

**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

**Berks County's Small Business Restart Grant (SBRG) Program
Application Form**

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:

Name	Status	Hrs/week	Name	Status	Hrs/week
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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):

_____ Name of Program (i.e. EIDL)	_____ Total Amt received	_____ Date received
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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?

	<u>Amount of Funds</u>
1. Payroll Wages	\$ _____
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.

YES 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)