

East Lansing Business Emergency Relief Program Guidelines & Eligibility Criteria

In response to the economic hardships experienced by small businesses resulting from the COVID-19 pandemic, the City of East Lansing is launching the Business Emergency Relief Grant Program to retain jobs and stabilize local businesses. The primary objectives of assistance to low-moderate income persons will be achieved as grants to retain jobs within the East Lansing community.

Eligible businesses may be awarded up to \$5,000 in grant funds through the Relief Program application process.

Eligibility Requirements:

- Owner is either a qualified Low-Moderate Income person or has employees that are Low-Moderate Income (income eligibility Criteria Found in Appendix A)
- For-profit business with a physical located in the City of East Lansing limits (map of City limits in Appendix B)
- Owner is 18 years of age or older
- Owner will have a valid SS #, EIN & DUNS Number
- Owner is currently not experiencing bankruptcy
- Owner is currently up to date with City taxes

Terms of Grant Program:

- Grant application requests will be reviewed and awarded on a first come, first serve basis until a time when all grant funds are expended
- Maximum Grant Request-\$5,000
- Minimum Grant Request-\$1,000
- Grants will only be awarded to for-profit businesses subject to 24 CFR 570.203 regarding Special Economic Development Projects
- Businesses MUST provide proof to retention of job(s) for all income eligible employees listed on grant application materials equating to one full time position (proof provided through payroll documents)
- Business must have a physical location within the City of East Lansing limits

- A project report must be provided to the City of East Lansing at the time the final reimbursement request is submitted

- Funds will be disbursed by reimbursement only to the applicant for documented eligible project expenses (expenses will be pre-approved by the City of East Lansing via a grant agreement with required expenditure report forms). Businesses can apply for and receive up to 2 installments of reimbursement payments, with the business providing proof of expenditure through the issuance of receipts, payroll records, etc.

Eligible Grant Expenses:

- Payroll expenses

- Utility expenses

- Lease payments

- Mortgage payments

Ineligible Grant Expenses:

In addition to CDBG-ineligible costs outlined in 24 CFR 570, funds under this program may not be used to:

- Reimburse expenses incurred prior to the Applicant approval of grant

- Purchase personal items (all expenditures must be directly related to the business)

Job Retention Requirement:

The business must commit to the retention of one full time employee for all grant awards (\$1,000-\$5,000 award). A full-time equivalent position is defined as 40 hours per week, or any combination of part-time positions combining for 40 hours per week, including owners. All positions retained must be held by employees who are a member of a low-/moderate-income household. (Example: 2 employees averaging 20 hours a week would meet the 40 hour criteria).

Program Marketing

Program marketing will be conducted by the City and will affirmatively target women and minority-owned enterprises. Information will be shared with local chamber of commerce, and business networking organizations. Presentations may be scheduled for these groups as well as local commercial banks and other organizations. The local Small Business Development Center (SBDC) or other similar entity may be used as a referral agency.

Equal Opportunity Compliance

No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any activity funded in whole or in part with CDBG program funds on the basis of his or her religion, religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

Dispute Resolution/Appeals Process

Applicants whose applications are not deemed eligible have the right to appeal the decision of the City, limited to procedural errors in the selection process. If no such procedural errors are found to have occurred, the decision of the City shall be final. An aggrieved applicant may, within seven (7) business days after the selection of prospective eligible projects, appeal in writing to the Director of Planning, Building & Development or their designee. The appeal must state all facts and arguments upon which the appeal. The Director of designee will review the appeal and issue a written determination within 30 days of receipt of the letter.

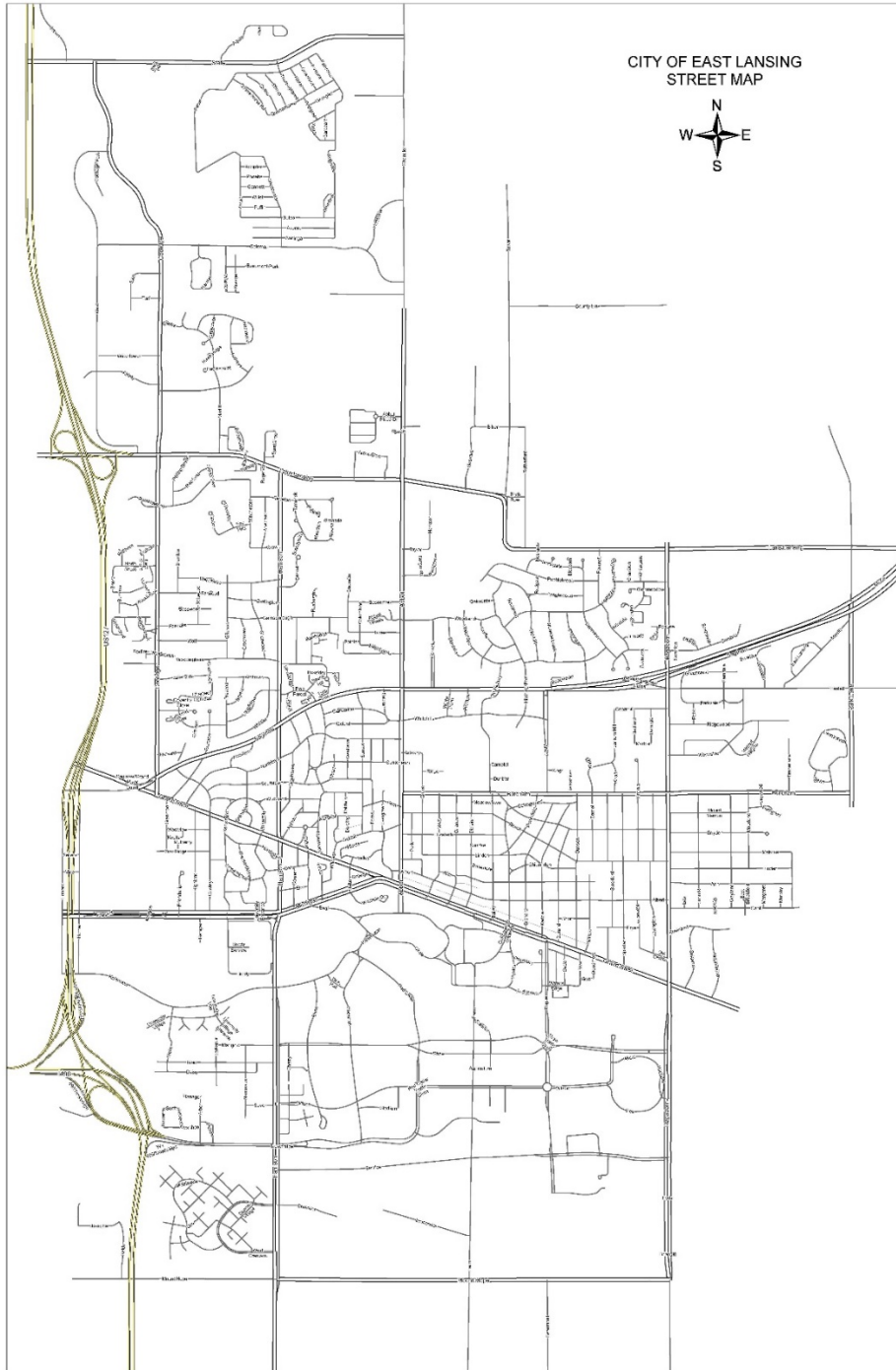
APPENDIX A

INCOME ELIGIBILITY REQUIREMENTS								
Income Category	1-Per	2-Per	3-Per	4-Per	5-Per	6-Per	7-Per	8-Per
Low Moderate Income 80% of Median Income	\$41,650	\$47,600	\$53,550	\$59,450	\$64,250	\$69,000	\$73,750	\$78,500

***Business owners must verify the income eligibility for themselves and/or employees by meeting the income eligibility requirements noted above. Individuals cannot receive an annual gross income more than the amount indicated above, as these thresholds are set by the federal government. Businesses must count the income of anyone 18 years of age or older residing within the household that is named on the application).**

For example, a mother, father, and child would be considered a 3-Person Household and the applicant would count the income of anyone 18 years of age or older.

APPENDIX B



CITY OF EAST LANSING

BUSINESS RELIEF GRANT

BUSINESS INFORMATION

Applicant Business Name:

Doing Business As (DBA):

Applicant Name(s):

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

DUNS No.

(<https://www.dnb.com/duns-number.html> get one here or look yours up)

Date of Incorporation:

Current number of employees:

Number of employees retained if business receives grant:

Has the business ever been subjected to criminal or civil fines and penalties including from City of East Lansing code or regulatory violations or in bankruptcy? Yes No

Is the business or business owner delinquent in any city, federal, state taxes?
Yes No

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

REQUESTED ALLOCATION OF GRANT FUNDS

AMOUNT OF REQUEST

USE

\$

Payroll expenses

\$

Rent/mortgage

\$

Utilities

Total Relief Grant Funds Requested as Reimbursement (Max \$5,000)

\$

INCOME ELIGIBILITY & PROPOSED JOB RETENTION

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years of age or older residing within a single rental unit or household. Income cannot be exceeded by any of reported employees at the time of the application or at anytime during the grant agreement cycle. Grant recipients will provide proof of income information upon all requests by City Staff.

INCOME LIMITS								
Income Category	1-Per	2-Per	3-Per	4-Per	5-Per	6-Per	7-Per	8-Per
Low Moderate Income	\$41,650	\$47,600	\$53,550	\$59,450	\$64,250	\$69,000	\$73,750	\$78,500
80% of Median Income								

Please indicate income eligible employees below (including business owner if applicable) whose jobs will be retained as a result of this grant. A minimum of one Full time position (40 hours a week) must be retained as a result of the grant but multiple employees can equate to 40 hours a week. **EXAMPLE:** 2 employees working 20 hours a week are considered one full time position.

EMPLOYEE NAME	JOB TITLE	HOURLY RATE/SALARY	HOURS EMPLOYED

CONFLICT OF INTEREST & APPLICANT STATEMENT

CONFLICT OF INTEREST STATEMENT: I hereby declare that any person(s) employed by the City of East Lansing 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 East Lansing employee, City of East Lansing Councilmember, etc. An example of indirect interest would be a City of East Lansing 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:

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of East Lansing. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

All business owners must sign the attached application. If additional space is needed, please print this page twice and submit both pages with the application materials.

SIGNATURE: _____**Date:** _____

Name (please print):_____

Title (please print):_____

SIGNATURE: _____**Date:** _____

Name (please print):_____

Title (please print):_____

SIGNATURE: _____**Date:** _____

Name (please print):_____

Title (please print):_____

SUBMISSION REQUIREMENTS

The grant submission will be considered complete and received by City Staff for review when the following items are submitted. All applications will be reviewed and awarded on a first come, first serve basis.

Small Business Relief Grant Application (This Document)
Owners' most recently completed IRS 1040 form (cannot be older than 2018)
Previous four weeks of payroll records or other documentation showing a history of employees on payroll as of the application submission date

NOTE- Staff will follow-up with applicants for required additional information and documents after application submission, including income self-certification forms for all employees (Appendix A).

Email completed application to: grants@cityofeastlansing.com

APPENDIX A- Employee Self- Certification Form

Please circle which box applies to you in the table below, matching household size (number of persons residing in your household 18 years or age or older) to income: For example, if two adults and one child resided in a household or rental unit, you would be considered a household with 3 persons.

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years of age or older residing within a single apartment unit or household.

INCOME LIMITS								
Income Category	1-Per	2-Per	3-Per	4-Per	5-Per	6-Per	7-Per	8-Per
Low Moderate Income	\$41,650	\$47,600	\$53,550	\$59,450	\$64,250	\$69,000	\$73,750	\$78,500
80% of Median Income								

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"/> Asian
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Native Hawaii/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Other Multi-Racial |
|---|--|

Employee Name: _____

Date: _____