

BERWICK BOROUGH

Small Business Support Grant Program

BERWICK BOROUGH 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.

The BERWICK BOROUGH CDBG small business grant program has a LIMITED Fund of \$55,799.00. Due to an anticipated high volume of applications, it is likely that not all applicants will be awarded a grant.

Criteria:

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

1. Submit a fully completed BERWICK BOROUGH Small Business Support Grant Program application to Tyler Dombroski, SEDA-COG, by February 26, 2021; and
2. Be a for-profit restaurant business located within the municipal limits of BERWICK BOROUGH; and
3. Be an incorporated 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 (SEDA-COG Evaluation Form 1).

Grant Amount Determination:

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 BERWICK BOROUGH 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))).



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Application Submission Information:

1. BERWICK BOROUGH Small Business Support Grant Program applications and corresponding documentation shall be submitted to the following location:

Tyler Dombroski, Senior Program Analyst
201 Furnace Road
Lewisburg, PA 17837
tdombroski@seda-cog.org

2. SEDA-Council of Governments will work with the Columbia Montour Chamber of Commerce to evaluate BERWICK BOROUGH Small Business Support Grant Program applications.
3. Any person applying for financial assistance through the BERWICK BOROUGH Small Business Support Grant Program has the right to appeal if their application is denied. Appeals must be submitted within 7 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:

Teri Provost, Acting Director
Community Development Program
SEDA-Council of Governments
201 Furnace Road
Lewisburg, PA 17837

4. If approved for participation in the BERWICK BOROUGH 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. Operating capital for staff salaries
4. Inventory and supplies
5. Marketing/advertising

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



APPLICATION QUESTIONNAIRE:

BERWICK BOROUGH Small Business Support Grant Program

Please provide the following business background information:

Point of contact name and business title:	
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:	
Business website address:	
Federal EIN:	
NAICS Code of Business (Reference Tax Return):	
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:

BERWICK BOROUGH 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. Most recently completed 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)



APPLICATION QUESTIONNAIRE:

BERWICK BOROUGH 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:

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; Dates of Use:	
Program:	SBA Paycheck Protection Program (PPP)	Amount:		Use of Funds; Dates of Use:	
Program:	Pennsylvania Pandemic Unemployment Assistance (PUA)	Amount:		Use of Funds; Dates of Use:	
Program:	County Relief Block Grant	Amount:		Use of Funds; Dates of Use:	
Program:		Amount:		Use of Funds; Dates of Use:	
Program:		Amount:		Use of Funds; Dates of Use:	



APPLICATION QUESTIONNAIRE:

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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:

BERWICK BOROUGH 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 BERWICK BOROUGH? 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:

BERWICK BOROUGH 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 BERWICK BOROUGH 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 BERWICK BOROUGH for any duplicative benefit received as a result of financing provided by the BERWICK BOROUGH 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 BERWICK BOROUGH Small Business Support Grant Program.
8. I acknowledge that if my business qualifies for funding via the BERWICK BOROUGH 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 BERWICK BOROUGH, 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: _____.

