

**CITY OF LA CROSSE**  
SMALL BUSINESS RELIEF GRANT

**BUSINESS INFORMATION**

Applicant Business Name:

Doing Business As (DBA):

Applicant/Business owner 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 La Crosse code or regulatory violations or in bankruptcy? Is the business or business owner delinquent in any city, federal, state taxes, child support? Yes No

BUSINESS TYPE:  LLC  Partnership  Sole Proprietor  Other

**BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY**

## PROPOSED USES OF FUNDS

AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Other(specify):
<b>Total Relief Grant Funds Request (Max \$5000 PER 10 EMPLOYEES; UP TO \$25,000):</b>	
\$	

Please specify below the jobs your business intends to retain or create through the funds provided by the Relief Fund.

Position Title:	Hours Worked per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:

*Please indicate any additional jobs retained on a separate sheet*

## EMERGENCY NEED

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
2. Please use the space below to explain how the funding will help your business remain viable and prevent layoffs:
3. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created:

## Other Funds

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19:
2. Describe other funds you intend to apply for and the amounts and sources of those funds and total amount (e.g. SBA loan, WEDC SB 20/20f, unemployment insurance benefits, etc.).
3. Indicate if you are receiving any "Business Interruption Insurance" and the amount.
4. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.

**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 La Crosse. 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.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).**

<b>Please submit <u>copies</u> of documents along with application</b>	
	Small Business Relief Grant Application (this document)
	Owner Income(s) self-verification form using template in Appendix A
	Owner's last two years of recently completed IRS Form 1040 (all owners 51% of business or more)
	Business Operating Agreement – (for businesses with multiple partners)
	Copy of liability insurance (or willing to obtain)
	Previous four weeks of payroll or other documents 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).

## APPENDIX A- Business Owner Income Documentation and Conflict of Interest Certification

**INCOME** is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Please circle which box applies to you, match household size (number of family members) to income:

Number of Family Members in Household (Select one)	Annual Income Select Which Household Size and Income Applies to You	
1	\$43,050 or less	Above \$43,050
2	\$49,200 or less	Above \$49,200
3	\$55,350 or less	Above \$55,350
4	\$61,450 or less	Above \$61,450
5	\$66,400 or less	Above \$66,400
6	\$71,300 or less	Above \$71,300
7	\$76,200 or less	Above \$76,200

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

**APPLICANT STATEMENT:** I hereby declare that any person(s) employed by the City of La Crosse, 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 La Crosse employee, City of La Crosse Council Member, City of La Crosse Community Development Block Grant Committee, who would be paid to perform services under this proposal. An example of indirect interest would be a City of La Crosse 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:**

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**APPENDIX B**

**CDBG & TIF RELIEF GRANT PROGRAM**

**SCORING MATRIX**

*If the proposed project meets all threshold criteria, reviewers will utilize the following project scoring criteria to evaluate the project for the purposes of making a funding recommendation. Scoring will help determine priority of project application versus other projects competing for funds. The highest scoring projects will be recommended for funding.*

**Evaluation Criteria (100 Point Scale + Bonus):**

Capacity and Experience to Operate the Business <b>(15 points)</b> <ul style="list-style-type: none"> <li>○ Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources.</li> </ul>	
Readiness to Proceed <b>(10 points)</b> <ul style="list-style-type: none"> <li>○ The Business has a thoroughly demonstrated a proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set deliverables.</li> </ul>	
Infectious Disease Response <b>(15 points)</b> <ul style="list-style-type: none"> <li>○ Business will be severely impacted by the policies put into effect due to the coronavirus pandemic <b>OR</b> business provides a support service and will need funding assistance to implement new protocols or meet higher demand</li> </ul>	
Job / Employee retention <b>(30 points)</b> <ul style="list-style-type: none"> <li>○ Proposal ensures employee retention for at least 6 months. Up to 30 Pts awarded based on Full-Time Equivalent FTE job retention: 30 Pts for 5 or more FTE positions retained, 20 Pts for 3 or more FTE retained, 10 points for 2 FTE positions retained, 5 points for 1 FTE positions retained, and 0 points for a lower ratio of retained jobs. One FTE position is defined as 40 hrs per week, or any combination of part-time positions combining for 40 hours per week, including owners.</li> </ul>	
Minority Business Enterprise or Business Owner is Low-Moderate Income <b>(10 points)</b>	
Project Costs <b>(10 points)</b> <ul style="list-style-type: none"> <li>○ Project costs are reasonable, all other sources of financing committed, grant resources as not being substituted for other available resources</li> </ul>	
Located in a Neighborhood Revitalization Strategy Area <b>(10 points)</b> <ul style="list-style-type: none"> <li>○ Business <i>is or will be</i> located in a neighborhood revitalization strategy area see here for maps: <a href="http://www.cityoflacrosse.org/nrsa">www.cityoflacrosse.org/nrsa</a></li> </ul>	
Application Completeness <b>(5 point BONUS)</b> <ul style="list-style-type: none"> <li>○ Up to 5 point bonus for application with concise descriptions and backup information, professional writing and accurate math.</li> </ul>	
Use of City Managed Financing <b>(5 point BONUS)</b> <ul style="list-style-type: none"> <li>○ 5 bonus points for application that is not, or has not been, a recipient of City Financial Programs</li> </ul>	
<b>TOTAL</b>	