Berks County's Small Business Restart Grant (SBRG) Program
Pre-Screening Form

1. Where is the physical address of your business? Business must be in Berks County limits.

____________________________________________________________________________________

2. How long has your business been open and/or in operation in Berks County?

   Note: Your business must be in business for at least one (1) year from the date of the application.

   ○ 1-2 years
   ○ 3-5 years
   ○ 6-10 years
   ○ More than 10 years

3. Are you currently a party to any lawsuit or pending lawsuits in Berks County, the Commonwealth of Pennsylvania, and/or any other State/Federal District or Territory of the United States? If yes, then you are not eligible for this program.

   ○ Yes
   ○ No

4. Are you currently in bankruptcy? If yes, then you are not eligible for this program.

   ○ Yes
   ○ No

5. Has any owner listed defaulted on a federal, state, local, or commercial loan within the last 15 years? If yes, then you are not eligible for this program.

   ○ Yes
   ○ No
6. Is your business owned in part or fully by a Berks County, City of Reading, or municipal staff, administrator, or leader? If yes, then you are not eligible for this program.

- [ ] Yes
- [ ] No

7. What type of business do you own?

- [ ] Agricultural (growers to producers)
- [ ] Restaurant
- [ ] Construction
- [ ] Travel and Tourism (e.g., lodging, attractions, conferences, event space rentals, etc.)
- [ ] Transportation and Logistics
- [ ] Entertainment
- [ ] Information Technology
- [ ] Professional Services (e.g., engineering, legal, architectural, interior design, etc.)
- [ ] Healthcare, Home Care, and ADA Patient Care
- [ ] Cleaning Services (residential, commercial, industrial)
- [ ] Retail
- [ ] Hair Salon / Nail Salon / Barber Shop
- [ ] Landscaping
- [ ] Gym / Fitness / Personal Training / Nutrition / Weight Loss
- [ ] Consulting
- [ ] Sales
- [ ] Photography, Graphic Design
- [ ] Bakery / Coffee Shop
- [ ] Catering
- [ ] Day Care and Support Services (e.g., Child Care, Adult Day Care, etc.)
- [ ] Car, Truck, and Equipment Rental
- [ ] Other: ____________________________________
8. Has the owner(s) ever been convicted of a felony and/or is presently subject to indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

☐ Yes
☐ No
1. Business Information

Grant Amount: ____________

Business Name: ____________________________________________________________

Name of Business Owner(s) and Title(s):

Name: __________________________ Title: __________________________

Name: __________________________ Title: __________________________

Name: __________________________ Title: __________________________

Business Address:

Full Address: _____________________________________________________________

Municipality: __________________________ County: __________________________

State: __________________________ Zip Code: __________________________

Telephone Number: ______________ Email: __________________________

Address: ________________________________________________________________

Contact Person and Title, if different from Business Owner(s):

Name: __________________________ Title: __________________________

Telephone Number: ______________ Email: __________________________

EIN or Business Tax ID#: ________________

DUNS Number: ________________

Date Business Established (Month, Day, and Year): ________________
2. Form of Business Ownership

☐ Sole Proprietor  ☐ C-Corp  ☐ S-Corp  ☐ LLC  ☐ LLP  ☐ Partnership  ☐ Other

If Other, please describe: ________________________________________________

3. Business Owner(s) Information

a. Business Owner 1 - (with at least 20% or more business ownership interest)

First Name, Middle Initial, and Last Name

______________________________________________________________

% Ownership_______ Title _________________________________

# of years with the business ______

Street Address of Personal Residence;

______________________________________________________________

Address

______________________________________________________________

City ___________________ State ___________________ Zip Code

Cell Phone #______________ Email Address ________________________

Date of Birth______________ Social Security Number ________________
b. Business Owner 2 - (with at least 20% or more business ownership interest)

First Name, Middle Initial, and Last Name

_____________________________________________________________

% Ownership_________ Title _________________________________

# of years with the business ______

Street Address of Personal Residence;

_____________________________________________________________

Address

_____________________________________________________________

City __________________________ State __________________________ Zip Code

Cell Phone #__________________ Email Address __________________________

Date of Birth__________________ Social Security Number __________________________

c. Business Owner 3 - (with at least 20% or more business ownership interest)

First Name, Middle Initial, and Last Name

_____________________________________________________________

% Ownership_________ Title _________________________________

# of years with the business ______

Street Address of Personal Residence;

_____________________________________________________________

Address

_____________________________________________________________

City __________________________ State __________________________ Zip Code

Cell Phone #__________________ Email Address __________________________

Date of Birth__________________ Social Security Number __________________________
4. **Demographic Profile of Grant Applicant(s)**

Is 51% or more of your business owned by a person or individuals in any of the following categories, and please check all that apply (this information will be used for reporting purposes only):

- Non-Minority Man
- Minority Man
- Non-Minority Woman
- Minority Woman
- Veteran
- Veteran with Service-Disability
- Person with a Disability
- Not Applicable
- Other: ________________________________

5. Has an owner(s) listed above (under Question 3) defaulted on a local, county, state, and/or federal government loan?

- YES  
- NO

6. Is your business currently operating?

- YES, normal business hours
- YES, but with shortened hours and/or reduced services
- NO, we are closed until the “Stay at Home” orders are lifted
- NO, we are closed and may not re-open

7. How many people did your business employ prior to COVID-19? Please indicate the number of both Full-Time (FT) and Part-Time (PT) positions (including the business owner/s).

__________ Full-Time Positions  
________________ Part-Time Positions
8. How many people does your business currently employ after the COVID-19 pandemic? Please indicate the number of both FT and PT positions (including the business owner/s).

_________ Full-Time Positions  _________ Part-Time Positions

*If you’ve listed employees above and they receive a W-2 statement, please provide their names, status (part-time or full-time) and average hours worked each week below in the spaces provided:

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Hrs/week</th>
<th>Name</th>
<th>Status</th>
<th>Hrs/week</th>
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9. What was your average weekly and monthly revenue prior to COVID-19?

___________ Weekly  ____________ Monthly

10. What is your average weekly and monthly revenue now?

___________ Weekly  ____________ Monthly

11. How will this grant help to re-open and sustain your business?
12. Will the Small Business Restart Grant be necessary to retain or rehire your employees?

☐ YES    ☐ NO

13. If you answered “YES” to Question 12 (above), how many employees will be impacted?

__________ Full-Time Positions    __________ Part-Time Positions
14. Have you recently applied for a government-funded loan program (i.e., city, county, state, or federal government loan program) for this business in response to COVID-19?

☐ YES  ☐ NO

If yes, please list the loan program(s):

<table>
<thead>
<tr>
<th>Name of Program (i.e. EIDL)</th>
<th>Total Amt received</th>
<th>Date received</th>
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Total Business Loss due to COVID-19 as of June 15, 2020 $ _______________

Total Business Financial Assistance Available or Received to reopen and restart business operations (e.g., from business insurance, FEMA, SBA, private loan, line of credit, charitable institution funding sources, etc.)* $ _______________

Net Business Loss due to COVID-19 (Subtract the amount from #2 from the amount in #1) $ _______________

Maximum Grant Amount (Program Cap) $ _______________

Grant Amount Requested $ _______________

15. Please indicate the amount of payroll expenses that will be paid with the funds from the Small Business Restart Grant (SBRG) Program?

| Amount of Funds | $ _______________
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<tbody>
<tr>
<td>1. Payroll Wages</td>
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</table>
| 2. Payroll Taxes & Benefits | $ _______________

GRAND TOTAL $ _______________
16. **Conflict of Interest Acknowledgement**

Do any family relationships (by blood or marriage) exist between business owner(s) and Berks County’s (and its constituent municipalities’) elected officials, administrators, and/or staff that could pose a potential conflict of interest during the grant application and approval process?

If yes, please explain in detail and document all potential conflicts of interest associated with this small business grant program, determination of eligibility, and possible grant approval in the section below.

☐ YES  ☐ NO

Explanation:
17. **Acknowledged Responsibility to Abide by County/State/Federal Grant Program Requirements**

The small business grant applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by the County of Berks, the Commonwealth of Pennsylvania, and the U.S. Department of Housing and Urban Development.

〇 YES 〇 NO

18. **Grant Applicant Certification**

I certify that as the grant I/we meet(s) the Small Business Restart Grant Program requirements, and I will use the grant funds for eligible stated purposes. Moreover, I agree to adhere to the above provisions for all grant program funds received. All of the business’ owner(s) and authorized representative(s) have disclosed any potential conflicts of interests that could violate Berks County’s Small Business Restart Grant Program polices, criteria, and processes at the time of application.

I further certify that I have reviewed the contents of this application, and I attest under penalty of law that all information provided herein is true and accurate to the best of my ability.

Authorized Business Owner(s) and/or Representative(s)

1. ___________________________  Signature  ___________________________  Date  
   ___________________________  Printed Name  ___________________________  Title

2. ___________________________  Signature  ___________________________  Date  
   ___________________________  Printed Name  ___________________________  Title

3. ___________________________  Signature  ___________________________  Date  
   ___________________________  Printed Name  ___________________________  Title
Employee Staffing Form

Neighborhood Housing Services of Berks County has received federal Community Development Block Grant (CDBG) Program funding from the Redevelopment Authority of the County of Berks. This grant funding requires the retention of jobs.

Please provide the following demographic information which will be provided to the United States Department of Housing and Urban Development (HUD).

Thank you for your cooperation.

Your name: _________________________________________________________________
Your home mailing address: ____________________________________________________
Specify your job title: _________________________________________________________
Please specify your family’s annual income based upon latest IRS 1040 form $ __________
Please specify the number of persons in your family _________________________________
Are you a full or part-time employee? (Check one):    Full-Time      Part-Time
Are you of Hispanic or Latino ethnicity? (Check one):    Yes      No
Please check your particular race:

☐ American Indian or Alaska native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ American Indian or Alaska Native and White
☐ Asian and White
☐ Black or African American and White
☐ American Indian or Alaska Native and Black or African American
☐ Other Multi-racial

I certify that the information provided above is complete and accurate. I agree to provide, upon request, documentation on all income sources to NHS, the Redevelopment Authority or HUD.

____________________________________________           ___________________________
SIGNATURE                                                                                                       DATE

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S. C. 3729, 3802)