



**CITY OF BLUE SPRINGS
SMALL BUSINESS LOAN PROGRAM
2020 APPLICATION**

The purpose of the Small Business Loan Program is to provide operating assistance to business owners to continue the operations of independent small businesses and keep residents employed as a result of the COVID-19 pandemic. As the City is utilizing federal funding through the Community Development Block Grant (CDBG) program, all operating assistance must be utilized under federal regulations. **Completed applications are now being accepted for loans anticipated to be administered throughout the summer of 2020. Applications will be accepted continuously until funding has been depleted or until August 31, 2020, whichever comes first. Eligible businesses may request up to a \$10,000 loan through the program. Loan amounts will be based on the number of employees (see page 2 for details).**

The following businesses may be eligible for the Small Business Loan Program:

- The business must be based in Blue Springs and have a physical bricks and mortar location (online businesses, home-based businesses, etc. are not eligible).
- This program is limited to microenterprises (5 or fewer employees, 1 of which is the owner) and small businesses, which for the purposes of this program is defined as businesses with 15 or fewer employees, including the owner(s).
- The business must be a for-profit corporation, LLC, partnership, or sole proprietorship.
- The business must have an active/current business license with the City of Blue Springs.
- The business must be registered and in good standing with the Missouri Secretary of State.
- The business must be either owned by a low-moderate income household or employ full-time low-moderate income persons.
- Assistance must result in the continued employment of low-moderate income persons.
- The business must be able to demonstrate that the operating assistance provided will enable the business to continue to operate and to provide continued employment to low-moderate income persons.
- Any additional business eligibility requirements as determined by staff after further consultation with HUD.

Only small businesses owned by a low-moderate income household or small businesses providing employment to one or more low-moderate income persons based on the income limits in the table below (per HUD LMI Guidelines for Kansas City Metro Area, July 2020):

Number of Persons in Household	Maximum Income
1	\$ 48,200
2	\$ 55,050
3	\$ 61,950
4	\$ 68,800
5	\$ 74,350
6	\$ 79,850
7	\$ 85,350
8	\$ 90,850

For more information on the program or to apply contact:

Matt Wright, Senior Planner, at (816) 220-4504 / mwright@bluepsringsgov.com /

Community Development Department, City Hall, 903 W. Main St., Blue Springs, MO 64015

Before you fill out the Small Business Loan Program application, you must review all program eligibility guidelines, processes, and requirements included in this application packet. Failure to follow the applicable process and submission of an incomplete application will delay review and processing.

The Small Business Loan Program is funded by the federal CDBG program. All loans provided under the CDBG program must be administered and utilized per federal regulations. An application will not be processed nor pre-approved until all documentation has been provided to ensure the application meets all program requirements.

This program is intended to provide assistance to local small businesses, including retail, restaurants, and personal services.

Once a loan application has been reviewed and meets all requirements, a notice of pre-approval will be provided to the applicant/business owner notifying them of the next step, which includes the execution of a formal loan agreement between the business owner and the City of Blue Springs. As part of the loan agreement, the business owner will be responsible for submitting monthly reports to the Community Development Department detailing how the loan was utilized to preserve the business and jobs in Blue Springs. **Monthly reporting is required for at least one (1) year after execution of a loan agreement. Loans will be forgiven at the end of the designated reporting period provided that all program requirements have been met.**

Loans are intended to support ongoing operations during the COVID-19 pandemic. The approved use of funds is for payroll, rent/mortgage, loss of inventory, and other fixed costs that will help the business in maintaining jobs for employees defined as low-moderate income. **Loans cannot duplicate funding requested and received through other federal sources or programs. If the business has received funds through other sources, such as the Small Business Administration, they are not eligible for this program. Maximum loan amounts are based on the number of employees, as shown in the following table:**

# of Employees	Maximum Loan	# of Employees	Maximum Loan
1-5	\$5,000	11	\$8,000
6	\$5,500	12	\$8,500
7	\$6,000	13	\$9,000
8	\$6,500	14	\$9,500
9	\$7,000	15	\$10,000
10	\$7,500	Over 15	Not Eligible

APPLICATION CHECKLIST

The following items **must** be submitted for the application to be considered complete. Your application will **not** be considered for the program until all required documentation has been submitted, reviewed, and determined to meet all program requirements. Additional items may be required based on further guidance from HUD – the applicant will be notified of any additional required items needed prior to loan approval.

- Completed and signed application (pages 3-8 of this packet)
- Business Income required documentation (see page 7 for details)
- Affidavit of Public Benefit signed/notarized (see pages 9-10 for details)
- Duplication of Benefits Analysis & Affidavit (see pages 9 & 11 for details)
- Employee Income Self-Certification Form (see pages 9 & 12 for details)



**CITY OF BLUE SPRINGS
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BUSINESS INFORMATION

Business Legal Name: _____

DBA as (if applicable): _____

Business Address: _____

CONTACT INFORMATION

Point of Contact Name / Title: _____

Email: _____ Phone: _____

Owner Name(s) (if different than point of contact): _____
(if more than one owner, please attach their contact information separately)

Type of Corporation: _____ Year Founded: _____
(Corporation, Partnership, Sole Proprietorship, LLC, if other - specify)

The following checklist must be completed and submitted with the completed application packet. Items required under “eligibility considerations” must be provided with the application submittal.

QUESTIONS	YOUR ANSWERS	ELIGIBILITY CONSIDERATIONS
Is your business based in Blue Springs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Only businesses based in Blue Springs are eligible for this program (additional requirements on page 1).
Is your business owned by a low-moderate income person/ household AND you have 5 or fewer employees (including yourself)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, proof of household income is required (see income requirements) If no, the loan must be utilized to preserve low-moderate income jobs.
Is your business a minority-owned business enterprise (MBE)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MBEs are encouraged to apply.
Is your business a women-owned business enterprise (WBE)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WBEs are encouraged to apply.
Is your business registered as a Section 3 Business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Section 3 businesses are encouraged to apply.
Under the State and County's stay-at-home orders, was your business deemed non-essential?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Preference will be given to loans for businesses that were deemed non-essential and were closed during the duration of the orders.

*Information above is not intended to be inclusive for eligibility determination.

BUSINESS DETAILS

(the following questions may be provided through a typed response and attached)

Type of Business:

Describe the types of products and/or services you provide:

Describe how your business has been impacted by COVID-19 and/or the stay-at-home orders:

Do you own the space in which you operate your business or lease/rent? If you lease/rent, please indicate when your lease is set to expire or up for renewal and what is the likelihood you will remain in your current location for at least the next 2 years:

Although there is uncertainty, CDBG funds require that businesses receiving a loan have a realistic plan to preserve their business through the COVID-19 pandemic. Describe your plans and ability to preserve your business during and after the pandemic to the best of your ability:

EMPLOYEE INFORMATION / JOB RETENTION PLAN

Number of Employees pre-pandemic (02/29/2020): FT: _____ PT: _____ Total: _____

Number of Employees currently: FT: _____ PT: _____ Total: _____

Number of Employee proposed to be retained: FT: _____ PT: _____ Total: _____

Provide a summary of any changes in employment as a result of the COVID-19 pandemic:

How many FTE jobs does your business intend to retain or create through financial assistance from this loan program? (Note: jobs must be retained through the duration of the loan period; and at least 51% of jobs retained must be for low-income persons):

Please provide details of positions proposed to be retained by your business:

Position / Name of Employee	*LMI (Yes or No)	Hours per week
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

***LMI stands for Low-Moderate Income. The applicant/owner must obtain an income self-certification form from each employee listed in the table above and determine whether or not they are classified as low-moderate income based on household income (see pages 9 and 12 for details).**

PROPOSED USE OF FUNDS

(Maximum Loan Amount is based on the following: \$5,000 for businesses with 1-5 employees;
\$500 for each additional employee over 5 employees to a maximum of \$10,000)

Use of Funds	Amount Requested
Payroll Expenses	\$
Rent/Mortgage	\$
Utilities	\$
Other: _____	\$
Other: _____	\$

Please describe how the requested funds and uses of the funds will assist your business in retaining jobs for low-moderate income employees:

BUSINESS FINANCIAL INFORMATION

	FY 2019	FY 2020 to date
Gross Revenue		
Gross Expenses		

*Average Monthly Expenses	Pre-March 2020 (03/01/20) Monthly Expenses	**Current Monthly Expenses
Personnel – Wages		
Personnel – Fringe/Benefits		
Rent/Mortgage		
Utilities		
Insurance		
Supplies		
Other: _____		
Other: _____		
Total Average Expenses:		
Average Monthly Revenues:		

*Averages for all pre-March 2020 revenues and expenses should generally be taken from the previous 6-months (09/01/2019-02/29/2020), unless the business generally experiences significantly more business in spring/summer compared to fall/winter, in which case, a 12-month average should be used (03/01/2019-02/29/2020) to account for spring/summer 2019 business.

**Current monthly information should be an average of the time period since March 1, 2020.

ADDITIONAL ASSISTANCE / DUPLICATION OF BENEFITS ANALYSIS

Please identify all sources of assistance that you have applied for or plan to apply for as part of your recovery plan. Funding sources must include any other Federal, State, or Local sources, as well as any other private sources, including insurance. Additional details may be requested for any funding source to ensure the application is not duplicating any assistance received or anticipated to be received. Responses to this section will be included as reference within the Duplication of Benefits Affidavit (page 11 of the application packet).

Funding Source	Amount	Approved Use or Anticipated Use	Application Submittal Date	Status*

*Status: Approved, Pre-Approved, In Review, Denied, etc.

BUSINESS INCOME REQUIRED DOCUMENTATION

The following documents must be provided as attachments to this application:

- Copy of 2019 IRS tax returns, or most recently filed for the business and all owners.
- Most recent payroll ledger
- List of business stakeholders (list of officers, directors, shareholders, members, and beneficiaries, if applicable)
- Federal Tax ID
- DUNS Number (required for businesses requesting federal grants/loans – see <https://www.dnb.com/duns-number/get-a-duns.html> for more information)
- Businesses receiving assistance through the CDBG program are required to register as a business entity at SAM.gov (<https://sam.gov/SAM/>) using their DUNS number.

Additional documentation that does not need to be provided, but will be reviewed by staff, include:

- Active business license with the City of Blue Springs
- Business is registered with the Missouri Secretary of State and in “good standing”
- Business has no active or unresolved zoning or code violations

I hereby submit application to the City of Blue Springs for the Small Business Loan Program. I further certify that all information provided in both the application and all attachments and supporting documents is true and correct. I understand that all information provided as part of this application submittal is subject to verification by the City of Blue Springs and the U.S. Department of Housing and Urban Development (HUD). I agree to submit to the City, upon request, any additional documentation requested to verify eligibility for the program.

I declare, under penalty of perjury, that in submitting this grant application, I am the owner of the business in which I am applying for financial assistance as stated in this application and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct. With the signing and submittal of this grant application, I authorize the City of Blue Springs and its designees to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City of Blue Springs and its designees.

Business Owner's Signature:

_____ Date: _____

Business Owner's Printed Name: _____

Business Owner's Signature:

_____ Date: _____

Business Owner's Printed Name: _____

Business Owner's Signature:

_____ Date: _____

Business Owner's Printed Name: _____

Blue Springs is an equal opportunity community and does not discriminate against any individual regardless of race, gender, sexual orientation, gender identification, ethnicity, family structure, physical ability, religious affiliation, age, color, language, national origin, veteran status, or ancestry.

ATTACHMENTS:

- **Affidavit of Public Benefit** – must be signed by each owner of the business to certify that they are either a United States citizen or an alien lawfully admitted for permanent residence. This affidavit must be notarized.
- **Duplication of Benefits Affidavit** – must be signed by each owner of the business to certify that the requested funds under the City of Blue Springs CDBG-CV program will not duplicate any other sources of funding provided through the CARES Act, any other federal programs, insurance, or any other sources that are or may be accessible to the owner.
- **Employee Income Certification Form** – must be completed and signed by each employee, as well as the owner. These forms are utilized to ensure that jobs for low-moderate income persons are retained by the business through the loan program. Instructions on how to determine income is included on the form.

APPLICANT AFFIDAVIT FOR PUBLIC BENEFIT FROM THE CITY OF BLUE SPRINGS

(a separate affidavit is required for each applicant/owner)

STATE OF MISSOURI)
)ss
COUNTY OF JACKSON)

On this _____ day of _____, 20____, before me appeared the Affiant _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, who being by me duly sworn by me, deposed as follows: My name is _____, and I am of sound mind, capable of making this affidavit, and I personally certify the facts herein stated, as required by Section 208.009, RSMo, for failure to provide affirmative proof of lawful presence in the United States of America in order to receive a public benefit from the City of Blue Springs:

I am applying for a public benefit (grant, contract, and/or loan) administered or provided by the City of Blue Springs

I am classified by the United States of America as: (check the applicable box)

- a United States citizen.
- an alien lawfully admitted for permanent residence.

I am aware that Missouri law provides that any person who obtains any public benefit by means of a willfully false statement or representation, or by willful concealment or failure to report any fact or event required to be reported, or by other fraudulent device, shall be guilty of the crime of stealing pursuant to Section 570.030, RSMo, which is a Class C felony for stolen public benefits valued between \$500 and \$25,000 (punishable by a term of imprisonment not to exceed 7 years and/or fine not more than \$5,000 – Sections 558.011 and 560.011, RSMo), and is a Class B felony for stolen public benefits valued at \$25,000 or more (punishable by a term of imprisonment not less than 5 years and not to exceed 15 years – Section 558.011, RSMo).

I recognize that, upon proper submission of this sworn affidavit, I will only be eligible for temporary public benefits until such time as my lawful presence in the United States is determined, or as otherwise provided by Section 208.009, RSMo.

I understand that Missouri law requires the City of Blue Springs to provide assistance in obtaining appropriate documentation to prove citizenship or lawful presence in the United States, and I agree to submit any requests for such assistance to the City of Blue Springs in writing.

I acknowledge that I am signing this affidavit under oath and as a free act and deed and not under duress.

Affiant Signature

Affiant’s Social Security Number or Applicable Federal Identification Number

Subscribed and sworn to before me this _____ day of _____, 20____.
My commission expires:

Notary Public

DUPLICATION OF BENEFITS AFFIDAVIT

(a separate affidavit is required for each owner)

I, _____, affirm the following:
(printed name of owner / authorized representative)

1. I am the authorized representative of _____, and
(organization/business name)
make this affidavit in connection with the application for the City of Blue Springs, Missouri, CDBG-CV Small Business Loan Program.
2. I have received no other Federal, State, or Local (public and/or private) assistance funds for the program(s) and activity(ies) described in the application for the City of Blue Springs, Missouri, CDBG-CV Small Business Loan Program.
3. I further certify that if I do receive any Federal, State, or Local (public and/or private) assistance funds for the program(s) and activity(ies) described in the said CDBG-CV Small Business Loan Program application, I will immediately notify the Community Development Department.
4. I understand that in the event that it is determined that I have duplicated benefits through the use of CDBG-CV funds I must repay any loan(s) provided to me through the City of Blue Springs, Missouri CDBG-CV Small Business Loan Program.

I acknowledge that I am signing this affidavit under oath and as a free act and deed and not under duress.

Affiant Signature

Subscribed and sworn to before me this _____ day of _____, 20____.
My commission expires:

Notary Public

EMPLOYEE INCOME CERTIFICATION FORM

All sections of this form are required to be completed and signed by each employee and owner whose position is proposed to be retained.

Employee Name:		
Race (must select at least one)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American and White	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native and Black or African American	
<input type="checkbox"/> White	<input type="checkbox"/> Other Multi-Racial	

Are you Hispanic/Latino? Yes No

Does your household have a Female Head of Household? Yes No

Income is defined as the annual gross income (before deductions) of all individuals 18 years or older living in your household (regardless of relationship). All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Total Household Income – Circle Household Size & Income Bracket:								
Circle number in Household:	1	2	3	4	5	6	7	8
Please circle income for number in household (for example: if there are 5 people in your household, circle the income range below "5" that fits your household's anticipated income over the next 12 months):								
30% Median Income	0-\$18,100	0-\$20,650	0-\$23,250	0-\$25,800	0-\$27,900	0-\$29,950	0-\$32,000	0-\$34,100
50% Median Income	\$18,100-\$30,100	\$20,650-\$34,400	\$23,350-\$38,700	\$25,800-\$43,000	\$27,900-\$46,450	\$29,950-\$49,900	\$32,000-\$53,350	\$34,100-\$56,800
80% Median Income	\$30,100-\$48,200	\$34,400-\$55,050	\$38,700-\$61,950	\$43,000-\$68,800	\$46,450-\$74,350	\$49,900-\$79,850	\$53,350-\$85,350	\$56,800-\$90,850
Non-Low-Income	\$48,200+	\$55,050+	\$61,950+	\$68,800+	\$74,350+	\$79,850+	\$85,350+	\$90,850+

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Blue Springs, Missouri, to verify that all income requirements to receive federal grant funds have been met. I understand that the information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Signature _____

Date _____

Revised 07/14/2020