

# Community Development Program of Beaver County Forgivable Loan Program (CDBG-CV) Application

## Section 1—General Information

Applications are due by February 1<sup>st</sup>, 2022 at 4:00 PM. Applications submitted after the deadline will not be accepted. Funding is available on a first come, first serve basis.

Application documents should provide a straightforward, concise description of the business and the reason(s) for, and benefit(s) of, requested economic support. Emphasis should be on completeness, clarity of content, and conveyance of the information requested by the Community Development Program of Beaver County.

The original with all attachments must be submitted in accordance with directions provided within this document. For hard copy submissions, the original document should be unbound and clipped together. Do not include tabs or dividers. Applications should be typed using no smaller than a 10-point font, with answers in regular font. Electronic versions should be provided in one file saved in PDF format.

***Please limit responses to no more than ½ page per question. Responses must be precise and complete. Please contact the Community Development Program if you require assistance in completing your application.***

Community Development Program of Beaver County  
1013 8<sup>th</sup> Avenue, Beaver Falls, PA 15010  
724-770-2042  
jcharles@beavercountypa.gov

**Legal Name of Business Entity:** \_\_\_\_\_

**Owner's Full Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Legal Entity of Business:**

- Corporation       LLC       Sole Proprietorship       Other (Explain): \_\_\_\_\_

**Business Employer Identification Number:** \_\_\_\_\_

**Business Entity DUNS Number:** \_\_\_\_\_

**Ownership**

Name	% of Ownership

**Describe Your Business:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Website:** \_\_\_\_\_

**Number of Full-Time Employees at Time of Application (Including Owners):** \_\_\_\_\_

**Number of Part-Time Employees at Time of Application:** \_\_\_\_\_

**Was your business in operation in February 2020 or prior?**     Yes     No

**Is the business registered as a minority-owned business?**     Yes     No

**Is the business registered as a woman-owned business?**     Yes     No

**Are all Federal, Commonwealth of Pennsylvania, and local taxes current?**     Yes     No

If no, explain: \_\_\_\_\_

# Requirement 1—COVID Impact

Please describe the impact that COVID-19 had on your business:

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Between March 1, 2020 and the date of your application, has your business been closed due to COVID-19 restrictions?

- Yes     No

Is your business currently open/operational?

- Yes     No

If open, have the hours of operation been reduced?

- Yes     No

If yes, provide an explanation:

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What was your business revenue for 2019?

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What was your business revenue for 2020?

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Please provide supporting documentation with your application. Examples include Profit & Loss Statements for 2019 & 2020, monthly revenue reports, etc. To be eligible for the forgivable loan program, the business must have experienced a decline in revenue between March 1, 2020 and June 28, 2020.

Do you anticipate that your business will be in operation 6 months following the award of this funding?

- Yes     No

If no, please briefly describe the circumstances:

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## Requirement 4—Business Financial Request

Funds may be used to pay for operating expenses incurred or paid for by the business for which there have been no other form of support from federal COVID-19 funds.

I understand that the activities must be completed, and all funds expended, no later than 6 months after receiving the funds, but no later than March 1st, 2022.

**Initial:** \_\_\_\_\_

<b>Budget Item</b>	<b>Description</b>	<b>Amount of CDBG-CV Funds Requested</b>	<b>Share of Budget Funded from other Sources</b>	<b>Total Cost</b> Sum of Columns 3 & 4
Detailed Items or salaries for which funds are being requested	Detailed description of activity in weekly cost			
(EXAMPLE) <b>Receptionist</b>	\$900 per week, 40 hours x 8 weeks	\$7,200	\$0	\$7,200
(EXAMPLE) <b>PPE</b>	\$6,000—see list attached	\$5,000	\$1,000	\$6,000

Please provide documentation of the costs for which you are applying for funds – these may be rent or mortgage invoices, utility statement, supply lists with pricing, payrolls for employees to be reimbursed, etc. Also include evidence of payment of such costs – canceled checks as applicable.

**Total Funds Requested:** \_\_\_\_\_

# Application Statement and Certifications

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

*I understand that the information provided may be subject to further verification by The Community Development Program of Beaver County or the US Department of Housing and Urban Development.*

*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.*

I hereby certify that the information on this form is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please include the signatures, names, and titles of any additional owners on a separate page.