



# CITY OF CUDAHY

## SMALL BUSINESS SUPPORT PROGRAM

### Application

The City of Cudahy offers one-time \$10,000 grants to help small businesses to create and retain jobs for the community by stabilizing weakened businesses and encouraging business owners to expand their business. The program is made possible via the Los Angeles Community Development Authority (LACDA), through the Community Development Block Grant (CDBG) Program, from the U.S. Department of Housing and Urban Development (HUD) therefore businesses requirements to be eligible for the program.

**Please type or use BLUE or BLACK ink. Please write legibly. All blanks must be completed or have N/A written.**

#### 1. APPLICANT INFORMATION

DATE: \_\_\_\_\_

Business owner name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address (location): \_\_\_\_\_

Business phone: \_\_\_\_\_ Website: \_\_\_\_\_

Business License #: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Organizational Structure:  LLC  S Corp.  Sole Proprietorship  Corporation  Other: \_\_\_\_\_

Tax ID number/IRS EIN #: \_\_\_\_\_ UEI #\*: \_\_\_\_\_

**\*The Unique Entity ID (UEI) number is required for all entities receiving federal funds. Obtaining a UEI number is free.** Obtain one by applying online at <https://sam.gov/content/entity-registration>.

## 2. BACKGROUND INFORMATION

- a. Is the business owner(s) or any individual owning 20% or more of the equity of the business subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction, or presently incarcerates, or on probation or parole?

No  Yes

- b. Within the last 5 years, for any felony, has the business owner(s) 1) been convicted, 2) plead guilty, 3) pleaded nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

No  Yes

- c. Is the business owner(s) presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

No  Yes  If yes, please describe:

- d. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens?

No  Yes  If yes, please describe:

- e. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?

No  Yes  If yes, please describe:

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Cudahy or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Cudahy's verification of various eligibility requirements.

f. Are there any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business owner(s)?

No     Yes     If yes, please describe:

g. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?

No     Yes     If no, please explain:

h. Has the business received any grant or loan assistance in response to the COVID-19 pandemic?

No     Yes     If yes, please list the source, amount, date below:

**3. FINANCIAL INFORMATION**

a. Provide a description of your business, including the types of services and/or products you provide.

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b. Who is your target market?

c. List your business industry (e.g. Restaurant, Retail, Manufacturing, etc.)

d. What is your business's future goal(s)?

e. List the number of staff your business directly employs:

- Full-time \_\_\_\_\_
- Part-time \_\_\_\_\_

Are these permanent or seasonal positions?

f. Please explain how this grant will assist your business.

g. Please describe other sources of funding for business expenses, including revenues, personal funds, grants or loans received since March 2020: \$ \_\_\_\_\_.

h. Describe how, if awarded the grant, you intend to meet the requirement to retain or create one permanent, full-time equivalent job.

#### 4. ASSURANCES AND SIGNATURES

**I understand and by signing agree** that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of Cudahy promptly in writing upon any material change in the information provided herein. The City of Cudahy is authorized to make such inquiries as deemed necessary and appropriate to verify the accuracy of this application.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this Agreement.
- If funds are provided by the City of Cudahy, the funds will be used as identified in the application packet.
- I will voluntarily submit supporting documentation on a quarterly basis (every 3 months) to demonstrate that the grant funds are being used as intended and described here. If the intended use of funds changes, I must notify the City of Cudahy in writing at least five (5) days before the use of these funds.
- **I acknowledge that grant funds must be utilized by June 30, 2022.**
- I bear full responsibility for any and all tax consequences and of receiving grant funds, including but not limited to, issuance of an IRS Form 1099 by the City of Cudahy.

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Applicant Name

Date

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Applicant Signature

Date

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**PLEASE DIRECT ALL QUESTIONS TO:**

Andres Rangel  
Management Analyst  
Phone: (323) 773-5143  
Email: [arangel@cityofcudahyca.gov](mailto:arangel@cityofcudahyca.gov)

**PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS EITHER BY MAIL TO:**

City of Cudahy Small Business Support Program  
C/O Andres Rangel  
5220 Santa Ana St.  
Cudahy, CA 90201

**OR**

**BY EMAIL TO:**

[Arangel@cityofcudahyca.gov](mailto:Arangel@cityofcudahyca.gov)

## Attachment A: Meeting LMJ National Objective

Please complete all information below.

Business owner name(s): \_\_\_\_\_

Business name: \_\_\_\_\_

Total number of current employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

### SECTION A.1-COMPLETE ONLY IF GRANT FUNDS WILL BE USED TO RETAIN STAFF

**INCOME CERTIFICATION**

Per program requirements, the business **must commit** to retain (for one year) or create employment for at least one full-time equivalent position by a low-and moderate-income (LMI) person(s).

**The business is required to have all employed staff complete the Participant Data Form (Attachment A.1) to demonstrate that it meets the LMI requirement.** You will need the information collected from this form to complete the *Employee Table*.

**EMPLOYEE TABLE**

Using the information gathered from the **CDBG Self Certification Form** complete the table below for **all** staff the business employs. Attach additional sheets if needed.

	Employee Name	Job Title	Indicate if the Position is Part Time of Full Time	Annual Household Income	Family Size	Indicate if the employee is Extremely Low, Very Low, or Low. If neither apply use N/A
1						
2						
3						
4						
5						
6						
7						
8						
9						

## **SECTION A.2-COMplete ONLY IF GRANT FUNDS WILL BE USED TO CREATE JOBS**

If the business intends to use grant funds to create jobs, please submit the listed documents. If documents are not currently available, the business will need to work with program staff to provide them as they become available.

### **Documents to Submit**

- Job Description
- Applicant Resumes
- Job postings (social media, career websites etc.)
- Proof that the business made efforts to make the job available to LMI
- Once the position has been filled:
  - Resume
  - *CDBG Self Certification*

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## Attachment B: Summary of Costs: Business Expenses

Grant funds are intended to help businesses address the negative economic impacts caused by the COVID-19 pandemic. Use of funds is at the business owner’s discretion. Examples of eligible activities are:

- Overhead expenses;
- Rent and utilities;
- Business services (website development) to increase capacity;
- Labor expenses (excluding the owner) business inventory and supplies;
- Personal Protective Equipment (PPE); and

Name of Applicant: \_\_\_\_\_

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

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

Amount Requested: \_\_\_\_\_

Item/Expense:	Cost:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	\$

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Applicant Signature

Date

# CDBG Self Certification Form

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input checked="" type="checkbox"/> HUD 24 CFR Part 5	<input type="checkbox"/> IRS Form 1040	<input type="checkbox"/> American Community Survey
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**Business**

Business Name	Business Address:
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**Beneficiary Information (Employee Information)**

Last Name:	First Name:
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**Member Information**

Place an "X" in the category that best matches the household member.

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

**HEAD OF HOUSEHOLD**

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**OTHER BENEFICIARY ADULTS\***

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.