _____		
Other: _____		
Total Average Expenses:		
Average Monthly Revenues:		

\*Averages for all pre-March 2020 revenues and expenses should generally be taken from the previous 6-months (09/01/2019-02/29/2020), unless the business generally experiences significantly more business in spring/summer compared to fall/winter, in which case, a 12-month average should be used (03/01/2019-02/29/2020) to account for spring/summer 2019 business.

\*\*Current monthly information should be an average of the time period since March 1, 2020.

**ADDITIONAL ASSISTANCE / DUPLICATION OF BENEFITS ANALYSIS**

Please identify all sources of assistance that you have applied for or plan to apply for as part of your recovery plan. Funding sources must include any other Federal, State, or Local sources, as well as any other private sources, including insurance. Additional details may be requested for any funding source to ensure the application is not duplicating any assistance received or anticipated to be received. Responses to this section will be included as reference within the Duplication of Benefits Affidavit (page 11 of the application packet).

Funding Source	Amount	Approved Use or Anticipated Use	Application Submittal Date	Status*

\*Status: Approved, Pre-Approved, In Review, Denied, etc.

**BUSINESS INCOME REQUIRED DOCUMENTATION**

**The following documents must be provided as attachments to this application:**

- o Copy of 2019 IRS tax returns, or most recently filed for the business and all owners.
- o Most recent payroll ledger
- o List of business stakeholders (list of officers, directors, shareholders, members, and beneficiaries, if applicable)
- o Federal Tax ID
- o DUNS Number (required for businesses requesting federal grants/loans – see <https://www.dnb.com/duns-number/get-a-duns.html> for more information)
- o Businesses receiving assistance through the CDBG program are required to register as a business entity at SAM.gov (<https://sam.gov/SAM/>) using their DUNS number and must be a business in good standing.

**Additional documentation that does not need to be provided, but will be reviewed by staff, include:**

- o Active business license with the City of Topeka
- o Business is registered with the Kansas Secretary of State and in “good standing”
- o Business has no active or unresolved zoning or code violations



***I hereby submit application to the City of Topeka for the Small Business Grant Program. I further certify that all information provided in both the application and all attachments and supporting documents is true and correct. I understand that all information provided as part of this application submittal is subject to verification by the City of Topeka and the U.S. Department of Housing and Urban Development (HUD). I agree to submit to the City, upon request, any additional documentation requested to verify eligibility for the program.***

***I declare, under penalty of perjury, that in submitting this grant application, I am the owner of the business in which I am applying for financial assistance as stated in this application and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct. With the signing and submittal of this grant application, I authorize the City of Topeka and its designees to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City of Topeka and its designees.***

**Business Owner's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Business Owner's Printed Name: \_\_\_\_\_

**Business Owner's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Business Owner's Printed Name: \_\_\_\_\_

**Business Owner's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Business Owner's Printed Name: \_\_\_\_\_

**ATTACHMENTS:**

- **Affidavit of Public Benefit** – must be signed by each owner of the business to certify that they are either a United States citizen or an alien lawfully admitted for permanent residence. This affidavit must be notarized.
- **Employee Income Certification Form** – must be completed and signed by each employee, as well as the owner. These forms are utilized to ensure that jobs for low-moderate income persons are retained by the business through the grant program. Instructions on how to determine income is included on the form.

## EMPLOYEE INCOME CERTIFICATION FORM

**All sections of this form are required to be completed and signed by each employee and owner whose position is proposed to be retained.**

<b>Employee Name:</b>								
<b>Race (must select at least one)</b>								
<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"/> Black or African American and White			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander					<input type="checkbox"/> American Indian or Alaska Native and Black or African American			
<input type="checkbox"/> White					<input type="checkbox"/> Other Multi-Racial			

**Are you Hispanic/Latino?**    Yes    No

**Does your household have a Female Head of Household?**    Yes    No

Income is defined as the annual gross income (before deductions) of all individuals 18 years or older living in your household (regardless of relationship). All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

<b>Total Household Income – Circle Household Size &amp; Income Bracket:</b>								
Circle number in Household:	1	2	3	4	5	6	7	8
<b>Please circle income for number in household (for example: if there are 5 people in your household, circle the income range below "5" that fits your household's anticipated income over the next 12 months):</b>								
30% Median Income	0-\$16,350	0-\$18,650	0-\$21,720	0-\$26,200	0-\$30,680	0-\$35,160	0-\$39,640	0-\$44,120
50% Median Income	\$16,350-\$27,200	\$18,650-\$31,100	\$21,720-\$35,000	\$26,200-\$38,850	\$30,680-\$42,000	\$35,160-\$45,100	\$39,640-\$48,200	\$44,120-\$51,300
80% Median Income	\$27,200-\$43,550	\$31,100-\$49,750	\$35,000-\$44,950	\$38,850-\$62,150	\$42,000-\$67,150	\$45,100-\$72,100	\$48,200-\$77,100	\$51,300-\$82,050
Non-Low-Income	\$54,400+	\$62,200+	\$70,000+	\$77,700+	\$84,000+	\$90,200+	\$96,400+	\$102,600+

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Topeka, Topeka, to verify that all income requirements to receive federal grant funds have been met. I understand that the information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Signature** \_\_\_\_\_

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

*Revised 06/19/2020*