



## COMMUNITY DEVELOPMENT BLOCK GRANT COVID-19 RELIEF CITY OF PORTERVILLE CARES ACT BUSINESS LOAN PROGRAM (BAP-CV)

Community Development Department ♦ 291 N Main St ♦ Porterville, CA 93257  
(559) 782-7460 ♦ (559) 781-6437 FAX ♦ Office Hours: Mon-Fri 7:30 AM – 5:30 PM

### Application & Information Packet

#### *Introduction*

In response to the Coronavirus Pandemic (COVID-19) the U.S. Department of Housing and Urban Development has notified the City of Porterville that is eligible to receive an allocation of \$489,098 in Community Development Block Grant funds to be used to Prevent, Prepare for, and Respond to COVID-19. This allocation was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed into law on March 27, 2020, to respond to the growing effects of this historic public health crisis.

#### *Funds Available*

Funds can only be used to Prevent, Prepare for, and Respond to the Coronavirus pandemic. All eligible businesses submitting a complete and timely application will have an equal chance on a first come first serve basis, at receiving a loan up to \$50,000 (any loan exceeding that amount will need to be approved by the City Council) until all funds are exhausted.

### Eligible Applicants & Activities

Please review all the eligibility requirements which are outlined in the City of Porterville Revolving Loan Program Guidelines and the CDBG-CV Guideline Addendum. A copy is available at: [www.chooseporterville.com](http://www.chooseporterville.com) under the resources section or upon request.

### Application Availability and Deadline

Complete Applications for CDBG-CV funds are available on the City of Porterville Economic Development Division webpage <http://www.ci.porterville.ca.us/depts/EconomicDevelopment/>. Applications are also available in alternative formats by contacting the City of Porterville Community Development Department at [ecdev@ci.porterville.ca.us](mailto:ecdev@ci.porterville.ca.us) as well as by phone (559)782-7460.

The application, attachments and required documentation will be accepted on a first come first served basis until all funds are exhausted. Applicants whose applications can not be funded due to ineligibility or unavailability of funds will be notified as soon as reasonably possible. Applications will not be accepted by e-mail or fax.

**Hard Copies Mailed/Delivered to:** City of Porterville  
Community Development Department  
Attn: Jason Ridenour  
291 N Main St  
Porterville, CA 93257

### Equal Opportunity Compliance

The Loan Program will be implemented in ways consistent with the City's commitment to State and Federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG program funds on the basis of his or her religion, religious affiliation, age, race, color, creed, ancestry, national origin, sex, marital status, familial status, physical or mental disability, medical condition, genetic information, sexual orientation, gender, gender identity, gender expression or other arbitrary cause. All outreach efforts will be done in accordance with state and federal fair lending regulations to assure nondiscriminatory treatment, outreach and access to the Program.

***PLEASE REVIEW THE COMPLETE CARES ACT BUSINESS ASSISTANCE (BAP-CV)  
GUIDELINES FOR THE FULL REQUIREMENTS AND DOCUMENTATION NEEDED  
PRIOR TO COMPETING THE APPLICATION.***



## Application

You are applying for assistance through the City of Porterville to maintain your business through the COVID-19 crisis. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. Department of Housing and Urban Development.

Applicant Name(s):	Tax ID#:
Business Name:	
Home Address:	
Business Address:	
Daytime Phone #: (    )	Evening Phone #: (    )
<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business	
<b>Please provide a short description of your business:</b>	
<b>Explain how this request of funds will help your business prevent, prepare or respond to COVID-19:</b> <i>(Including how your business has been negatively impacted by COVID-19.)</i>	
<b>Working capital is the only eligible expense, please provide breakdown of use of funds:</b> <i>(i.e. Rent for June, July and supplies)</i>	

### Existing Business – Please Complete

Type of Business:	Years in Operation:
DUNS #:	Facility is:



## Existing and New Business – Please Complete

<b>Primary Activity:</b> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale/Distribution		<b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
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## Project Funding

<b>2019 Revenue:</b>
<b>2020 Projected Revenue:</b>

<i>Total Working Capital Need</i>	<i>PPP Loan</i>	<i>EIDL</i>	<i>Other</i>	<i>Gap</i> (Total – PPP – EIDL – Other = Gap)	<i>Requesting</i> (CDBG-CV from City of Porterville)
\$	\$	\$	\$	\$	\$

**NARRATIVE:** (Include information about the efforts made to obtain other loans like PPP and EIDL to cover gap financing and result if not already granted and included above.)



**Labor Information\*:** (attach more pages if needed)

	Existing Position (Retained)	Address of Employee Retained	Part Time or Full Time	Total Household (including employee)		Health Benefits Offered
				Size	Annual Income	
1			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
2			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
3			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
4			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
5			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
6			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
7			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
8			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
9			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
10			<input type="checkbox"/> PT <input type="checkbox"/> FT			<input type="checkbox"/> Yes
		Total FTE				

	Position (Expected to Create with BAP-CV funds)	Number of Positions	Part Time or Full Time	Entry Level	Offered to LMI Household	Health Benefits Offered
1			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6			<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Total Full Time Employees:			Total Part-Time:			
Number of Jobs Created/Retained by Project:						
Ratio of Jobs Created/Retained by BAP-CV Funding): (Min requirement = 1:\$35,000)						

\* If awarded additional demographic information will be required before disbursement of funds. These include, but are not limited to race and ethnicity, age, sex, disability of positions retained. If positions are created the same demographic information will be required for those jobs therefore employer must collect that information at application and submit to the City to show compliance with CDBG-CV funding.



## Additional Information: CHECKLIST OF REQUIRED DOCUMENTS/INFORMATION

### **POVIDE WITH APPLICATION: (Must be turned in with application in order to be considered a COMPLETE application)**

- Documentation to help verify the economic hardship suffered as a result of COVID-19 including financial statements and other data as applicable. Suggestions include YTD profit & loss statements and/or revenue statements comparing 2020 to previous years.
- Detailed description of the proposed project, including cost summary
- Business Tax Returns, along with Income and Expense statements, for past three years **OR** Personal Tax Returns for past three years
- Copy of most recent business financial statement.
- Recent Credit Report Print Out
- Business Plan (*Attachment 1: BAP-CV Express Business Plan* template may be used if the business does not already have one)
- City of Porterville Business License, and other permits required for business
- SAM.gov registration documentation
- If retaining employees: Address of employee section above must be completed

### **BEFORE FINAL APPROVAL: (Must be provided in order to obtain FINAL approval)**

- Employment Connection Documentation (if creating jobs)
- Annual Income Certification of Jobs Retained

### **BEFORE FINAL PAYMENT: (Must be provided in order to receive FINAL payment)**

- Employment Connection LMI Certification for jobs created with BAP-CV funding (if creating jobs)
- Annual Income Certification of Jobs Created (once jobs are created)

## Required Certifications

By checking the boxes below, the undersigned hereby certifies that the statement is true and correct to the best of their knowledge.

- I certify that my business is located within the City of Porterville and the business maintains all proper licenses and permits for operation.
- I certify that the business is current with all local, state, and federal taxes.
- I certify that I have not applied for or received funds to cover the same costs this loan is intended to be used for. Duplication of funds is explicitly prohibited by HUD.
- I certify that the above information contained on this form and attachments is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives. I understand that funds are limited and acceptance of application does not guarantee a funding commitment or project approvals from the CDBG- CV Business Assistance Loan Program (BAP-CV). I authorize the City of Porterville to obtain all necessary credit report (business and personal) and inquiries to verify the accuracy of the above statements and to determine creditworthiness pertaining to this loan request. I will provide the information required to verify this data (e.g. payroll records, tax filings, account statements, etc.). I understand that the City of Porterville will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in disqualification of the loan application, default of the loan, and/or request for repayment of money given.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



## APPLICANT BACKGROUND INQUIRY RELEASE

In connection with my application, I understand that investigative background inquiries are to be made on me that may include criminal, civil, vehicle, credit and other miscellaneous reports. These reports may include information as to my character, work habits, performance and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities related to my driving, criminal and civil history and other experiences. Upon written request additional information as to the nature and scope of these background checks will be provided.

I hereby authorize without reservation the City of Porterville GSA and its authorized agents to obtain my credit report from any consumer or credit reporting agency for the purpose of verifying any of the above-mentioned information and obtaining a business loan from the City of Porterville.

I understand that the City of Porterville will rely on the information in this application and on my credit report to make its decision. I may request, the name and address of any credit bureau from which the City of Porterville received a credit report. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to receive federal funds.

I understand that to aid in the proper identification of my file or records the information requested below is required. Please include any previous addresses where you have resided over the past ten years.

First name	Middle name	Last name
Aka's, Maiden name, etc.	Telephone Number	Date of Birth
		Drivers License Number
Current address	City, State	Zip Code
Previous address	City, State	Zip Code
Previous address	City, State	Zip Code

Applicant's signature: \_\_\_\_\_

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



# Attachment 1: BAP-CV Express Business Plan Outline

Completing this outline will help you determine if your business is operating effectively and the loan you request will improve your businesses ability to increase revenues and retain employees. Please complete the following sections and submit this document with your loan request unless you have a business plan already created that covers the same information requested below.

What's the name and address of your business?
What is the legal structure of your business (sole proprietor, corporation, LLC)?
Who owns the business (name and % ownership)?
When did your business start?
What is your primary product or service?
Who are your primary customers (Target Market) and how do you communicate with them?
What makes your customers buy from you instead of your competition (price, convenience, customer service, other)?

List your total annual revenues and net profit/loss for the last three years:

Year	Annual Revenues	Profit/Loss
	\$	\$
	\$	\$
	\$	\$



What are your projected annual revenues and net profit/loss for this year: \$

How much funding are you requesting: \$

How exactly will you use the funds and how will improve your business:

How many jobs with this funding retain or create: Full Time: Part Time:

Name of Applicant	Signature	Date
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