

City of Rome
Small Business Assistance Program
Covid-19 Emergency Relief Grant

Program Summary and Business Assistance Guidelines

The City of Rome, through the Community Development Department, will provide operating assistance to business owners for the purpose of assisting small businesses that are in jeopardy as a result of the Covid-19 public safety measures. This assistance will be provided in the form of a grant and is in an effort to help continue small business operations and keeping local residents employed. As the City is utilizing federal Community Development Block Grant (CDBG) funds, all operating assistance must be compliant with federal regulations.

Retail, commercial, service and entertainment businesses that rely on customers making purchases at their establishments are especially affected by the recent Covid-19 pandemic. This program is designed to provide relief to those types of businesses that have been negatively affected by the Covid-19 self-isolating period.

All applications received will be checked for eligibility and will be scored/ranked (based on the scoring matrix located in appendix B) for funding. The business will be notified of their status within two weeks or less of receiving the complete application and all documents required.

1. Eligibility

A. Applicant Eligibility

- Eligible small businesses include retail, service, restaurants, coffee shops, bars, and wholesale establishments
- Business must be located within the city limits of Rome, GA.
- Small businesses can have up to 50 full time equivalent (fte) or less employees. There is priority scoring for businesses with 10 or less employees and bonus points for businesses with five or less.
 - **One FTE position is defined as 40 hours per week, or any combination of part-time positions combining for 40 hours per week. 51% of positions created/retained must be for low/moderate income employees (see appendix C for the employee income verification form).**
- Business must be a for-profit United States corporation, LLC, partnership, or sole proprietorship
- Applicants must be in good tax standing in Rome and Floyd County
- Applicants must have a current City of Rome business license
- Business must be in operation, even if working remotely due to COVID-19 (or operating in a reduced capacity)
- Business must be owned by a low/moderate income household or employ full time or part time low/moderate income persons
- Assistance must result in continued employment (or new job creation) of at least one Full-Time Equivalent (FTE) Low- Moderate income person(s). Unless it is a sole-proprietor and the business owner meets the low/moderate income household requirements.
- Business must have a valid DUNS number (dun & bradstreet). If you do not have one or need to look yours up please visit this site www.dnb.com/duns-number .

B. Ineligible Applicants

- Home based business
- National franchises and chain businesses
- Non-profit organizations

- C. **Feasibility** - Business must be able to demonstrate a 30% or more loss in revenue due to Covid-19 and that the operating assistance provided by this program will enable the business to continue to operate. Business owner must provide a statement in the application on their plans to continue in operation beyond the pandemic.
- D. **Use of Funds** - Applicant must demonstrate that the operating funds are necessary and sufficient, when combined with any other sources, to sustain the business and retain jobs.

2. Funding

- A. **Grant Amount** –The City anticipates that the maximum assistance granted will not exceed \$5,000 per business. Businesses must be able to document their need and loss of income due to Covid-19. Due to the limitations of federal funding through this CDBG program, the applicant is encouraged and expected to identify and apply for other available resources such as the Economic Injury Disaster Loan (EIDL) and the Paycheck Protection Program (PPP). Information on these resources can be found at www.sba.gov and www.romea.com/business-triage.
- B. **Use of Grant Funds** -Grant funds are intended to support ongoing operations during the COVID-19 pandemic. The approved use of these funds is for payroll, rent/mortgage, loss of inventory, and other fixed costs (such as insurance, utilities, etc.). The assisted business will be required to certify that the City's assistance is not duplicative of any other public funding.
- C. **Compliance**
- A formal agreement between the assisted business and the City will be required. This agreement will constitute the means by which the City enforces compliance with federal program requirements. The Community Development Department is required to conduct regular periodic monitoring of each business to ensure that it is making good faith efforts to achieve employment goals and other program objectives.
 - Documentation of how the funds are spent through receipts, cancelled checks or copies of bank statements must be submitted to the Community Development Department within 90 days of receiving the grant funds.
 - Documentation of job creation or retention will be required within 6 months of receiving the grant funds (see appendix C).

3. Submittal Instructions

Due to the continued COVID-19 social distancing requirements, completed application forms and all attachments should be scanned and emailed to bfox@romea.us and cgriffin@romea.us or can be mailed or dropped off to:

City of Rome Community Development
ATTENTION: Bekki Fox
607 Broad Street
P.O. Box 1433
Rome, GA 30162

If you have any questions about the application requirements or have any issues with submitting any of the required documents, please email or call us at (706) 236-4477.

City of Rome

Business Operating Grants Application

I. BUSINESS INFORMATION

Legal Name of Business	<input type="text"/>	Business Phone	<input type="text"/>
Business Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
		Website	<input type="text"/>
Federal Tax ID #	<input type="text"/>	DUNS #	<input type="text"/>
2019 Gross Revenue	\$ <input type="text"/>	2019 Expenses	\$ <input type="text"/>

Form of Corporation ☐ Sole Proprietor ☐ LLC ☐ Corporation ☐ Partnership

Year Founded The business is owned by a low-moderate income person. Yes No

Have you applied for Economic Injury Disaster Loan (EIDL)? Yes No

Have you applied for the Paycheck Protection Program (PPP)? Yes No

If no, do you plan on applying for either of these programs? Yes No

If yes, were you awarded / funded? Yes No

In the space below, please describe your business and the services/products you supply as well as details of the impact of COVID-19 on your business:

While we understand that there is uncertainty, the federal funds require that businesses receiving a grant award have a realistic plan to successfully persevere through the COVID-19 State of Emergency. Please describe your plans and ability to persevere to the best of your ability:

II. JOB CREATION OR JOB RETENTION PROJECTIONS

Please provide a summary of any change in employment as a result of the COVID-19 pandemic. Please provide the information broken between Full time and part time status.

Number of employees as of 12.31.2019	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of employees currently	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of be jobs retained (if assisted)	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>
Number of new jobs to be created (or hired back if assisted)	Full Time:		Part Time:	

III. FINANCIAL INFORMATION

REVENUE

Please provide pre- and post- COVID-19 revenue for comparison

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April 2019	\$
February 2020	\$
March 2020	\$
April 2020 *	\$

CURRENT OPERATING BUDGET

Line Item	Anticipated Monthly Expenses	Comments
Personnel (list by name & position)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Fringe (total for all personnel listed above)		
1.		
2.		
Operating Expense Projections		
Rent/Mortgage (list payee)		
1.		
2.		
3.		
Utilities (list payee)		
1.		
2.		
Insurance (list payee)		
1.		
2.		
Supplies (list)		
1.		
2.		
3.		
Other (describe and list payee)		
1.		
2.		
3.		
4.		
TOTALS		

USE OF FUNDS

Please detail all funds for which you have applied during this challenging time. Please remember that the maximum request under the existing program is \$5,000.

Source	Anticipated Use	Amount	Status
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL		\$	

Business Contact Person

Telephone

Email

By submitting this request, you represent and certify to the best of your knowledge and belief that the information you have provided and the attachments hereto are true and complete and accurately describes the proposed project. You agree to promptly inform the City of Rome of any changes which may occur.

Signature

Date

Signature

Date

Signature

Date

Required Application submittals and Eligibility Certifications

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the required submittals are provided in conjunction with the application.

- ☐ I confirm that my business is located within the City of Rome and the business maintains all proper licenses and permits for operation.
- ☐ I certify that my revenue has declined by 30% or more because of COVID-19 since March 13, 2020. **Attach balance sheet, profit loss statement or other financial documentation that demonstrates the required decline in revenue.**
- ☐ I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest.
- ☐ I have attached a completed IRS W-9 Form and included my DUNS number in the application document.
- ☐ I have attached a completed Business Owner Income Documentation and Conflict of Interest Certification form (appendix A).
- ☐ I certify that the average annual gross receipts of the business is less than \$2,000,000
- ☐ I have provided documentation to help verify the economic hardship suffered because of COVID-19, including financial statements, and other data as applicable.
- ☐ I agree to document and report the use of these grant funds, including but not limited to, jobs retained, jobs hired, and participation in other relief grant/loan programs.
- ☐ I agree to submit business receipts to the City of Rome Community Development within 90 days of receiving the grant funds to document the funds were used for eligible expenses.
- ☐ I confirm that the business is current with all local, state, and federal taxes.
- ☐ I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement on behalf of the applicant.

I certify that the above information, to the best of my knowledge is accurate and true. I understand that the City will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default concerning any loan made.

Business Name

Authorized Representative

Title

Signature

Date

APPENDIX A- Business Owner Income Documentation and Conflict of Interest Certification

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Please circle which box applies to you, match household size (number of family members) to income:

Number of Family Members in Household (Select one)	Annual Income Select Which Household Size and Income Applies to You	
1	\$32,900 or less	Above \$32,900
2	\$37,600 or less	Above \$37,600
3	\$42,300 or less	Above \$42,300
4	\$46,950 or less	Above \$46,950
5	\$50,750 or less	Above \$50,750
6	\$54,500 or less	Above \$54,500
7	\$58,250 or less	Above \$58,250
8	\$62,000 or less	Above \$62,000

Please check your ethnicity (pick 1 of 2): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Please check your race (pick 1 of 10 choices):

- | | |
|--|---|
| <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 |

CONFLICT OF INTEREST APPLICANT STATEMENT: I hereby declare that any person(s) employed by the City of Rome, GA. who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, 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 Rome employee or City of Rome Commissioner who would be paid to perform services under this proposal. An example of indirect interest would be a City of Rome 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.

Name: _____ (printed)

Signature: _____ **Date:** _____

Disclosed Conflict of Interests:

Small Business Assistance Program

SCORING MATRIX

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 project application versus other projects competing for funds. The highest scoring projects will be recommended for funding.

Evaluation Criteria (100 Point Scale + Bonus):

Score

Notes

Capacity and Experience to Operate the Business (15 points) <ul style="list-style-type: none"> Business has been successfully in operation for more than 24 months at the time of application. 		
Readiness to Proceed (10 points) <ul style="list-style-type: none"> The Business has thoroughly demonstrated a clear plan for reopening or for continued operation beyond the pandemic. 		
Infectious Disease Response (15 points) <ul style="list-style-type: none"> Business has been severely impacted by the policies put into effect due to the coronavirus pandemic. 		
Job / Employee retention (10 points) <ul style="list-style-type: none"> Proposal ensures employee creation or retention within 6 months of one job based on Full-Time Equivalent (FTE) One FTE position is defined as 40 hrs per week, or any combination of part-time positions combining for 40 hours per week, including owners. 51% of positions created/retained must be for low/moderate income employees. (2 part-time positions at 20 hours = 1 full time) 		
Minority Business Enterprise or Business Owner is Low-Mod Income (10 points) The business owner is a minority or low/mod income.		
Size of Business (30 points) <ul style="list-style-type: none"> Business employs 10 or fewer employees. 		
Located in a designated Opportunity Zone, Urban Redevelopment Area or Choice Neighborhood Planning Area (10 points) <ul style="list-style-type: none"> Business is located in one of the City or State's revitalization areas in the city limits of Rome. 		
Application Completeness (5 point BONUS) <ul style="list-style-type: none"> Up to 5-point bonus for application with concise descriptions and backup information, professional writing and accurate math. 		
Business is classified as a Micro-enterprise (5 point BONUS) Business employees a total of 5 employees or less.		
TOTAL		

City of Rome Small Business Assistance Program
INCOME VERIFICATION FORM - For Job Retention

DATE _____: Business: _____

Your employer has received assistance through the City of Rome to maintain/retain the business and associated job(s), including your job. We are asking your cooperation in completing this form for record keeping purposes to verify both the job retention and income benefits being provided through the City of Rome's Small Business Emergency Grant program.

As soon as you have completed the information listed below, you may submit it directly to your employer or return it to the Community Development Department, P.O. Box 1433, Rome, GA 30162. Thank you for your cooperation.

Full Name (print please):			
Address:			
Telephone			
Job Title:		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Are you a resident of the City of Rome, GA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the <u>number</u> of people in your household, including yourself: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		

Was your total household income during the last 12 months higher or lower than the amount indicated below? The dollar amount represents annual household income. ☐ Higher ☐ Lower

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$32,900	\$37,600	\$42,300	\$46,950	\$50,750	\$54,500	\$58,250	\$62,000

Please identify the appropriate race category and Hispanic ethnicity if applicable (optional):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other Multi-Racial
Hispanic ethnicity if appropriate	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
	Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

 Sign

 Date