



Edinburgh Small Business Recovery Program

Program Overview

Edinburgh Small Business Recovery Program is a business assistance program offered by the Town of Edinburgh to offset the economic impact to small businesses as a result of the COVID-19 pandemic. The program provides grant funding of up to \$5,000 for businesses with 1-5 employees, up to \$10,000 for 6-15 employees and up to \$15,000 for businesses with 17+ employees to assist small businesses in retaining their staffing levels and/or working capital prior to the COVID-19 event. The total funding for this program is limited to \$240,000 and made possible by the Office of Community & Rural Affairs. Grant funds must be used for business related expenses, such as payroll, working capital and operating costs to retain low-moderate income jobs. This is not a loan and documentation will be required. Funds will be awarded based on demonstrated need and not all applications will be approved, or approved at level requested. Priority will be given to businesses not eligible for federal or state assistance programs.

Eligibility:

- Businesses must be physically located within the Town of Edinburgh corporate limits.
- Businesses must prove they have been significantly impacted by the Executive and Emergency Orders.
- Businesses must have been operating for six months or more.
- Businesses must have no current tax liens, code enforcement violations, or legal judgements.
- Must be in good standing with the Indiana Secretary of State.
- Businesses within town limits and not part of a national chain (i.e. franchise not headquartered in Edinburgh) will be given priority. If a second round of funding is available, franchises and chain stores with an Edinburgh address will be considered.
- Applications must be submitted with the approval of the business owner.
- One household income verification form for each employee (full or part time that receives a W2) must be completed and turned in with the application.

Application Scoring - Preference will be given to businesses that have:

- Demonstrated a commitment to the community, through support of local youth or charitable programs, good corporate citizenship, participation in community and business support organizations;
- Plans to hire, train, or assist individuals who lost jobs or experienced economic hardship during the COVID-19 crisis;
- Inability to pay rent, utilities, overhead, and supply costs;
- Unmet needs that have not been or are not anticipated to be addressed through the Small Business Administration (SBA) Disaster Loan Program or Paycheck Protection Program, or any other governmental assistance program;
- Made all reasonable efforts to keep employees employed during the recovery process.
- Increased costs based on social distancing or other public health restrictions;
- Length of time within the Town of Edinburgh.
- Priority given to businesses within Town of Edinburgh limits.

Other Criteria:

- Grant funds can be used for business related expenses such as payroll, utilities and insurance. Eligible expenses must be related to retaining jobs. Documentation may be requested. Lost revenue is not eligible.
- Business-related expenses incurred after March 16, 2020 through July 31, 2020 are eligible for reimbursement.
- 51% of all jobs retained must be low-moderate income jobs as defined by HUD. Applicants and employees must be willing to provide documentation necessary to confirm income.
- Your application must document how other financial assistance has been put to use and how these funds will be utilized for other expenses. Benefits cannot be duplicated. For example, if you received a PPP loan that paid your April utility bills and rent, you cannot request funds through this grant program for April utility bills and rent. You can request funds for May utility bills and rent if you did not receive funds through PPP for May expenses.

Review Process:

Applications will be reviewed and kept confidential by the selection committee, which will consist of 3-5 members representing the Johnson County Community Foundation (JCCF).

- Applications are due by Wednesday, June 3th, 2020 at 4:00pm and may be submitted via email to Stephanie Wagner at stephaniew@jccf.org or dropped off in a sealed envelope at the entrance to the John R Drybread Community Center, 100 E Main Cross Street, Edinburgh, IN 46124 Monday through Friday, between the hours of 8:00am and 12:00pm.
- Applications will then be reviewed by a selection committee from JCCF.
- Applications will be reviewed through June 8th. Awards will be announced the week of June 8th and payments will be disseminated shortly thereafter.
 - If funding allows, additional grants may be processed and awarded on an as-needed basis.
- In addition to the application, business owners must submit the following documents:
 - ☐ W-9
 - ☐ Profit and Loss statements (2019 and 2020 year-to-date)
 - ☐ Household income verification form for the business owner and each employee (full or part time that receives a W2).

Other Terms:

- Online applications are available on the homepage at www.edinburgh.in.us.
- Approved applicants are required to enter into an agreement with the Town of Edinburgh and Johnson County Community Foundation to participate in the Edinburgh Small Business Recovery Program.
- Funding for the Edinburgh Small Business Recovery Program is limited. Business owners who are interested in the program are encouraged to submit an application. Applications will be reviewed on a first come, first served basis, until all program funds have been allocated.
- The Edinburgh Small Business Recovery Program is intended to serve as a gap funding program to the federally funded small business relief programs. Businesses should still be applying for these programs.

I. APPLICANT INFORMATION

Business Name:	Business Address:
Business Owner:	Phone:

Contact Person:	Phone:
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Have you received assistance through the SBA disaster loan program, SBA emergency grants, the Cares Act Paycheck Protection Program (PPP) or other governmental or traditional loans from a bank? If yes, how much and what did you use it for? If no, do you intend on applying for these programs?

Please list any involvement with local networking and community organizations (Chambers), business coaching, conferences, and/or trainings related to small business development that you've attended in the last 2 years:

Do you have any state or local tax fee obligations?	
Do you have any outstanding liens or legal judgements?	
Do you have any unresolved code compliance orders?	

Please share any other information you would like the selection committee to know about your business:

II. GRANT REQUEST INFORMATION (attach additional sheets as needed)

Grant amount requested:	
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May not exceed \$5,000 for businesses with 1-5 employees
May not exceed \$10,000 for businesses with 6-16 employees
May not exceed \$15,000 for businesses with 17+ employees

How do you plan to use the grant funds?

How will these funds help your business move toward stability or sustainability?

Why would jobs be lost or eliminated if not for this grant?

III. BUSINESS OWNER INFORMATION

Please check all that apply to the business owner(s):

- Male
- Female
- Person with Disability
- Veteran
- Non-US Citizen

IV. CERTIFICATION STATEMENT

I certify that the information submitted on this application is true, accurate and correct and the Grantor may rely upon this information in processing the application. I authorize Johnson County Community Foundation selection committee for the Edinburgh Small Business Recovery Program to make inquiries as necessary to verify the accuracy of the statements made by me in the application. I agree to indemnify and hold harmless the Town of Edinburgh and Johnson County Community Foundation, their officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that committee provides before, during and after the grant review process. I agree that I will use any funds received for purposes consistent with my application and with the grant program rules.

Notice: Edinburgh Small Business Recovery Program selection committee is dedicated to maintaining the confidentiality of all private client information, including proprietary business data, business plans and tax ID numbers.

Owner or Authorized Representative Signature

Printed Name & Title

Date

V. Documentation Checklist

In addition to this application, please submit the following:

- Copy of applicant's driver's license or other form of ID
- W9
- 2019 profit and loss statement, plus interim statement showing impact during Q1 of 2020
- One household income verification form for each employee (full or part time that receives a W2)

Household Income Verification Form for HUD National Objective

Each employee, including the business owner(s), must fill out one of these forms. The information you provide on this form will remain confidential. Applications without a completed form for each employee will not be considered complete. This information is a requirement of the Office of Community and Rural Affairs and it will be used to ensure compliance with the U.S. Department of Housing and Urban Development Community Development Block Grant requirements. Funding for this grant program is being provided by the U.S. Department of Housing and Urban Development Community Development Block Grant Program to the Town of Edinburgh. If an employee is unable to complete and turn this form in to the business owner due to COVID-19 or for confidentiality reasons, the employee can call SaraBeth Drybread at 812-526-3539.

Step 1. Please Circle the number below that applies to your family size. In this case, family means all persons living in the same household who are related by birth, marriage, or adoption.

Step 2. In the column directly below your annual family size, check if your family household income is above or below the amount listed for that size household.

1	2	3	4	5	6	7	8
Persons \$44,750	Persons \$51,150	Persons \$57,550	Persons \$63,900	Persons \$69,050	Persons \$74,150	Persons \$79,250	Persons \$84,350
<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> Above <input type="checkbox"/> Below

Step 3. Due to COVID-19, city staff and volunteers are filing out this form using verbal responses from employees to minimize interaction. I certify that the above information I reported is correct, to the best of my knowledge.

Employee's Name: _____ Date: _____

Confidentiality

All information obtained on this form is treated with the utmost confidentiality and is kept in a secure and locked space by Johnson County Community Foundation and the Town of Edinburgh. It is made available for review only to the funding agency representatives to verify that only eligible clients are being served with the federally awarded funds.