



# **The City of O'Fallon Small Business Resiliency and Retention Fund**

## **Grant Application**

## **Program Overview:**

The City of O'Fallon has relief funds available to support small businesses adversely affected by the COVID-19 pandemic. Funds are available as part of the U.S. Department of Housing & Urban Development's (HUD) Community Development Block Grant (CDBG) portion of the Coronavirus Aid, Relief, and Economic Security (CARES) Act federal stimulus package and available to small businesses with seven (7) to fifty (50) employees.

O'Fallon will offer financial support in the form of a grant for qualified small businesses that are working to prepare for, prevent and/or respond to COVID-19. The program is intended as an infusion of funds to assist business in remaining in operation and retaining employees by providing funding for certain essential expenses.

The program will offer up to \$10,000 to a qualifying small business applicant to cover such business expenses including, but not limited to, employee wages, inventory costs, vendor and utility bills, and rent/mortgage. The relief is targeted specifically to help small businesses with a physical commercial location within the City. Funds cannot be used if business interruption insurance or other federal COVID assistance programs have been accepted and/or used for the requested purpose.

## **Eligibility Overview:**

- \$5,000 - \$10,000 available to qualifying businesses, amount dependent upon Full Time Equivalency (FTE) retention, documented need and scoring matrix results (see Appendix B for further details).
- Business must be current on all city, state, and federal taxes.
- Business must have a current City of O'Fallon business license.
- Business must be physically located within the geographic boundaries of the City of O'Fallon.
- 51% of employees must be considered low-to-moderate income, based on CDBG income guidelines (payroll summary and outline of employee wages will be able to document this) and there must be sufficient information documenting that the jobs would have been lost without the CDBG assistance and that one or both of the following applies to at least 51 percent of the jobs:
  - The job is held by a low-to-moderate income (LMI) person; or
  - The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by, or made available to, an LMI person.
- Business must retain jobs during the 6-month grant agreement period.
- Employees furloughed at the time of application do not count towards job retention numbers.
- Business is considered sustainable.
- Business must have been in existence prior to September 2019.
- Business must be current on rent/utilities/mortgage as of the onset of COVID-19 (Business must not be in arrears at the onset of COVID-19/March 27<sup>th</sup>, date of the CARES Act.). Funds cannot be used to address unmet financial obligations prior to COVID-19 and are limited to assist only the six subsequent months prior to the date of the signed grant agreement.
- The business is not operating in violation of any local, state, or federal laws.
- Business has not used public assistance and/or proceeds from business interruption insurance to cover business expenses listed within the request for the City's CDBG-CV/Small Business Grant funding.

## **Ineligible Businesses:**

Ineligible businesses include payday loan businesses, liquor, vapor/e-cigarette and tobacco stores, pawn shops, firearm or other weapons dealers, adult entertainment, passive real estate investments, and home-based businesses.

## **Final Approving Authority:**

Applicant selection will be completed by the O'Fallon Resiliency and Retention, Small Business Grant Review Committee comprised of the Public Assistance Specialist, Economic Development Director, Communications Director, Assistant Director of Finance, and City Administrator. The scoring matrix is included as a part of the application. It is highly recommended that businesses review this matrix (see Appendix B) prior to completing the application.

## **Grant Applications**

Applications will be available online via the City of O'Fallon's website, in hard copy form at the City of O'Fallon Municipal Centre (100 N Main Street, 63366) and by email request sent to the City's Public Assistance Specialist, Alexis Jaegers at [ajaegers@ofallon.mo.us](mailto:ajaegers@ofallon.mo.us). The application is available and accepted starting on 8:00 a.m. on September 24, 2020, through 5:00 p.m. on October 15, 2020.

## **Disbursement of Funds:**

Upon notification of award, the approved business will review and sign a grant agreement. All further rules and regulations will be explicitly outlined in the grant agreement. Funds will be disbursed to the selected businesses upon execution of the grant agreement, receipt of all required documentation and final approval. This documentation includes, but is not limited to, a payroll summary upon execution of the six-month grant agreement. (Note: an additional payroll summary will be required upon completion of the 6-month grant agreement to ensure that job retention goals are met). Additional document requirements are listed in the application (see page 10). If job retention goals are not attained, the grant agreement outlines the repayment structure for violating the terms of the program.

## **Privacy Statement:**

All information obtained as part of the City of O'Fallon Small Business Resiliency and Retention Fund Grant Application will remain confidential and used only to determine business eligibility regarding the program.

*Availability and disbursement of grant funding is subject to the City's receipt of CDBG-CV funds.*

Applications may be submitted in the following ways:

**Mail:**

Alexis Jaegers  
CDBG  
100 N Main Street  
O'Fallon, MO 63366

**O'Fallon Drop Box:**

Located near the East Entrance of City Hall,  
Checked at 8:30am each day  
To the attention: Alexis Jaegers, CDBG

**Email:**

(not encrypted, and please follow up with hard copy):  
[ajaegers@ofallon.mo.us](mailto:ajaegers@ofallon.mo.us)

# CITY OF O'FALLON

O'Fallon Resiliency and Retention Fund: Small Business Grant Program

## BUSINESS INFORMATION

BUSINESS TYPE (check all that apply):

LLC  Partnership  Sole Proprietor  Other  MBE  WBE

Applicant Business Name:

Doing Business As (DBA):

Business Owner Name(s):

Business Owner Home Address:

Primary Applicant Contact (*if different than owner*):

Primary Applicant Contact Email: Phone: ( ) Cell ( ) Work

Business Address:

Mailing Address (if different):

Business Phone: Business Owner Phone: ( ) Home ( ) Cell

Email Address:

Business Website:

DUNS No. (<https://www.dnb.com/duns-number.html> get one here or look yours up)

Date of Incorporation:	Current number of employees:	Number of employees retained if business receives grant:
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Has the business ever been subjected to criminal or civil fines and penalties including from City of O'Fallon code or regulatory violations or in bankruptcy? ( ) Yes ( ) No

Is the business delinquent on any city, federal, state taxes? ( ) Yes ( ) No

## BUSINESS DESCRIPTION & SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY

Blank area for business description and summary of owner's experience in industry.

## PROPOSED USES OF FUNDS

AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Other(specify):
<b>Total Relief Grant Funds Request (\$10,000):</b>	
\$	

**Please specify below the jobs your business intends to retain as a result of the grant funds.**

<b>Position Title</b>	<b>Rate of Pay/Hour</b>	<b>Hours Worked per Week</b>
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:
Position Title:		Hours per Week:

*Please indicate any additional jobs retained on a separate sheet*

## EMERGENCY NEED

1. Describe the adverse impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any, as well as how COVID and the different phases of the economic response to COVID have affected income, demand and revenue.
2. Please explain how the funding will help your business remain viable, retain employees and prevent layoffs. Be as specific as possible, and include any documents including, but not limited to, business recovery statement that describes the planned changes to the business location, business model and/or customer mix that will allow the business to survive and thrive, financial projections, lease agreements, business plans and/or strategic goals and outlines created to ensure continued viability. (Feel free to use additional paper and/or provide copies of any documents you feel are pertinent to showcase your plan.)
3. **If applicable**, describe how you plan to create or have created new lines of business and services to meet new and/or changing demands during the COVID-19 pandemic along with the type and number of those new jobs.



## OTHER FUNDS

1. Describe your business revenues and how they have been affected during COVID-19. Please refer to and include financial documentation to support your statements and, if possible, provide a breakdown of business revenues during the different stages of COVID (initial downturn, business shutdown, and recovery), and compare these figures to the same timeframe last year and/or to a similar period pre-COVID-19.
2. Describe the federal and/or state COVID-19 relief funds you have and intend to apply for and the amounts and sources of those funds (e.g. SBA loan, Payroll Protection Program (PPP), unemployment insurance benefits, etc.).
3. Have you received or are you currently scheduled to receive any Business Interruption Insurance? If so, when and in what amount?
4. Describe any other gaps in business financing that may cause employee layoffs or prevent the creation of new jobs along with your plan to fill those gaps. Please be as specific as possible. Details may be added on additional paper and/or included as part of this application.

**APPLICANT STATEMENT:**

I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of O’Fallon. 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 declare that any person(s) employed by the City of O’Fallon, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived therefrom, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of. An example of a direct interest would be a City of O’Fallon employee, City of O’Fallon Council Member, City of O’Fallon Board, Committee, Commission Member, City of O’Fallon who would be paid to perform services under this proposal. An example of indirect interest would be a City of O’Fallon employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known.) I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary. I certify any funds requested/received will not be a duplication of benefits. I certify that I have not received any public sources of funds to cover expenses for which I am requesting funds. I understand that any willful misrepresentation could result in a fine, recapture and repayment of grant funds and/or imprisonment under provision of the United States Criminal Code U.S.C Title 8, Section 1001.

**BUSINESS OWNER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**BUSINESS OWNER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**BUSINESS OWNER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**Disclosed Conflict of Interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).**

**Please submit copies of documents along with application. If necessary, confer with your accountant/banker with questions and/or for additional assistance. Please do not submit originals.**

	Small Business Relief Grant Application (this document)
	Income self-verification form using template in Appendix A (owner(s) and all employees)
	Business Operating Agreement – (for businesses with multiple partners)
	Copy of liability insurance (or willing to obtain)
	Staffing documentation; Previous four weeks of payroll and/or other documents showing a history of employees on payroll as of the application submission date
	W-9 Form, Request for Taxpayer Identification Number (TIN) and Certification
	Copy of active City of O’Fallon Business License
	Proof that the business was open and operating as of September 2019 (active state business registration)
	Current Profit/Loss Statement, Balance Sheet and Statement of Cash Flow
	If applicable: MBE/WBE Status Paperwork
	Receipts from most recent paid local, state, and federal taxes. (Provides proof that taxes are paid and current)
	Copy of lease, rent, or mortgage statement showing that the business is current on lease, rental agreement or mortgage as of March 27, 2020.
	Copy of all appropriate utility bills/statements (i.e. water, sewer, gas, electric, trash, etc.), showing that the business is current on all utilities as of March 27, 2020.

**APPENDIX A: Employee Demographic Information**

Employee Name: \_\_\_\_\_

Employee Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please check your ethnicity (choose 1):**  Hispanic/Latino  Non-Hispanic/Latino  Decline to Answer

**Please check your race:**

- |  |   |
|--|---|
| <input type="checkbox"/> White   | <input type="checkbox"/> Black or African American              |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> American Indian/Alaskan Native         |
| <input type="checkbox"/> Asian & White   | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Native Hawaii/Other Pacific Islander                    | <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"/> Decline to answer                                       |   |

**APPENDIX B: O’Fallon Resiliency and Retention Fund Scoring Matrix  
CBDG-CV Small Business Grant Program**

*If the proposed project meets all threshold criteria, reviewers will utilize the following project scoring criteria to evaluate the project for the purposes of making a funding recommendation. Scoring will help determine priority of application versus others competing for funds. The highest scoring projects will be recommended for funding.*

**Evaluation Criteria (100 Point Scale + Bonus):**

<p><b>Capacity and Experience to Operate the Business (15 points)</b> Applicant has the demonstrated capacity to operate the business sustainably. Consider Profit &amp; Loss Statement, Balance Sheet, Statement of Cash Flow, industry experience, and additional provided resources.</p>	
<p><b>Readiness to Proceed (15 points)</b> The Business has a thoroughly demonstrated plan to prevent, prepare for, and/or respond to COVID, and its effect upon the business. Indicators include but are not limited to a proof of concept, clear market analysis, a clear plan for use of funds, how and when the funds will be implemented and includes a realistic timeline with set deliverables.</p>	
<p><b>Infectious Disease Response (max 15 points)</b></p> <ul style="list-style-type: none"> <li>• Business will be severely impacted by the policies put into effect due to the coronavirus pandemic <b>OR</b> (15 Points)</li> <li>• Business provides a support service and will need funding assistance to implement new protocols or meet higher demand in its efforts to prevent, prepare for, and/or respond to COVID-19. (10 points)</li> <li>• Business is part of a national and/or regional franchise and has been mandated by government action or decree to close or significantly alter their business activity due to COVID-19. (5 points)</li> </ul>	
<p><b>Job / Employee retention (30 points)</b> One FTE position is defined as 35 hours per week, or any combination of part-time positions for 35 hours per week, including owners.</p> <ul style="list-style-type: none"> <li>• Proposal ensures employee retention for the grant agreement term of 6 months. Up to 30 Pts awarded based on Full-Time Equivalent FTE job retention:</li> <li>• 30 Pts for 100% of FTE positions retained,</li> <li>• 20 Pts for 75% FTE positions retained,</li> <li>• 10 points for 50% FTE positions retained,</li> <li>• 5 points for 25% FTE positions retained, and 0 points for a lower ratio of retained jobs.</li> </ul>	
<p><b>Costs (10 points)</b> Proposed costs are applicable, reasonable, all other sources of financing committed, grant resources as not being substituted for other available resources</p>	
<p><b>Minority Business Enterprise or Women Business Enterprise (10 points)</b></p>	
<p><b>Application Completeness (5 points)</b> Up to 5-points for application with concise descriptions and backup information, professional writing and accurate math</p>	
<p><b>Ratio of LMI (low-to-moderate income) employees (5-point BONUS)</b></p> <ul style="list-style-type: none"> <li>○ 5-point bonus for applicants with &gt;90% LMI Employees</li> <li>○ 3-point bonus for applicants with 70-90% LMI Employees</li> <li>○ 1-point bonus for applicants with 51-69% LMI Employees</li> </ul>	
<p><b>TOTAL</b></p>	