



JEFFERSONVILLE REDEVELOPMENT COMMISSION COVID-19 Small Business Grant Program

PROJECT APPLICATION

**Jeffersonville Redevelopment Commission
500 Quartermaster Court
Jeffersonville, IN 47130
(812) 285-6406**

This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

Section 1. Applicant Company/User

Company/User Name: _____
Grant Applicant (if different from user): _____
Relationship of Grant Applicant to Company/User: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Contact: _____
Title: _____
Phone: _____ Fax: _____
Email: _____
Federal Tax Identification Number: _____

Section 2. Principal Officers/Owners (10% or more ownership)

Name & Title: _____
Percent of Ownership: _____ Social Security Number: _____
Name & Title: _____
Percent of Ownership: _____ Social Security Number: _____
Name & Title: _____
Percent of Ownership: _____ Social Security Number: _____
Attach additional information if necessary.

Section 3. Information on Existing Business

Type of Business: _____
Principal Product/Service: _____
Four Digit SIC #: _____ Date Established: _____

Bank(s) in which business has existing accounts

Bank Name: _____
Contact: _____ Telephone: _____
Bank Name: _____
Contact: _____ Telephone: _____
Bank Name: _____
Contact: _____ Telephone: _____

Section 4. Description of Proposed Grant Project

Location: _____
Address: _____
(Project must be in Jeffersonville, IN.)
Existing Number of Employees ___ Will jobs be retained? _____ How
many will be retained? _____.

How many of the current positions currently qualify as a LMI employee according to State of Indiana guidelines for Clark County? _____.

Are at least 51% of the total employees employed by the business LMI according to the chart below? _____

2019 CDBG Income Limits	1 Person @ 80%	2 Person @ 80%	3 Person @ 80%	4 Person @ 80%	5 Person @ 80%	6 Person @ 80%	7 Person @ 80%	8 Person @ 80%
Louisville KY-IN MSA	42,800	48,900	55,000	61,100	66,000	70,900	75,800	80,700

Project Description:

Section 5. Amount of Funds Requested from Redevelopment Commission (up to \$10,000)

\$ _____

Section 6. Project Budget – Sources and Use of Funds

Sources of Funds:

Owners Equity (Cash) _____
 Redevelopment Commission Grant Funding _____
 SBA Financing _____
 (name of participating lender, rate and term)
 Other grant or loans related to COVID-19 _____

Other Sources of Funds _____

Use of Funds:

Working Capital _____
 Continuity of Operations _____
 Support Remote Work _____
 Other _____
 Total Use of Funds _____

Section 7. Time Frame

Project Start Date: _____ Completion Date: _____

Section 8. Insurance Information

Property/Casualty Insurance: (amount) _____
 Agent name, _____ Phone Number: _____
 Agent's address _____
 Policy Number: _____
 Worker's Compensation Coverage: (amount) _____
 Agent name, _____ Phone Number: _____
 Agent's address _____

Policy Number: _____
Flood Insurance: (amount) _____
Agent name, _____ Phone Number: _____
Agent's address _____
Policy Number: _____

Section 9. Required Information

- Three years of business Historical Financial Statements, if available (Balance sheet, P&L).
- Most Current Interim Financial Statements (not more than 90 days old).
- Narrative history of existing business.
- Last three years of signed federal tax returns
- Last three years of signed personal federal tax returns for all owners
- Project description and projected budget of project.
- Resumes of officers and key management personnel
- Business plan (existing plan or emergency plan if available)
- Proof of ownership, lease, and/or owners approval;
- Narrative of community need and impact on community.
- Any other information that you feel will assist in the review of your project.

Section 10. Other Requirements

Credit report from your bank (or individually generated) should be attached.
Proof of U.S. citizenship – attach a copy of passport(s). If passports are not available compose a brief statement on company letterhead stating that you are a citizen of the United States and indicating place of birth. This statement must be signed by all owners, including both husband and wife, even if only the husband or wife is the primary owner. To be eligible for the Grant at least 51% of the outstanding interest in the project must be owned by those who are citizens of the United States or reside in the United States after being legally admitted for permanent residence.

Section 11. Application Fee

No Application fee required for COVID-19 Grant program.

Section 12. Demographics

The following information is requested for certain types of grants in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. Federal law requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you choose not to furnish the above information, please check the box below.

I do not wish to participate

Please check all that apply:

Race

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female

- Vietnam Veteran
- Disabled

- **Narrative 1:** Full description of how funding will be utilized to keep businesses ability to retain LMI employees during COVID -19 Statewide quarantine.

- **Narrative 2:** Narrative of need and impact of COVID-19 Grant for the business including (if available) percentage (%) decline in revenue as well as comparing same month last year with same month this year, and any other comments.

- Projected detailed budget of how funding will be utilized.

- Was your business mandated closed or have reduced capacity?

- What is your monthly rent or mortgage payment?

- Number of Employees-Full-time pay rolled Employees (not 1099) + Part-time pay rolled Employees?

**** If Business is a corporation, a corporate resolution authorizing the grant will be required. Ex: meeting minutes.

Submission Acknowledgement

As authorized agent of the Applicant Company, I hereby submit this Initial Grant Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Jeffersonville Redevelopment Commission or its representatives.

I further understand that this document in no way constitutes a commitment of funds by the commission.

Name: _____

Signature: _____

Title: _____ Date: _____

Witness: _____ Date: _____

I authorize the Jeffersonville Redevelopment Commission, and the appropriate entities on its behalf, to verify information in this application including, but not limited to my credit history, status of existing debt service to current creditors, vendors, insurance, taxes and obtain a credit report from a credit reporting agency.