

## City of Derby CDBG-CV Application Questions

*(All applications for funding must be completed through the city's survey application, hosted by Survey Monkey. That link will go live at 8 a.m. Wednesday, June 16.)*

The City of Derby has received \$132,000 in CDBG-CV grant funds and anticipates awarding 26 grants of \$5,076 each to businesses located within the City of Derby. However, businesses employing 1-5 FTEs are eligible to apply for up to \$30,000 total, including up to \$25,000 per job retained. Businesses employing 6-50 FTEs are eligible to apply for up to \$50,000 total, including up to \$35,000 per job retained.

To be eligible to receive a CDBG-CV Economic Development grant, the recipient business must be a for-profit business and retaining jobs for low to moderate-income people. 51% or more of the full-time equivalent (FTE) jobs retained must be for persons from low to moderate-income households, as defined by HUD. Businesses must have been in existence as of March 1, 2020 and have 50 or fewer employees, including the owner.

Grants will be awarded on a first-come, first-served basis. For additional information, please review the Derby CDBG-CV Grant Program Guidelines in full before completing this application.

Low to Moderate Income (LMI) categories for Sedgwick County are as follows, based on Area Median Income (AMI):

Sedgwick County – Median Income \$72,600								
Income Category	1 Person Family	2 Person Family	3 Person Family	4 Person Family	5 Person Family	6 Person Family	7 Person Family	8 Person Family
80% of AMI	40,700	46,500	52,300	58,100	62,750	67,400	72,050	76,700

### Part 1: COMPANY INFORMATION

1. Legal Name of Business\*
2. DBA (Doing Business As)\*
3. Business EIN (if applicable)
4. Type of Business (retail, manufacturing, banking, hospitality, etc.)\*
5. Physical Address of Business\*
6. Home Address of Owner\*
7. Primary Contact Person
  - a. Name\*
  - b. Title\*
  - c. Phone Number\*
  - d. Email Address\*
8. Website (if applicable)
9. Date business was established\*
10. Number of Owners\*
11. Business Structure (LLC, Sole Proprietorship, Inc., Partnership, etc.)\*
12. Does the applying business have a related operating or holding company? (YES/NO)\*
  - a. If yes, please list name

**Part 2: VOLUNTARY DEMOGRAPHICS**

- 13. Gender: Male/Female
- 14. Veteran: Yes/No
- 15. Race/Ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White

**Part 3: EMPLOYMENT INFORMATION**

For the following questions, please use the following calculations:

Fulltime (count each employee working 36+ hours per week as 1)

Part-time (count each employee working between 0 and 35 hours per week as 1)

FTE's (Full-Time Equivalent) should be figured by the following formula:

40 Hour Week

- 0 - 5 hours            0 Person
- 6 - 15 hours        1/4 Time Person
- 16 - 25 hours      1/2 Time Person
- 26 - 35 hours      3/4 Time Person
- 36 - 40 hours      Full-Time Employee

Example: A small business employs 1 employee 1/4 time, 2 employees 1/2 time, 2 employee 3/4 time and 3 employees fulltime. That business' FTE would be 5.75.

To arrive at this number, the business would calculate the following: 1/4 is (.25 x 1 employee = .25) + 1/2 is (.5 x 2 employees = 1) + 3/4 is (.75 x 2 employees = 1.5) + (1 x 3 employees). Add the number of employees based on this full-time equivalent calculation: .25 + 1 + 1.5 + 3 = 5.25

- 16. Total number of Employees
  - a. Fulltime\*
  - b. Part-time\*
  - c. FTE (full-time equivalent)\*
- 17. Average wages
  - a. Fulltime\*
  - b. Part-time\*
  - c. FTE (full-time equivalent)\*
- 18. Jobs Retained
  - a. Fulltime\*
  - b. Part-time\*
  - c. FTE (full-time equivalent)\*
- 19. What is your annual payroll?\*
- 20. What were your prior year revenues?\*
- 21. Does the business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS? yes/no/unknown\*

**Part 4: COVID IMPACT**

- 22. Please provide a description of the services provided by your business\*

23. Please provide a short description of how COVID-19 has impacted your business\*
24. Have you applied for and received other COVID-related funding that qualifies as a Duplication of Benefits (for example, PPE, EIDL, CARES)? (yes/no)\*
  - a. If yes, please state the source and amount
25. CDBG-CV Economic Development grants can be used to pay for the following expenses:
  - Working capital such as wages, utilities, rent, etc.
  - The purchase of 60 days' worth of inventory needed to reopen (60 days will begin on the day the business is allowed to reopen).
  - THE COSTS CAN BE RETROACTIVE TO MARCH 1, 2020

Please estimate your eligible expenses and what the expenses would include:\*

26. Please state the maximum amount you are applying for. This should not exceed your anticipated eligible expenses as outlined in question 25, but may be up to the following maximums:.\*
  - \$30,000 for businesses with 1-5 FTEs, including the owner
  - \$50,000 for businesses with 6-50 FTEs, including the owner.
27. Employee Certification Forms must be submitted along with the application to demonstrate that the employees whose jobs are being retained fulfill the 51% LMI threshold. Applications will not be considered complete until all documents have been received. Please indicate how you intend to submit these.\*
  - a. Email pdf forms to [Marcia.Hartman@DerbyWeb.com](mailto:Marcia.Hartman@DerbyWeb.com)
  - b. Mail paper forms via USPS to City of Derby, 611 N. Mulberry Rd., Ste. 300, Derby, KS 67037-3533
  - c. Hand-deliver paper forms to City of Derby, 611 N. Mulberry Rd., Ste. 300
28. By submitting this form, I confirm that I have read and understand the application guidelines set forth in this application and have answered all questions truthfully to the best of my knowledge.\*

*\*Denotes required questions*