

Oberlin Emergency Grant Application

OEG-1

Date:

Legal name of Business	Business Type:	Tax ID/SSN
Business Physical Address:		
City:	State:	ZIP: Phone:

Primary Contact:	Job Title:	
Home Address of Owner(s):	Number of Owners: Business Established Date:	
Email Address:		
Total Working Capital Need: List any and all other funding you are currently seeking. Including but not limited to Bank loan, SBA loans, Public or Private loans, Grant funding, ETC.		
Jobs Retained: Full-Time:	Part-Time:	Will full or part-time jobs be retained as a result of this funding?
Average Wage:	Average Wage:	
How Many full-time employees does your Business employee?		
How many part-time employees does your business employee?		
Please provide a short description of services your business provides.		

Voluntary Demographics

Gender

Veteran

Race

Please circle your selections.	MALE	YES	American Indian or Alaskan Native
	FEMALE	NO	Asian
			Black or African American
			Hispanic or Latino
			Native Hawaiian or other Pacific Islander
			White

Please contact Susan Unger for grant applications and application questions at 785-475-2217 or by email at sunger@oberlinkansas.gov

<p>Please provide a short description of how COVID- 19 is negatively impacting the business (e.g. weekly sales average drop for restaurants, occupancy rates drop for hotels, etc).</p>		<p>1 – 5</p>
<p>Describe how the use of the Oberlin Relief Grant enhances the ability of this business to survive</p>		<p>1 – 5</p>
<p>Does your business have employees? If so how has COVID-19 impacted staff? (e.g. reduced hours, layoffs)</p>		<p>1-5</p>
<p>Please list any other business resources partners that the business is working with if any (e.g. small business development centers, economic development centers, industry or trade services).</p>		<p>1-5</p>

DID YOUR BUSINESS RECEIVE BENEFIT FROM ANY OF THE BELOW PROGRAMS?

- **SBA Payment Protection Program Loans**
- **SBA Economic Injury Disaster Loans**
- **SBA Express Bridge Loans**
- **SBA Debt Relief Program**
- **FEMA Disaster Relief Fund**
- **FEMA Public Assistance Program**
- **FEMA Emergency Food and Shelter Program**
- **TREASURY The Corona Virus Relief Fund**
- **TREASURY Unemployment Insurance Provisions**
- **IRS Economic Impact Payments**
- **USDA Commodity Assistance Program**
- **USDA Child Nutrition Programs**
- **USDA Supplemental Nutrition for Women, Infants and Children**
- **USDA Nutrition Assistance Block Grant to Territories**
- **USDA Disaster Household Distribution**
- **USDA Summer Food Service Program**
- **USDA The Emergency Food Assistance Program**
- **USDA Pandemic EBT**
- **USDA Supplemental Nutrition Assistance Program Emergency Allotments**
- **HHS Community Living Allocation**
- **LABOR Dislocated Worker Grants**

IF SO, PLEASE CIRCLE THE ABOVE PROGRAMS UTILIZED AND LIST BELOW EXACTLY WHAT THOSE FUNDS WERE USED FOR:

PLEASE NOTE THAT YOU CANNOT APPLY FOR ANY CV FUNDING THAT DUPLICATES THE “ACTIVITY” YOU USED THE ABOVE FUNDS FOR. IE: IF YOU USED PPP, YOUR FIRM IS INELIGIBLE FOR PAYROLL. IF YOU USED EIDL FOR INVENTORY, YOUR FIRM IS INELIGIBLE FOR INVENTORY. CV FUNDS CANNOT BE USED TO PAY FOR EXISTING DEBT.

IS THIS A MICRO BUSINESS (1-5 EMPLOYEES)? YES OR NO
IS THIS AN ED BUSINESS (6-50 EMPLOYEES)? YES OR NO
HOW MANY JOBS ARE BEING RETAINED? _____

CONFLICT OF INTEREST –

ARE YOU A CITY COUNCIL MEMBER? Yes _____ No _____

ARE YOU A CITY EMPLOYEE? Yes _____ No _____

ARE YOU RELATED TO ANY OF THE ABOVE? Yes _____ No _____

IF YES, PLEASE DESCRIBE:

ARE YOU CURRENT ON YOUR PROPERTY TAXES? Yes _____ No _____

IF NO, PLEASE EXPLAIN: _____

INELIGIBLE BUSINESSES

- HOME BUSINESSES SUCH AS MARY KAY, AVON, ETC.
- FARMERS AND RANCHERS
- NON-PROFIT ORGANIZATIONS
- BUSINESSES THAT WERE NOT IN EXISTANCE PRIOR TO 3/1/2020

Note: A business may only apply for and receive OBG funds one time.

Please be sure to attach documentation that matches or exceeds the amount of funds you are applying for. If you are applying for payroll, be sure to attach payroll documentation. If you are applying for other working capital needs (inventory, utilities, taxes, etc.), please provide receipts to document all costs. Remember, only expenses after March 1, 2020 are eligible.

Certified by: _____

Business Owner

Date: _____