



## CUMBERLAND COUNTY COMMUNITY DEVELOPMENT SMALL BUSINESS RESILIENCY PROGRAM APPLICATION

### COMMUNITY DEVELOPMENT BLOCK GRANT / COVID-19

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The purpose of the Small Business Resiliency Program is to provide short-term financial assistance to small businesses that suffered an economic hardship due to the COVID-19 pandemic. Funding for this program is provided by the U.S. Department of Housing and Urban Development (HUD). As a condition of the grant award, your business will be required to make a certain percentage of jobs available for low to moderate income residents. HUD requires that certain information is obtained from all applicants in order to determine the applicant's eligibility for funding.

All applicants must be determined eligible in order to be awarded funding through the Small Business Resiliency Program. The business must be operating within the Towns of Eastover, Falcon, Godwin, Hope Mills, Linden, Spring Lake, Stedman, Wade, or the unincorporated areas of Cumberland County. Certain business types are ineligible to apply. Please refer to the **Small Business Resiliency Program Application Guidelines** (provided as a separate document) to ensure your business meets the eligibility requirements prior to completing this application.

Complete all applicable spaces on this document and be sure to sign the sections and attach all applicable documents. Incomplete applications will cause delays in the approval and contract process. Submission of this application does not guarantee that you will receive funding. For questions, please contact Cumberland County Community Development at (910) 323-6112.

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BUSINESS NAME:



## APPLICATION SUBMISSION REQUIREMENTS

### Application Checklist:

- Small Business Resiliency Program Application
- Business Operating Agreement (for businesses with multiple partners)
- Proof of building ownership / lease
- Most recent Business Tax Return
- Current payroll information
- Payroll information prior to COVID-19 (January – February)

The attachments listed above must be submitted with the application. Cumberland County and the Community Development Department reserves the right to request additional information as needed to complete the application process for eligibility and award for funding. Other information requested may include, but is not limited to, owner/employee income verification, bank statements, sources of other assistance received, job creation/retention report, Form W-9, and other documents necessary to complete the process for eligibility and award for funding.

### Where to Submit:

Please provide one (1) completed and signed application (with required attachments) to the Cumberland County Community Development (CCCD) Office. Please label all attachments.

Mail or Deliver Applications to:

**Cumberland County Community Development**  
**707 Executive Place**  
**Fayetteville, NC 28305**

or

**Email to [cccdapplications@co.cumberland.nc.us](mailto:cccdapplications@co.cumberland.nc.us)**

Files of 15MB or larger may have difficulty being received through email. Application must be postmarked, emailed, or delivered to CCCD. It is the applicant's responsibility to ensure the application and attachments are submitted to be considered complete.

In the event that CCCD determines, in its sole discretion, that it is necessary to revise any part of the application or guidelines, an addendum, supplement, or amendment to this application will be posted at [http://www.co.cumberland.nc.us/community\\_dev.aspx](http://www.co.cumberland.nc.us/community_dev.aspx). It is the responsibility of the applicant to check the website or contact CCCD office for any such addendums, supplements, or amendments made to the application or guidelines.

If you have questions, please contact the CCCD office at (910) 323-6112.

**BUSINESS INFORMATION**

Business Name:

DBA Name (if applicable):

Mailing Address:

City:

State:

Zip Code:

Telephone:

Email:

Street Address of Operations (if different):

City:

State:

Zip Code:

Website:

Other:

Federal EIN:

Date of Incorporation:

Located in Cumberland County (outside the City limits of Fayetteville)?  Yes  No  
[Business is ineligible if located within the City of Fayetteville]

Business Type:  LLC  Partnership  Sole Proprietor  Other:

Is the business currently in bankruptcy?  Yes  No

Has the business ever been subjected to criminal or civil fines and penalties including from County code or regulatory violations?  Yes  No

Tenancy Information:

Select which category applies to you:

- Building Owner: Attach proof of ownership (e.g. tax bills, title deed, etc.)
- Condo Owner: Attach proof of ownership (e.g. copy of condo documents, tax bills, title deed, etc.)
- Tenant: Attach terms, length, and expiration date of present lease

What type of business insurance does your business currently have?

### **BUSINESS DESCRIPTION**

Indicate the nature of the business, types of products/services, and customer profile:

### **ECONOMIC IMPACT**

Please describe the degree to which your business has been impacted by the COVID-19 pandemic; list specific examples; and whether or not your business had to close.

Please describe the degree to which your business has been able to maintain employees during this COVID-19 pandemic and whether the grant will help your business do so.

Please describe how your business positively adds to the quality of life in Cumberland County.

FINANCIAL IMPACT		
Month	Gross Revenue	Notes (if applicable)
January 2020	\$	
February 2020	\$	
March 2020	\$	
April 2020	\$	
May 2020	\$	
June 2020	\$	
Total	\$	
What was the total business' revenue during the same period of the prior year (2019)? \$		

PROPOSED USE OF FUNDS	
Expense Category	Amount Requested
Payroll (e.g., wages, related taxes, etc.)	\$
Occupancy (e.g., business rent/mortgage, utilities, etc.)	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Total Amount Requested (maximum amount available: \$10,000)	\$

APPLICATION TO OTHER FORMS OF ASSISTANCE OR FUNDING SOURCES		
Amount Requested	Request Status [Received, Pending, Denied]	Name of Funding Source / Program [SBA Paycheck Protection Program, etc.]
\$		
\$		
\$		
\$		
\$		
\$		

**OWNER INFORMATION**  
**[List Majority Owner(s) First]**

Owner Name		
Residential Street Address:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Age 18 or Older: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Ownership:	Industry Experience (yrs):
Race:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Single Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OWNER INFORMATION**  
**[List Majority Owner(s) First]**

Owner Name		
Residential Street Address:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Age 18 or Older: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Ownership:	Industry Experience (yrs):
Race:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Single Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OWNER INFORMATION**  
**[List Majority Owner(s) First]**

Owner Name		
Residential Street Address:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Age 18 or Older: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Ownership:	Industry Experience (yrs):
Race:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Single Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ADDITIONAL OWNER INFORMATION

Are any of the owners one or more of the following?

Involved in a political campaign?  Yes  No

A candidate or public official or foreign official?  Yes  No

An immediate family member of a political official?  Yes  No

A business entity formed by or for the benefit of any public official?  Yes  No

A member of a local board or committee?  Yes  No

Has an immediate family member who received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract?  Yes  No

If yes to any of the above questions, please provide details here:

### JOB HIRING / RETENTION

According to program requirements and as a condition of the grant award, your business will be required to make available jobs for persons whose household incomes are at or below the income limits established by the U.S. Department of Housing and Urban Development (HUD). Using the chart below, please indicate the number of Full-Time Equivalent (FTE) jobs that will be created and/or retained by the business and that will be available for low to moderate income persons. Refer to program guidelines for detailed information regarding job creation / retention for low to moderate income persons. The business will be required to submit a Job Creation / Retention Report periodically.

2020 HUD's Income Limits for Cumberland County

Total Persons in the Household	1	2	3	4	5	6	7	8
Annual Income at or below:	32,550	37,200	41,850	46,500	50,250	53,950	57,700	61,400

*Applicant may be required to provide income information on current employees prior to executing a contract.*

Estimated number of FTE jobs to be **created**: \_\_\_\_\_

Estimated number of FTE jobs to be **created for low to moderate income** persons: \_\_\_\_\_

and / or

Estimated number of FTE jobs to be **retained**: \_\_\_\_\_

Estimated number of FTE jobs to be **retained for low to moderate income** persons: \_\_\_\_\_



## ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration. By submitting the accompanying application and signing this document, I/We understand and agree that any award resulting from this solicitation will require compliance with the signed agreement and with the regulations, requirements, and policies identified below, including but not limited to:

- Compliance with the Small Business Resiliency Program Application Guidelines;
- Compliance with municipal ordinances and policies of Cumberland County;
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information;
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the County and or HUD;
- Submission of program and financial reports, as required by the County and/or HUD;
- Certification that the applicant is a for-profit business registered in the State of North Carolina in good standing;
- Certification that the business, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, business, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years;
- Certification that the business is not bankrupt or under an administration appointed by the Court, or under proceedings leading to a declaration of bankruptcy; and provide any pending or known legal actions against the company;
- All pending or known litigation/court action(s) have been disclosed in the application; and
- Certification that the business applicant/ business owner will use the requested funds, if awarded, in the manner through which it has requested them in the attached application. Cumberland County reserves the right to exercise all legal authority available to it to recapture the awarded funds should the funding be used in a manner other than that which was presented in this application.

**Application Approval and Signature: The signatory declares that the undersigned is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the business in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.**

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification**

The undersigned hereby represents and certifies to the best of their knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project(s). The undersigned further understands that any false statement in this application may disqualify the applicant/business from participation in the program. I/We also understand that this is a formal application for financial assistance. I/We understand that additional information (e.g. tax filings, bank account statements, etc.) may be requested. Verifications may be obtained from other sources.

The undersigned understands that no funding amount will be distributed until the County of Cumberland (through the Community Development Department) has issued a notice of award or notice to proceed. The undersigned agrees to promptly inform the Cumberland County Community Development Department of any changes in the program which may occur. The County of Cumberland has the right to terminate any agreement under the Small Business Resiliency Program if an applicant/business is found to be in violation of any conditions set forth in the application guidelines.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_