

Potter County

Small Business Support Grant Program

Potter County is administering a Community Development Block Grant Coronavirus Response (CDBG-CV) small business grant program to provide financial relief due to business disruptions caused by the pandemic shutdown. Applications are being accepted until August 27, 2021.

The GRANTEE CDBG small business grant program has a LIMITED Fund of \$354,910.00. Due to an anticipated high volume of applications, it is likely that not all applicants will be awarded a grant. Award amounts will be based on the number of approved applications.

Criteria:

Businesses must meet the following criteria to be considered for funding support from the Potter County Small Business Support Grant Program:

1. Submit a fully completed Potter County Small Business Support Grant Program application with all required documentation; and
2. Be a non-hospitality related industry for-profit business located in Potter County; and
3. Be an incorporated non-hospitality related industry business in and/or registered to conduct business within the Commonwealth of Pennsylvania; and
4. Be negatively impacted by the Coronavirus pandemic shutdowns; and
5. Be able to meet one of the national objective requirements of the CDBG-CV program.

Grant Amount Determination:

Priority funding status will be given to businesses with 5 or less employees (this count includes the owner(s)). Small business grant determinations and subsequent disbursements will be made based on the following criteria:

1. Number of applications received from businesses which meet the criteria discussed immediately above; and
2. Demonstrated financial capability of the business to continue operations following assistance from the Potter County Small Business Support Grant Program; and
3. Business ability to provide adequate invoice documentation; and
4. Financial underwriting guidelines of 24 CFR 570.482(e) and its Appendix A (SEDA-COG Appendix 1); and
5. Business ability to meet the public benefit standards of 24 CFR 570.482(f) (SEDA-COG Appendix 2) (only applicable to businesses with 6 or more employees (this count includes the owner(s))).



Potter County

Small Business Support Grant Program

Application Submission Information:

1. Potter County Small Business Support Grant Program applications and corresponding documentation shall be submitted to the following location between July 5, 2021 and August 27, 2021:

Ellen Russell
Potter County Community Development
1 North Main Street, Suite 200
Coudersport, PA 16925
Via email at erussell@pottercountypa.net

2. SEDA-Council of Governments will work with Potter County staff and officials to evaluate Potter County Small Business Support Grant Program applications.
3. Any person applying for financial assistance through the Potter County Small Business Support Grant Program has the right to appeal if their application is denied. Appeals must be submitted within 14 days of a denial. A written response to the appeal will be provided to the applicant within 15 days of receipt of the applicant's appeal letter. Appeals must be made in writing to:

Tyler Dombroski, Director
Community Development Program
SEDA-Council of Governments
201 Furnace Road
Lewisburg, PA 17837

4. If approved for participation in the Potter County Small Business Support Grant Program, below is a listing of expenses eligible for reimbursement:

Eligible Expenses for Reimbursement:

Demonstrable costs necessary for the stabilization of the business such as:

1. Rent or mortgage costs*
2. Utility costs*
3. Insurance*
4. Operating capital for staff salaries
5. Inventory and supplies
6. Marketing/advertising

Eligible Expenses for Reimbursement (5 or less employees including the owner(s)):

1. Childcare costs of owner(s)
2. Transportation costs of owner(s)
3. Counseling/peer support group costs of owner(s)
4. Job training/technical assistance costs

*Rent/mortgage, utilities, insurance and other related costs not considered eligible expenses for home-based businesses.



APPLICATION QUESTIONNAIRE:

Potter County Small Business Support Grant Program

Please provide the following business background information:

Point of contact name and business title:	
Primary language of point of contact:	
Business legal name:	
d/b/a if operating under a different name:	
Business structure (Sole proprietorship, partnership, corporation, limited liability company, etc.)	
Is your business a registered Minority Owned (MBE), Woman Owned (WBE), and/or Section 3 registered business? If yes, which designations are applicable? Please provide designation documentation.	
Year business was founded:	
State business was organized or incorporated in:	
Business physical address:	
City, State, Zip Code:	
Telephone number:	
Email Address:	
Business website address:	
Point of Contact Email address:	
Federal EIN:	
FOR BUSINESSES WITH FIVE EMPLOYEES OR LESS (INCLUDING THE OWNERS): How many family members do you live with (including yourself)?	
FOR BUSINESSES WITH FIVE EMPLOYEES OR LESS (INCLUDING THE OWNERS): What is your family's anticipated total income for the 2020 calendar year?	



APPLICATION QUESTIONNAIRE:

Potter County Small Business Support Grant Program

Please list the names and addresses of all individuals/companies with 20% or more ownership in applicant business:

Owner 1:		Percent Ownership Stake:	
Address:			
Owner 2:		Percent Ownership Stake:	
Address:			
Owner 3:		Percent Ownership Stake:	
Address:			
Owner 4:		Percent Ownership Stake:	
Address:			
Owner 5:		Percent Ownership Stake:	
Address:			

Please provide the following business documents as a component of your application:

1. 2019 and 2020 tax return for the business
2. W9 executed by the business
3. Evidence of flood insurance (If any real property of the business is located within the 100-year floodplain)
4. 2019 and 2020 Personal Tax Returns for all owners of the business.
5. Debt Schedule outlining all existing debts of the operating entity. Please include any SBA Economic Injury Disaster Loans (EIDL) and Paycheck Protection Program (PPP) loans and whether any of the amounts have been or are anticipated to be forgiven. (form is attached to application)
6. Most current Profit and Loss Statement
7. Up to date Financial Statements, showing all expenses and revenue sources.
8. Balance Sheets as of 12/31/2020 or most current
9. Copies of invoices/expenses, with proof of payment, for which you are requesting reimbursement.

APPLICATION QUESTIONNAIRE:



Potter County Small Business Support Grant Program

Please answer the following Coronavirus related questions concerning your business:

Is the business open? (circle one)	Yes	No	Partially
Was the business closed or partially closed due to COVID-19 shut down? (circle one)	Yes		No
What is the estimated revenue loss the business experienced from March 2020 until today's date?			
Current number of employees (Including Owners):	Full Time:	Part Time:	Laid Off:
Employment supported through CDBG-CV funding assistance:	Created Jobs:		Retained Jobs*:

*A retained job is defined as a job that would otherwise be lost without CDBG assistance

Please indicate all programs and awards amounts that the business has received in response to the Coronavirus:

Program:	SBA Economic Injury Disaster Relief (EIDL)	Amount:		Use of Funds:	
Program:	SBA Paycheck Protection Program (PPP)	Amount:		Use of Funds:	
Program:	Pennsylvania Pandemic Unemployment Assistance (PUA)	Amount:		Use of Funds:	
Program:	County Relief Block Grant	Amount:		Use of Funds:	
Program:		Amount:		Use of Funds:	
Program:		Amount:		Use of Funds:	



APPLICATION QUESTIONNAIRE:

Potter County Small Business Support Grant Program

Please provide employment roster information requested below, either by filling out this chart or providing records from the business.

#	Name:	Position:	Full Time or Part Time Status? (Include total 2020 hours worked if part-time)	2020 Total Wages Earned:	Above of below County LMI? (EVALUATION USE ONLY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					



APPLICATION QUESTIONNAIRE:

Potter County Small Business Support Grant Program

Please provide response in 100 words or less to all prompts below:

1. Describe the background of your business. What goods and/or services does your business provide?
2. Does your business provide essential goods and/or services?
3. Is your customer base primarily located within the municipal boundaries of the GRANTEE? If not, where is your customer base primarily located?
4. How has the Coronavirus impacted your business?
5. Describe your business's plan for emerging from the Commonwealth of Pennsylvania Coronavirus shutdown?



APPLICATION ACKNOWLEDGEMENT:

Potter County Small Business Support Grant Program

1. I acknowledge that I am an owner or authorized by the owners of the business to submit this application, and that all of the information submitted is true to the best of my ability on the date of submission.
2. I attest that the business is current on all taxes. Further, I acknowledge that if awarded through this program I am responsible for any reporting requirement and tax payment obligation at the state and federal level.
3. I acknowledge that my business is responsible for following the rules, regulations, and contract stipulations of the Potter County Small Business Support Grant Program.
4. I acknowledge that a duplication of benefit occurs when a person, household, business, or other entity receives financial assistance from multiple sources for the same recovery purpose, and the total assistance received for that purpose is more than the total need.
5. I agree to repay Potter County for any duplicative benefit received as a result of financing provided by the Potter County Small Business Support Grant Program financed via CDBG-CV.
6. I acknowledge that by submitting this application, I am not automatically awarded funding.
7. I acknowledge that additional personal or business financial records may be necessary to determine if my business qualifies for funding via the Potter County Small Business Support Grant Program.
8. I acknowledge that if my business qualifies for funding via the Potter County Small Business Support Grant Program, I will be responsible for submitting invoice documentation and other necessary records as requirement of receipt of funds.
9. I acknowledge all terms delineated in this application acknowledgment page by signing immediately below.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. *I understand that the information provided may be subject to further verification by GRANTEE, DCED, 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.* I hereby certify that the information on this form is complete and accurate.

BUSINESS LEGAL NAME: _____.

PRINT FULL LEGAL NAME: _____.

SIGNATURE: _____.

DATE: _____.





pennsylvania
DEPARTMENT OF COMMUNITY
& ECONOMIC DEVELOPMENT

Anti-Pirating Policy

Section 588 of the Quality Housing and Work Responsibility Act of 1998 prohibits States and local governments from using CDBG funds for employment relocation activities or “job pirating”. Job pirating refers to the use of federal funds to lure or attract a business and its positions from one community to another community. CDBG funds may not be used to assist for-profit businesses, including expansions, as well as infrastructure improvement projects or business incubators which are designed to facilitate business relocation IF:

- The funding will be used to assist directly in the relocation of a plant, facility or operation; and
- The relocation is likely to result in a significant loss of jobs in the labor market area from which the relocation occurs. The following are definitions that will assist in determining if a business location falls under these provisions:
 - Labor Market Area (LMA): An economically integrated geographic area within which individuals can live and find employment within a reasonable distance or can readily change employment without changing their place of residence.
 - Operation: A business operation includes, but is not limited to, any equipment, employment opportunity, production capacity or product line of the business.
 - Significant Loss of Jobs: A loss of jobs is significant if the number of jobs to be lost in the LMA in which the affected business is currently located is equal to or greater than one-tenth of one percent of the total number of persons in the labor force of that LMA; OR in all cases or The loss of jobs is 500 or more.
- A job is considered to be lost due to the provision of CDBG assistance if the position is relocated within three years of the provision of assistance to the business. Notwithstanding the above definition, a loss of 25 positions or fewer does not constitute a significant loss of positions.

The grant agreement with the UGLG shall provide for reimbursement of any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section.

CDFA can help the Grantee or business calculate whether the project is likely to result in a significant loss of jobs in the LMA as defined by HUD and this policy.

Before directly assisting a business with CDBG funds, the Grantee must receive the signed Anti-pirating certification from the assisted business.

**CDFA: Anti-Pirating Policy
Certification**

Section 588 of the Quality Housing and Work Responsibility Act of 1998 prohibits States and local governments from using CDBG funds for employment relocation activities or "job pirating". Job pirating refers to the use of federal funds to lure or attract a business and its positions from one community to another community. CDBG funds may not be used to assist for-profit businesses, including expansions, as well as infrastructure improvement projects or business incubators which are designed to facilitate business relocation.

I, the business owner listed below certify that the activity assisted with CDBG funds will not result in the relocation of any industrial or commercial plant, facility, or operation from one LMA to another, and, if it does, the number of jobs that will be relocated does not result in significant job loss as defined in this rule; and that I will reimburse any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section within three years of the grant contract date.

_____, (business name)

By:

Name:

Title:

Date:

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CERTIFICATION BY APPLICANT

Please certify by initialing (each) that you have read every certification item:

_____ All information and statements contained or supplied to Potter County (GRANTEE) from the Applicant, are to the best of Applicant's knowledge, true, accurate, complete, and not misleading, as of today's date, as reflected on page two of this certification. Any further information or documentation submitted by Applicant in connection with its CDBG grant request shall also be subject to this certification.

_____ Applicant has and will continue to fully comply with all federal, state, and local laws and regulations (including COVID-19 restrictions [i.e. social distancing, wearing and requiring wearing of masks, large gathering capacity limits, etc.]) applicable to this grant and applicable to Applicant's business, assets and/or operations. Additionally, the Applicant is not currently under investigation with respect to any violation of, or other failure to comply with, any such applicable law or regulation. No funds will be used for any purpose or in any manner that violates federal, state, or local laws or regulations. All funds will be utilized for purposes consistent with the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act").

_____ Any and all supplemental information supplied by the Applicant are based on the Applicant's reasonable estimate of financial need for, and all funds will be utilized by the Applicant solely for, working capital, operational costs or COVID-19 health or safety related expenses necessary to maintain or continue the Applicant's operations in Potter County, Pennsylvania, including payroll, rent, debt service, supplies, personal protective equipment and other operating expenses, and retrofitting capital costs, and all funds received from this program by Applicant shall be used for such purposes.

_____ Applicant may be required to submit additional information and documentation in support of its grant requested or awarded. In each case, upon request, Applicant will permit the Grantee or its representatives, designees or affiliates and US Department of Housing and Urban Development (HUD)/Pennsylvania Department of Community and Economic Development (DCED) to inspect and/or audit the books, records, premises, and operations of the Applicant to assure compliance with the requirements of this program. Applicant hereby acknowledges and agrees that all information may be shared by and with the Grantee, SEDA-Council of Governments ("SEDA-COG"), their respective partners, designees, affiliates, employees, agents, volunteers, and committees to the extent such disclosure is made in connection with this grant program.

_____ As a condition and in exchange for the consideration of receiving and reviewing the supplemental documentation supplied by the Applicant, the Applicant hereby releases and will hold harmless the Grantee, SEDA-COG, their respective partners, designees and affiliates in facilitating and administering this grant program and their respective Board of Commissioners/Council, Boards of Directors, officers, employees, representatives, volunteers and committees of and from any and all claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of this Application and any information or documentation of or concerning the Applicant, (b) any decisions or recommendations with respect to this Application, (c) the administration of this program and/or the award or denial of funds and/or the sufficiency thereof, and (d) any other matter or thing related to this program.

_____ As a condition of Applicant's submission of any and all supplemental documentation provided to the Grantee and receipt of any benefits made available under the Program, the Applicant hereby releases the Grantee, SEDA-COG, their respective partners, designees and affiliates in facilitating and administering this benefit program and their respective Board of Commissioners/Council, Boards of Directors, officers, employees, representatives, volunteers, and committees of and from any claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of the application, (b) the administration of the Program and/or distribution or delivery of the benefits available under the Program, (c) the benefits received by the Applicant, and (d) any other matter or thing related to the Program.

_____ All decisions and recommendations with respect to your request of CDBG funding to the Grantee and this grant are final when made and are non-appealable. The Applicant acknowledges that grant award determination will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently any scoring method(s) utilized. The Applicant also acknowledges that the identity of funding applicants and recipients, and award amounts may become public information.

_____ Applicant certifies that expenses for which you are seeking grant funds were not used as a cost base against which your business/organization received funding from US SBA PPP or EIDL loan programs, CRBG, or the CDFI grant program. (Refer to the federal Stafford Act-Section 313 for additional guidance.) In the event HUD/DCED determines that the applicant previously received prior assistance from the above mention programs for costs that they already reimbursed themselves and they also used the Grantee's assistance to pay for those same costs, it will be determined that a duplication of benefits have occurred. When such duplications of benefits have been determined, the applicants agree to pay the full amount of such duplication back to the Grantee.

_____ Applicant certifies the business is not behind on any federal, state, or local taxes of any kind, or, if so, is engaged in a workout/payment plan.

_____ Applicant certifies businesses operations will continue for a period of not less than twelve (12) months from the date of the award if a grant is offered.

_____ Applicant certifies the business has not been cited by any government authority for violating any COVID-19 safety measures (i.e. social distancing, requiring masks, etc.) in the conduct of business since March 1, 2020.

_____ With the possible exception of "personal financial information" as defined under the Pennsylvania Right-To-Know Law ("RTKL"), please be aware that your supporting documentation may be subject to requests made pursuant to the Pennsylvania Right to Know Law.

The individual signing below is legally authorized by the Applicant to sign this certification and to legally bind the Applicant. **CLAWBACK PROVISION: I understand violation of any of these conditions may require repayment of all or a portion of the grant award, as determined by the Grantee or assignees.**

By signing below, I hereby accept and agree to the above requirements.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____



CDBG-CV DUPLICATION OF BENEFITS CERTIFICATION

The funding program to which you are applying (CDBG-CV) requires verification of additional financial assistance to comply with The Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act Section 312 42 U.S.C. 5121–5207) which prohibits federal agencies from providing assistance to any person, business concern, or other entity for “any part of such loss as to which he has received financial assistance under any other program or from insurance or any other source.”

Business Name: _____ Date: _____

Applicant Name: _____

I/We, _____, affirm the following:

I/We own the private for-profit business _____,

at its principal place of business _____,

and make this Affidavit in connection with Community Development Block Grant (CDBG) assistance by the Commonwealth of Pennsylvania, Department of Community and Economic Development (DCED).

- 1) Due to the coronavirus pandemic that began in February, 2020, our Business at the above address sustained \$_____ in damages or losses due to the direct effects of the coronavirus, public laws enacted to prevent the coronavirus, and efforts to mitigate the spread of coronavirus.

These damages or losses can be verified by approved source documentation (verification documents will be determined by DCED and must be attached).

2) I/We have received the following recovery assistance funds as the result of the coronavirus pandemic. This is a listing of all funds related to the pandemic which I/we have received after January 2020.

Assistance	Amount	Use of Funds
Insurance	\$	
FEMA Disaster Relief Program	\$	
SBA Paycheck Protection Program	\$	
SBA Economic Injury Disaster Loan	\$	
SBA Express Bridge Loan	\$	
SBA Debt Relief Program	\$	
Coronavirus Relief Fund (US Treasury)	\$	
Economic Impact Payment (US Treasury)	\$	
Supplemental EAA (EDA)	\$	
Other (please name):	\$	
Other (please name):	\$	
Other (please name):	\$	
Total	\$	

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We have received no other assistance funds other than that set forth above.

I/We certify under penalty of perjury that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of (grant or loan) consideration.

Business Owner Signature

Date

Business Owner Signature

Date

**PENNSYLVANIA COMMUNITY DEVELOPMENT BLOCK GRANT CARES ACT ("CDBG-CV")
SUBROGATION AND ASSIGNMENT AGREEMENT**

This Subrogation and Assignment Agreement ("Agreement") is made and entered into this day of _____, 20____, by and between Potter County ("Grantor/Lender") and _____ (Subrecipient/Borrower").

1. Assignment of Duplication of Benefits.

In consideration of Subrecipient's/Borrower's receipt of funds or the commitment by Grantor/Lender to evaluate Subrecipient's/Borrower's application for the receipt of funds (collectively, the "Grant/Loan Proceeds") under the Community Development Block Grant CARES Act Program ("Program"), administered by Grantor/Lender, Subrecipient/Borrower hereby assigns to Grantor/Lender all of Subrecipient's/Borrower's future rights to reimbursement and all payments received from, including but not limited to:

- any grant;
- any subsidized loan;
- any insurance policies, including policies under the National Flood Insurance Program ("NFIP"), of any type of coverage ("Policies");
- any reimbursement or relief program related to or administered by the Federal Emergency Management Agency ("FEMA"), the Pennsylvania Emergency Management Agency ("PEMA"), or the Small Business Administration ("SBA");
- any other applicable disaster recovery program; or
- any other source

that was the basis of the calculation of Subrecipient's/Borrower's award to the extent the Grant/Loan Proceeds paid or to be paid to Subrecipient/Borrower under the Program are determined in the sole discretion of the CDBG-CV to be a duplication of benefits ("DOB").

The proceeds or payments referred to in the preceding sentence, whether they are from insurance (including the NFIP), FEMA, PEMA, SBA, or any other applicable disaster relief program or any other source shall be referred to herein as "Proceeds." Any Proceeds that are a DOB shall be referred to herein as "DOB Proceeds."

2. Assistance, Cooperation, and Providing Further Documentation.

Sub recipient/Borrower agrees to assist and cooperate with the Grantor/Lender if Grantor/Lender elects to pursue any of the claims Sub recipient/Borrower has against the insurers for reimbursement of DOB Proceeds under any such policies. Sub recipient's/Borrower's assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Sub recipient's/Borrower's name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing

record and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by the Grantor/Lender.

Sub recipient/Borrower further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Sub recipient/Borrower would be entitled to under any applicable FEMA, PEMA, or SBA program as described above, or any other applicable disaster relief program.

If requested by the Grantor/Lender, Sub recipient/Borrower agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor/Lender, to the extent of the Grant/Loan Proceeds paid to Sub recipient/Borrower under the Program, the Policies, or the disaster relief funds from FEMA, PEMA, or SBA, or from any other applicable disaster relief program that are DOB Proceeds and/or any rights thereunder.

Sub recipient/Borrower further agrees to take, or cause to be taken, all actions and to do, or cause to be done, all things reasonably requested by the Grantor/Lender to consummate and make effective the purposes of this Agreement.

3. Authorization to Contact Third Parties.

Sub recipient/Borrower explicitly allows the Grantor/Lender to request of any company with which Sub recipient/Borrower held Policies, or to request of FEMA, PEMA, SBA or any other entity from which Sub recipient/Borrower has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the Grantor/Lender to monitor and enforce Grantor's/Lender's interest in the rights assigned to Grantor/Lender under this Agreement and give Sub recipient's/Borrower's consent to such company to release said information to the Grantor/Lender.

4. Agreement to Turn Over Future DOB Proceeds.

If Sub recipient/Borrower hereafter receives any DOB Proceeds, Sub recipient/Borrower agrees to promptly pay such amounts to the Grantor/Lender, if Sub recipient/Borrower received Grant/Loan Proceeds under the Program in an amount greater than the amount Sub recipient would have received if such DOB Proceeds had been considered in the calculation of Sub recipient's/Borrower's award.

5. Verification of Statements and Representations.

Sub recipient/Borrower represents that all statements and representations made in its application regarding Proceeds received by it are true and correct as of the date signed below.

Sub recipient/Borrower understands that if it knowingly makes a false statement on this document, or its application, Sub recipient/Borrower may be subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. § 3729 and § 3802 (relating to false claims and statements).

EXECUTED this _____ day of _____, 20____.

Borrower/Sub recipient:

By: _____

Name: _____

Title: _____

EXECUTED this _____ day of _____, 20____.

Grantor/Lender:

By: _____

Name: _____

Title: _____

