AM I ELIGIBLE FOR ASSISTANCE?

* Under 50 full-time equivalent employees
* Business open at least 1 year & profitable pre-COVID
* Business in good standing and current on tax obligations
* Total annual revenue does not exceed $1 million per year
* Business located in a brick & mortar commercial space

GRANTS UP TO $10,000 per Eligible Small Business!

WHAT DO I NEED?

Profit & Loss Statements and Tax Documents for 2018, 2019 & 2020

Revenue for Jan 2020 - Dec 2020, as well as estimated revenue losses

Proof of Location - Copy of building lease or deed

>>> FOR MORE INFORMATION, VISIT: WWW.REDFORDTWP.COM
Where do small businesses apply?
Application will be available online February 16, 2021 at redfordtwp.com or call 313-387-2771.

Is it first-come, first-served, or will all businesses who apply receive consideration?
The Redford Township Small Business Relief Grant Program will be managed on a first-come, first-served basis for eligible applicants within Redford Township business corridors.

Is there a cap on how much each small business can receive?
If the small business meets all of the federal CDBG-CV eligibility requirements, grants will be awarded in the amount up to $10,000 per business.

How can small businesses use the funding?
Grants may be used for working capital to support payroll expenses, rent or mortgage payments, and utility expenses.

What types of businesses qualify for funding?
Small businesses include those who have been financially impacted by COVID-19. Must be able to self-certify and provide documentation that the business has had reduced income as a direct result of the pandemic. Some examples include the following types of businesses that meet the program eligibility requirements:
- Restaurants, bars and other food and beverage service providers;
- Daycare center providers;
- Banquet, conference and meeting facilities;
- Landscape, construction and design companies;
- Haircut, salons and nail centers;
- Bowling centers, gyms and fitness centers;

Other pertinent program information?
Submitted applications will be reviewed within ten business days and emergency grant funds will be paid directly to the business owner.

What is the employee criteria for a business to be eligible for funding?
Eligible businesses must have at least 50% of full-time and part-time employees receive a pay rate of less than or equal to 80% Area Median Income (AMI) -and-fewer than 50 employees (including full-time, part-time and owner), including the owner within the employee count.

Where do the small businesses have to be located?
Eligible businesses must be located within Redford Township (brick & mortar business) to be eligible to apply for the Small Business Relief Grants. Home-based businesses are not eligible to apply for the CDBG-CV funds.

Are not-for-profits eligible for the funding?
Non-profit organizations are not eligible for CDBG-CV grant funding.

For more information and requirements, please refer to the Redford Township Small Business Relief Grant, program guidelines.

How to Apply:
Submit your application and required paperwork to the Redford Township Community Development Dept., 12121 Hemingway, Redford, MI 48239
THE INFORMATION PROVIDED SHALL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE VIA CARES ACT FUNDING.

BUSINESS INFORMATION:

BUSINESS NAME: ____________________________________________

BUSINESS ADDRESS: ____________________________________________
________________________________________ Street City Zip

PHONE #: ___________________________ E-MAIL: ____________________________

FEDERAL TAX ID #: ___________________________ DUNS #: ____________________________

DATE OF APPLICATION: ____________________________

BUSINESS OWNER’S NAME: ____________________________________________

OWNER’S ADDRESS: ____________________________________________
________________________________________ Street City Zip

PHONE #: ___________________________ E-MAIL: ____________________________

PREFERRED CONTACT PERSON & TITLE: ____________________________

PHONE #: ___________________________ E-MAIL: ____________________________

1. Describe the industry type that best describes your business: ____________________________________________

2. What year was your business established in Redford Township: ____________________________________________

3. Are local property taxes current:  □ YES  □ NO

4. Are local water bills current:  □ YES  □ NO

5. Explain how your business in currently operating: ____________________________________________
6. Have you completed capital improvements in the past 2 years: □ YES □ NO
   If Yes, provide details: _____________________________________________

7. Does your business have outstanding code enforcement violations: □ YES □ NO

8. Has your business applied for and/or received any other financial small business relief/aid through any other local, state or federal government agencies, foundations, banks or any other small business relief programs since April 1, 2020: □ YES □ NO
   If Yes, provide details and status: _____________________________________________
   _____________________________________________
   _____________________________________________

ELIGIBILITY CRITERIA:

Answers to the following questions are required in order to determine grant eligibility. Please provide documentation for your responses to each answer and attach to the application.

1. Has your business experienced an income loss as a result of Executive Order 2020-20 or any other Executive Order of similar intent? □ YES □ NO
   If Yes, provide details: _____________________________________________

2. Does your business have a need for working capital to support its payroll expenses, rent or mortgage payments, utility expenses, or other similar expenses that occur in your ordinary course of business? □ YES □ NO
   If Yes, provide details: _____________________________________________

3. Did your business have a combined 50 full-time employees or less as of March 1, 2020? □ YES □ NO
   Number of FT employees, provide details: _____________________________________________

4. Is your business in an industry referenced by Executive Order 2020-20 or any subsequent Executive Order of similar intent? □ YES □ NO

5. Do at least 50% of your employees (full-time and part-time) receive a pay rate of less than or equal to $44,000 annually? □ YES □ NO
EMPLOYMENT INFORMATION:

Information entered in this section should represent the circumstances of the business for which you intend to use any grant funds. When calculating total employees, include yourself and all full-time and part-time employees.

1. How many Total full-time and part-time workers did your business employ in 2019?
   
   Full-time: ____________________________  Part-time: ____________________________

2. How many Total full-time and part-time workers did your business employ in 2020?
   
   Full-time: ____________________________  Part-time: ____________________________

3. How many total full-time and part-time workers do you plan to employ upon business operating restrictions being lifted/reduced?
   
   Full-time: ____________________________  Part-time: ____________________________

4. Please explain any changes you have made to your workforce as a result of the COVID-19 crisis?
   
   __________________________________________________________________________

FINANCIAL INFORMATION:

Please provide the following information to the best of your ability. Applications will be evaluated based on the information provided below.

1. What was your annual (gross) revenue for the following years?

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$</td>
</tr>
<tr>
<td>2019</td>
<td>$</td>
</tr>
<tr>
<td>2020</td>
<td>$</td>
</tr>
</tbody>
</table>

2. What was the estimated capital investment in your business over the last three years? ____________________________

3. What is your estimated revenue loss since March 1, 2020? ____________________________

4. How much revenue has the COVID-19 crisis cost you? ____________________________

5. How much revenue do you anticipate you will lose over the next six months? ____________________________
6. What was your monthly revenue for the following months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2020</td>
<td>$</td>
</tr>
<tr>
<td>February 2020</td>
<td>$</td>
</tr>
<tr>
<td>March 2020</td>
<td>$</td>
</tr>
<tr>
<td>April 2020</td>
<td>$</td>
</tr>
<tr>
<td>May 2020</td>
<td>$</td>
</tr>
<tr>
<td>June 2020</td>
<td>$</td>
</tr>
<tr>
<td>July 2020</td>
<td>$</td>
</tr>
<tr>
<td>August 2020</td>
<td>$</td>
</tr>
<tr>
<td>September 2020</td>
<td>$</td>
</tr>
<tr>
<td>October 2020</td>
<td>$</td>
</tr>
<tr>
<td>November 2020</td>
<td>$</td>
</tr>
<tr>
<td>December 2020</td>
<td>$</td>
</tr>
</tbody>
</table>

7. What is your anticipated revenue loss for the following months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2020</td>
<td>$</td>
</tr>
<tr>
<td>April 2020</td>
<td>$</td>
</tr>
<tr>
<td>May 2020</td>
<td>$</td>
</tr>
<tr>
<td>June 2020</td>
<td>$</td>
</tr>
<tr>
<td>July 2020</td>
<td>$</td>
</tr>
<tr>
<td>August 2020</td>
<td>$</td>
</tr>
<tr>
<td>September 2020</td>
<td>$</td>
</tr>
<tr>
<td>October 2020</td>
<td>$</td>
</tr>
<tr>
<td>November 2020</td>
<td>$</td>
</tr>
<tr>
<td>December 2020</td>
<td>$</td>
</tr>
</tbody>
</table>
8. Monthly Working Capital Costs (amount expended during a typical month for the following expenses)

<table>
<thead>
<tr>
<th>Cost of Goods Sold</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage Payment</td>
<td>$</td>
</tr>
<tr>
<td>Utilities Payment</td>
<td>$</td>
</tr>
<tr>
<td>Insurance – general liability, property, worker’s compensation &amp; other</td>
<td>$</td>
</tr>
<tr>
<td>Installment payments – assets, vehicles, equipment &amp; other</td>
<td>$</td>
</tr>
<tr>
<td>Taxes – income, sales, payroll, property &amp; other tax liability</td>
<td>$</td>
</tr>
<tr>
<td>Subscription Services – internet, POS &amp; other</td>
<td>$</td>
</tr>
<tr>
<td>Payroll</td>
<td>$</td>
</tr>
<tr>
<td>Department Service</td>
<td>$</td>
</tr>
<tr>
<td>COVID-19 Related Expenses – PPE, cleaning services &amp; other</td>
<td>$</td>
</tr>
<tr>
<td>Additional Expenses (describe)</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL: $   

OTHER INFORMATION – YOUR BUSINESS STORY:

Please provide as much detail as you are comfortable with on a separate sheet of paper, if needed.

- Explain what your business is experiencing during the coronavirus (COVID-19) crisis?
- Please provide details as to your company’s involvement within the community?
- Explain how the Charter Township of Redford can best serve you in the immediate future and moving forward?

ADDITIONAL REQUIRED DOCUMENTS:

Completed W-9 Form? □ YES □ NO
Business Bank Statements (4 months)? □ YES □ NO
Business Incorporation Documents? □ YES □ NO
**APPLICANT SELF-CERTIFICATION:**

**IMPORTANT: READ THIS BEFORE SIGNING**

Applicant's Certification: The applicant certifies that all information in this application and all information furnished in support of this application is for the purpose of income qualifying for the Redford Township CDBG-CV Small Business Relief Program and that these statements are true to the applicant’s knowledge and belief.

Financial Privacy Notice: By the Right to Financial Privacy Act of 1978, the Charter Township of Redford has a right to access financial records held by any financial institution in connection with the consideration or administration of the CDBG-CV Program for which you have applied. Financial records involving your transactions will be available without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

Penalty for False or Fraudulent Statement: U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies…or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than 5 years, or both.

Data Privacy Act: The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the Redford Township CDBG-CV Small Business Relief Program. Failure to provide the requested information may jeopardize the application for financial assistance.

☐ I understand that verification of the information provided above may be obtained from any source.

☐ I understand, if I provide false information or fail to disclose full information as to any material facts, that this application may be rejected, may be terminated, and that I may be liable in a civil action or other legal remedy at the option of the Charter Township of Redford.

☐ I fully understand that it is a federal crime if I/We knowingly make any false statements for the purpose of obtaining financial assistance, and that it is punishable by fine or imprisonment, or both.

☐ I certify that all information in this application is true and complete to the best of my/our knowledge and belief.

☐ I certify that this application for financial assistance is submitted because one of the following applies to my business:
  - My business has experienced an income loss as a result of the Executive Order 2020-20
  - My business employs less than 50 full-time and part-time employees
  - At least 50% of employees receive a pay rate of less than or equal to 80% Area Median Income (AMI), see program guidelines for income chart.
  - Reduction in revenue due to COVID-19
  - Other COVID-19 related circumstances (will need to explain)

☐ I certify that this business is not receiving any other source of financial assistance to pay for business related expenses listed in this application.

Applicant’s Signature

Date

Applicant’s Signature

Date
RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:

CHARTER TOWNSHIP OF REDFORD
ATTN: COMMUNITY DEVELOPMENT DEPARTMENT
12121 HEMINGWAY
REDFORD, MI 48239

For more information about this CDBG-CV application, please contact the Community Development Department at 313-387-2771 or e-mail at hcdd@redfordtwp.com.

Redford Township Small Business Relief Plan Applications will be reviewed on a first-come, first-served basis. Applications will be accepted until the CARES Act CDBG-CV federal grant funds are exhausted or the Charter Township of Redford determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.

*** COMMUNITY DEVELOPMENT DEPARTMENT - STAFF USE ONLY ***

Application Approved: □ YES □ NO
Supporting Documents Provided: □ YES □ NO
CDBG-CV Applicant Number: _____________________________________________
Small Business Relief Financial Assistance Required - Payment: $ __________________________

Comments ____________________________________________________________

______________________________________________________________
Approved By: ___________________________________________ Date ____________________

Redford Township Representative
CHARTER TOWNSHIP OF REDFORD
SMALL BUSINESS RELIEF ASSISTANCE GRANT (COVID-19)

The Charter Township of Redford is a CDBG-CV grantee and must establish and maintain procedures to prevent any duplication of benefits per federal guidelines. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Grantees must check that recipients (assisted individuals or families, businesses or other entities) that received CDBG-CV assistance have not previously received, or will not receive, duplicate assistance from another source before CDBG-CV assistance is provided. The Charter Township of Redford is accomplishing this duplication of benefits analysis by requiring these entities and beneficiaries to provide a self-certification indicating that they have not received, and do not reasonably anticipate receiving, a duplicate benefit, and requiring them to list potentially duplicative assistance that they have already received, or reasonably anticipate receiving.

Please complete the following affidavit and submit with your application to the Redford Township Community Development Department as listed on the applicable program application. Questions regarding this CDBG-CV affidavit can be directed to the Community Development Department staff at 313-387-2771 or e-mail at hcdd@redfordtwp.com.

DUPLICATION OF BENEFITS SELF-CERTIFICATION AFFIDAVIT

I, ________________________________, being first duly sworn affirmed according to law, hereby states, under penalty of perjury, the following:

1. I (place and “X” next to the statement that applies) (a) _____ operate as an individual or sole proprietor -OR- (b) _____ am a duly authorized signatory and representative of the business entity named below.

2. I make this affidavit in connection with the application for the Charter Township of Redford COVID-19 Small Business Relief Assistance Program funded via the CARES Act and submitted by ________________________________, the Recipient, located at ________________________________.
This program is funded by the U.S. Department of Housing and Urban Development (D-HUD) with a supplemental appropriation from the Community Development Block Grant Program Coronavirus (CDBG-CV) approved via the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARS Act).

3. The recipient has received, or it is reasonably anticipated that the Recipient will receive, the following federal, state or county financial assistance to prevent, prepare for, or respond to the COVID-19 pandemic (check all that apply and include amount granted/obtained):

- Paycheck Protection Program (SBA) Amount Received $ ____________________
- Small Business Relief Grants (State) Amount Received $ ____________________
- Small Business Relief Grants (Wayne County) Amount Received $ ____________________
- Financial Institutions (Private) Amount Received $ ____________________
- Economic Injury Disaster Loan (SBA) Amount Received $ ____________________
- Express Bridge Loan (SBA) Amount Received $ ____________________
- Debt Relief Program (SBA) Amount Received $ ____________________
- Public Assistance Program (FEMA) Amount Received $ ____________________
- Emergency Food & Shelter Program (FEMA) Amount Received $ ____________________
- Unemployment Insurance Provisions (Treasury) Amount Received $ ____________________
- Coronavirus Relief Fund (Treasury) Amount Received $ ____________________
- Economic Impact Payments (Treasury) Amount Received $ ____________________
- Commodity Supplemental Food Program (USDA) Amount Received $ ____________________
- Child Nutrition Program (USDA) Amount Received $ ____________________
- SNAP -WIC (USDA) Amount Received $ ____________________
- Summer Food Service Program (USDA) Amount Received $ ____________________
- Dislocated Workers Grant (Labor) Amount Received $ ____________________
- Other Amount Received $ ____________________
4. The recipient has not received, nor it is reasonably anticipated that the Recipient will receive, any other federal, state or county financial assistance to prevent, prepare for, or respond to the COVID-19 pandemic other than that set forth above.

5. The recipient can produce receipts for costs incurred and/or loss of expenses related to the COVID-19 pandemic in the amount of $ ___________________________. (Note: If total losses do not exceed amount of federal assistance received, the applicant is ineligible for the grant).

6. The Recipient understands that should the D-HUD or Charter Township of Redford determine that the Recipient Business has received a Duplication of Benefits, the Recipient Business may be required to repay a portion or all of the assistance provided by D-HUD and/or Charter Township of Redford.

Affiant Signature

Title

Affiant Printed Name

Date

*** JURAT CERTIFICATE ***

Oath or Affirmation Administered to the Signer and Signed in Presence of a Notary Public

STATE OF MICHIGAN )

  ss.

COUNTY OF WAYNE )

The foregoing affidavit was sworn and subscribed before me this _____ day of __________________, 20 _____ by _________________________________.

(Affix Seal Here)

Notary Public,

County, Michigan

My commission expires ______________________
Program Guidelines

1. Executive Summary

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provides much needed assistance to the American people as the country works diligently to combat COVID-19.

HUD is making available $3.064 billion through the Community Development Block Grant (CDBG) program, of which $2 billion is meant to assist States, Communities and Non-profits to carry out and fund COVID-19 response activities.

Governor Whitmer issued Executive Order 2020-20 mandating closure of certain businesses that are considered places of public accommodation and instituted a shelter in place restriction for all Michigan residents and ceased all in person non-essential business operations in the State of Michigan.

Included in the HUD CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease is a provision to provide financial assistance to operate through the crisis and to minimize business closures and job loss related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.

The Charter Township of Redford has established the Small Business Relief Assistance Program, a program to assist vulnerable small businesses located in Redford Township with access to short-term working capital in order to mitigate the impact of revenue losses caused by COVID-19 pandemic and associated Executive Orders. The program is to be created with $200,000 of CDBG funds received under the CARES Act.

2. Award Details

Grant funds will be available in the amount of $10,000 and will be provided to eligible Redford Township small businesses as defined by the HUD-CDBG program guidelines.

Grants are intended to provide funding to help eligible small businesses to replace lost revenue needed to pay for the following regularly occurring costs, provided that they retain or create jobs held by individuals with low-moderate income:

- Payroll for employees
- Rent/mortgage
- Utilities
- Other similar expenses that occur in the ordinary course of the recipient’s business
3. **Eligibility Criteria**

A small business physically located within Redford Township may apply that meets all the following requirements:

- Business located within Redford Township, along a major commercial corridor (i.e. brick & mortar business);
- Business has demonstrated a loss of revenue due to the COVID-19 pandemic or associated Executive Orders;
- Business has fewer than 50 employees (full-time, part-time and owner);
- Business can provide documentation that at least 50% of full-time and part-time employees receive a pay rate of less than or equal to 80% Area Median Income - AMI (as defined in the income chart below);

**-AND-**

Meets one of the following criteria:

- Business retains at least 50% of employees on payroll during COVID-19 pandemic -OR- business can provide documentation that at least 75% of employee positions available in 2020 will be retained/reinstated within one month of business operating restrictions being lifted.

### Employee Family Size/Gross Household Income Chart

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
<th>7 persons</th>
<th>8 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% AMI</td>
<td>$44,000</td>
<td>$50,250</td>
<td>$56,550</td>
<td>$62,800</td>
<td>$67,850</td>
<td>$72,850</td>
<td>$77,900</td>
<td>$82,900</td>
</tr>
</tbody>
</table>

HUD 2020 INCOME LIMITS: Effective April 2020  (subject to change)

4. **Application Process**

Required business information to be submitted:

- Monthly expenses (payroll, rent/mortgage, utilities, inventory, etc);
- Actual monthly revenue for January 2020 to current date;
- Forecasted monthly revenue loss for March 2020 to current date;
- Business Incorporation documents

To apply, please follow the steps below:

- Fill in all applicable fields of the application;
- Provide copies of any required documentation;
- Submit to the Redford Township Community Development office located in the Redford Township Community Center, 12121 Hemingway, Redford, MI 48239
Applications will be available on an open-ended basis until all designated grant funds are disbursed or the Charter Township of Redford determines that grant funds are no longer necessary to mitigate the negative effects of the COVID-19 pandemic.

5. **Selection Process**

All applications submitted will be reviewed by Community Development staff. Initial screenings will determine eligibility based on the above criteria and completeness of application. Applications deemed eligible and complete will be processed by staff. Staff may choose to reach out to the applicant to request clarification or additional documentation.

6. **Distribution of Funds**

Once a decision has been made by the Community Development Department, the applicant will be notified regarding the approval or denial. Once this has been done, the Charter Township of Redford will issue a check for the approved grant amount and mail it to the confirmed mailing address within approximately ten business days.

**IMPORTANT NOTE:** Any grant award may be considered taxable income and you will receive a 1099 for the funds at the end of this tax reporting year. Each business should consult with its tax professionals to determine whether the grant award is considered taxable income.

7. **Use of Grant Funds**

Grant recipient may use the grant funds only for the following regularly occurring costs:

- Payroll for employees
- Rent/mortgage
- Utilities
- Other similar expenses that occur in the ordinary course of the recipient’s business

Grant recipient will be required to provide proof that the funds have been spent on the above approved uses as outlined in the applicant’s original application within 45 calendar days from disbursement of grant funds. If the grant recipient fails to provide such proof and/or uses the grant funds for any other purpose, the grant recipient may be required to repay the grant funds.
8. **Applicant/Grant Recipient Information**

Documents in the Charter Township of Redford’s possession may be subject to disclosure under the Michigan Freedom of Information Act (“FOIA”). Accordingly, the Charter Township of Redford cannot guarantee the confidentiality of an applicant’s or grant recipient’s submissions. The Charter Township of Redford specifically does not warrant that any documents submitted in connection with the grant application are exempt from disclosure under FOIA. Applicants and grant recipients should clearly mark such information as proprietary and confidential. Applicant and grant recipient data will not be sold.

The information contained herein is subject to the actual grant and the written terms and conditions contained therein, as the same may be amended from time to time. The Charter Township of Redford also reserves the right to make the final determination of any person’s eligibility and/or qualifications for program benefits, and to make allocation of program benefits as it may, in sole discretion deem appropriate.

If you have questions about the Small Business Relief Program, please contact the Community Development Department at 313-387-2771 -or- hcdd@redfordtwp.com.