

City of Eudora Small Business Assistance Program (ESBAP) – CARES Act Funding / Douglas County CRF Funds

INTRODUCTION

The City of Eudora will administer a small business assistance program as part of its receipt of CARES Act funding. Eudora was awarded \$119,500 – minus administrative and marketing costs - to provide small business assistance to local, Eudora businesses. The program is designed to help offset the impacts that businesses have faced from COVID-19.

ELIGIBILITY REQUIREMENTS

- Local, Eudora businesses with 20 or fewer employees (including the owner)
- Must be a for-profit business in good standing with Kansas Secretary of State as verified by BESS check
- Must have been in operation as of February 1, 2020
- Demonstrate an annualized reduction in revenue of 20% or greater
- No unpaid code enforcement issues or utility liens
- Business plan in place to return to full operation after local and state emergency guidelines are lifted
- Businesses that have been previously awarded CARES Act funding are eligible to apply for this program; however, must show that the funds they may be awarded through this program will not be used for previously covered expenses. All funds must be used for new, unique expenditures.

ELIGIBLE EXPENSES

- Typical working capital including, but not limited to wages, rent, utilities, inventory, advertising, insurance, etc.
- Expenses are eligible only if incurred between 3/1/20 and 12/31/20
- Receipts, paid invoices or cancelled checks will be required for proof of eligible spending

APPLICATION SUBMISSION REQUIREMENTS

Applications will be submitted online, using the attached application form. The application will go live on October 13 and will close on October 30. Applications will be reviewed by the program committee (City staff, grant administrator, and Eudora Chamber of Commerce Executive Director). Funds will be awarded based on the application criteria below.

APPLICATION RATING CRITERIA

Applications will be awarded based on demonstrated need, as measured by the application and eligibility criteria. Should any documentation be missing, incorrect or otherwise have deficiencies a member of the program committee will contact the applicant for corrections.

FUNDING AMOUNT

Maximum funding per eligible business is \$20,000.

REIMBURSABLES

Past expenditures dated as early as March 1, 2020 and those incurred up until December 20, 2020 are eligible for reimbursement. Lost revenue should be tied to the impacts of COVID-19 and be related to losses in working capital, as outlined above.

APPLICATION REVIEW CRITERIA / PROCESS

Applications will be reviewed by the review committee, using the attached application and rating criteria. This includes relevant business information, impacts from COVID, lost revenue and other working capital, and reimbursement needs.

DISCLAIMER

The City reserves the right to offer assistance at the level appropriate for each application, demonstrated need, and based on availability of program funds. The goal of this program is to provide small business assistance funds to those who have been most heavily impacted by COVID-19 and that have the most need.

There may be an auditing process that could require a small business owner to present evidence that they have been financially impacted by COVID-19 and used CARES Act funds to offset the costs of the impacts from the COVID-19 pandemic.

Should you need help with the application or have additional questions about the Eudora Small Business Assistance Program, please contact Jeffery Rhodes – jrhodes@cityofeudoraks.gov, or by phone – 785-690-7123.

Eudora CARES Act Business Grant Application

(see attached instructions before filling out)

COMPANY INFORMATION			
Legal Name of Business:	Type of Business:		
Primary Contact Person:	Mobile Phone:		
Email:	Business Phone:		
Website:	Social Media:		
Business Address:	Number of Owners:		
Home Address of Owner:	EIN #:		
Business Structure (LLC, Sole Proprietorship, Inc.):		Is the business located in the same city as the mailing address above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Business Established:		Does the applying business have a related operating or holding company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary Demographics	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE/ETHNICITY: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Total Working Capital Need: _____ per month or per year?			
List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.	<input type="checkbox"/> SBA	<input type="checkbox"/> CDBG-CV	<input type="checkbox"/> Network Kansas/HIRE
	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Main Street	<input type="checkbox"/> Community Foundation
	<input type="checkbox"/> Paycheck Protection	<input type="checkbox"/> EIDL	<input type="checkbox"/> Banker/Financing
	<input type="checkbox"/> Other: _____		
If you received or are seeking any other funding sources, please complete attached Funding Source Checklist			
# of Employees: Full-time: _____		Part-time: _____	
Total Monthly Payroll: _____			
Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<p>Please provide a description of the services provided by your business:</p>	
<p>Please provide a short description of how COVID-19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rate drop for hotels, etc.)</p>	
<p>Describe how the use of the Cares Act grant fund enhances the ability of this business to survive.</p>	
<p>What types of working capital will the funds be used for (e.g. utilities, payroll, inventory)?</p>	

Grant information is available at:
<https://www.cityofeudoraks.gov/>

Application support is available through the grant administrator, Brett Waggoner of Governmental Assistance Services at (785)760-2148 or email brettw.gas@outlook.com.

Instruction for Filling out the Eudora CARES Act

Business Grant Application

Submit Completed Applications to: jrhodes@cityofeudoraks.gov & brettw.gas@outlook.com

Legal Name of Business – business name as filed with state

Type of Business – general business category

Primary Contact Person – who is responsible for this paperwork and available to answer questions regarding the application?

Mobile Phone – of Primary Contact Person above

Email – Official business email address OR email address of Primary Contact Person above

Business Phone – official business phone listing (if available)

Website – if available

Social Media – list handles for Facebook, Instagram, Twitter, etc. (optional)

Business address – where does your business entity do most of its business?

Home address of owner – list one address of majority owner or all home addresses of equal owners

Of Owners – how many owners have interest in your business?

EIN # - IRS Employer ID Number ; use individual SSN if you don't have an EIN

Business Structure – is your business a sole proprietorship, LLC, LLP, etc.?

Is the business located in the same city as the mailing address above? If no, what City is your business located in?

Date business established – date your business officially began

Does the applying business have a related operating or holding company? If yes, list the holding company's name.

Voluntary Demographics – answers are not required here and are optional

Total Working Capital Need – list total amount of funding needed to maintain operations. Grant funds may not cover this entire amount, but this will help illustrate the total need in the event that additional funds become available. Specify whether this number is monthly or annually.

List other funding you are currently seeking – check all boxes that apply; seeking or receiving funding from these other sources does not necessarily preclude your business from receiving CDBG funds. Complete the attached Funding Source Checklist to provide additional required information.

of Employees - list all full-time and part-time employees separately

Total Monthly Payroll - list your average monthly payroll

Tax liability? – answer yes, no or unknown

Page 2 questions are all self-explanatory. Answer each to the best of your ability. Answers are required for each question.

Funding Source Checklist

Name of Business: _____

As required by CARES Act guidance, a duplication of benefits is not permitted. These grants funds may not be used to pay for expenses already reimbursed by the other Federal Assistance programs listed below. If your business has received funding from the sources below, you may not use these grant funds to pay for the exact same expenses. For questions regarding eligible expenses, please call the grant administrator at (785)760-2148 or email brettw.gas@outlook.com

Other Federal Assistance Received:

Please mark each program you have received funding from and provide specific information on what the funds were used for. Application will not be considered without this information.

___ SBA Payment Protection Program (PPP)

- Amount Received: _____
 - What were funds used for (please be specific): _____
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___ SBA Economic Injury Disaster Loan (EIDL)

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Express Bridge Loan

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ SBA Debt Relief Program

- Amount Received: _____
 - What were funds used for (please be specific): _____
-

___ Other Federal Program Assistance

- Name of Program: _____
 - Amount Received: _____
 - What were funds used for (please be specific): _____
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Please sign next page

I understand the requirements for this grant program and certify under penalty of perjury that the information provided in this application and all supporting documents is correct. The grant will be required to be repaid if false information has been provided.

Signature of Business Owner