

August 3, 2021
For Immediate Release
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CUMBERLAND COUNTY OFFERS COVID-19 ASSISTANCE TO RURAL SMALL BUSINESSES

CUMBERLAND COUNTY, NEW JERSEY (August 3, 2021) The Cumberland County Board of Commissioners has announced that it has appropriated a portion of the Federal Community Block CARES Funds (CDBG-CV) it is receiving for a COVID-19 Small Business Assistance Program targeted to eligible small businesses located outside of the cities of Bridgeton, Millville and Vineland. Commissioner Director Joseph Derella described the program as a “life line for our County’s rural small businesses”, stating, “As Bridgeton, Millville and Vineland are CDBG eligible cities entitled to receive funds focused on assistance to businesses in those three cities, this program will focus on small businesses in our rural municipalities who are not otherwise eligible to receive CDBG funds.”

In explaining eligibility for the grant program, Deputy Director Darlene Barber stated, “Small retail, restaurant, entertainment and non-professional service businesses with no more than ten full and part time employees who were in operation as of December 31, 2019 are eligible if the business is located in a low to moderate income area or if the owner or at least one employee who will be retained meets low to moderate income criteria.” Barber added, “Grant awards range from a minimum of \$1,000 to a maximum of \$10,000.”

Director Derella indicated that the Cumberland County Improvement Authority would administer the program stating, “The grant program requires applicants to establish their eligibility and provide proof that the funds will be used for a permitted purpose through an application process. The Authority will administer the grant as the County’s economic development agency.”

A press conference will be held in the Cumberland County Improvement Authority Training Room located at 745 Lebanon Road Millville, NJ on August 12, 2021 at 9:00 a.m. to announce the kick-off of the County Small Business Grant and Tourism Grant Programs. Director Derella is encouraging representatives of Cumberland County businesses, business organizations and local officials to attend the press conference stating, “As grant funding is limited, it is very important to get the word out to eligible businesses that can most use our help to survive these very difficult times.”

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Cumberland County COVID-19 Small Business Assistance Program



PURPOSE:

Cumberland County has appropriated a portion of its Federal Community Development Block Grant CARES Funds (CDBG-CV) for the COVID-19 Small Business Assistance Program. The program is being established to provide working capital funds to eligible small businesses that have been severely impacted by the COVID-19 pandemic.

This funding is available to small businesses outside the urban centers and CDBG entitlement cities of Vineland, Millville, and Bridgeton. For purposes of the program description, “county businesses” will exclude establishments in these three municipalities.

ELIGIBLE BORROWERS

- Cumberland County retail, restaurants, entertainment, and nonprofessional service businesses with no more than **10 employees**, including full and part-time,
- Must have been in operation as of **December 31, 2019**.
- The business **must have one employee**, which can be the business owner, who will be retained and meets the low/moderate income requirement through review of family size and family income OR by living in a low/mod area, OR by the business being located within a low/mod area
- Any businesses deemed eligible for federal assistance by the US Department of Housing and Urban Development.
- Any business that can certify that they will remain open or reopen if grant funds are approved and received.

ELIGIBLE USE OF FUNDS

The funds may be used for general operating expenses, including but not limited to: *payroll, mortgage/rent, internet connection, insurance, loan repayments, inventory or supplies for a **120-day period**, costs related to compliance with social distancing protocol and personal protection equipment are eligible for funding. Applicants must provide documentation of eligible expenses*

Specifically excluded from eligible expenses are public utility payments and real estate taxes (unless they are in escrow and included in regular mortgage payments).

INELIGIBLE USE OF FUNDS

In addition to CDBG-ineligible costs outlined in 24 CFR 570, funds under this Program **may not** be used to:

- Reimburse expenses incurred prior to Applicant approval of grant.
- Pay off non-business debt, such as personal credit cards for purchases not associated with the business.
- Reimburse personal expenses.
- Direct financing to political activities or paying off federal or state income taxes and related fines.
- Purchase personal items, or support other businesses in which the borrower may have an interest.

GRANT AMOUNT

Maximum grant award: \$10,000

Minimum grant award: \$1,000

GRANT REQUIREMENTS

- The grant funds may be used to pay eligible expenses over a 120-day period.
- Applicant must provide list of expenses to be paid with grant application and required backup documentation.
- All grants must meet the CDBG National Objective of Low/Mod Income for the benefitting business. The business must document that it will retain at least one permanent job held by a low- and moderate-income person and that the jobs would be lost without the CDBG-CV assistance. The business must document the income of the low- and moderate-income person through a written self-certification by the employee and his/her family size and total income or the business can presume that the job is held by a low-moderate income person if 1) the employee resides in a qualified low-income area or 2) the business is located in a qualified low-income area. Applicant must provide list of employees and their salaries.
- The Dept. of Housing and Urban Development prohibits the Duplication of Benefits. This occurs when funding is provided for the same costs paid by other sources. Applicant must provide a list of any and all COVID-related funding received from any source after March 16, 2020.
- Applicant must certify that business will remain open or reopen if grant funds are received. If the applicant does not remain open or reopen, the grant funds must be returned.
- Applicant will be required to complete a grant application and sign a grant agreement.
- Applicant will be required to submit proof of expenditure of funds in accordance with application
- Funds are available to all eligible applicants meeting program requirements until all funds are distributed.
- The County reserves the right to reject applications that do not meet the criteria of the program.

APPLICATION REVIEW AND EVALUATION PROCESS

The screening and review process for the program is designed to ensure that limited CDBG program funds are awarded to businesses that demonstrate the need for financial assistance and can retain or create jobs. Applications that are evaluated and determined to be eligible will be granted on a first-come first-serve basis until funding runs out.

The criteria noted below will be used to evaluate all applications requesting funding under the Cumberland County COVID-19 Small Business Assistance program, as well as determine the appropriate level of financial assistance:

- Project Need – Project need is defined as the inability of the business to maintain sufficient permanent funding to sustain normal operating working capital needs. Describe in sufficient detail the need for the assistance and the specific role of CDBG-CV funding, including any other options which have been pursued.
- Financial Feasibility – Determination must be made as to how CDBG-CV funds can address the business's need to provide adequate working capital in addressing current and future working capital needs, like payroll, operating needs and short-term liabilities.
- Commitments for Job Retention - Benefiting businesses must demonstrate they have solid commitments to remain open (for one year) OR reopen and retain or re-employ permanent jobs prior to the grant end date (one year from grant award).
- Job Retention/Creation- Unless a business applicant's owner is a member of a low-/moderate-income household and the business qualifies as a HUD-defined microenterprise, then retention or creation of at least one job held by a low-/moderate-income household is required to access funds in this program. Job retention is defined as total full- time equivalent positions retained at 40 hours per week, or any combination of part-time positions combining for 40 hours per week, including owners.

PROGRAM ADMINISTRATION

The County, through its designee- the Cumberland County Improvement Authority will:

- Market the Program and promote enrollment dates
- Accept and process applications
- Verify information provided by applicants and conduct due diligence review
- Review income eligibility information and documentation of number of employees;
- Review and underwrite applications
- Ensure timely disbursement of funds
- Maintain agreement documents and fiscal records

- Administer grants, and locally sourced funds used for this program
- Ensure compliance with program guidelines as they relate to the funding source

GRANT CLOSING PROCESS

Upon successful completion of application process, Cumberland County staff will prepare for the grant closing by preparing the grant closing documents. Based on approved evidence of eligible business expenses submitted with the application, the County will initiate the payment process. CDBG-CV funds will only be disbursed for reimbursement to the borrower for documented eligible project expenses.

EQUAL OPPORTUNITY COMPLIANCE

The Program will be implemented in ways consistent with Cumberland County's commitment to State and Federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of his or her religion, religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

APPLICANT CONFIDENTIALITY

All personal and business financial information will be kept confidential to the extent permitted by law.

DISPUTE RESOLUTION/APPEALS PROCESS

Applicants whose applications are not selected or not deemed eligible have the right to appeal the decision of the County, limited to procedural errors in the selection process. In the event that no such procedural errors are found to have occurred, the decision of the County shall be final. An aggrieved applicant may, within seven (7) business days after the selection of prospective eligible projects, appeal in writing to the Cumberland County Improvement Authority. The appeal must state all facts and arguments upon which the appeal is based.

An appointed official from the Cumberland County Improvement Authority, will review the content of the County's COVID -19 Small Business Assistance Program Guidelines, the applicant's application, and the facts which form the basis for the appeal. The appointed official will render a written decision within ten (10) business days of the receipt of the appeal. To the County Administrative office for final determination of the appeal.

EXCEPTIONS/SPECIAL CIRCUMSTANCE

Cumberland County reserves the right, at its sole discretion, to deviate from County-imposed policies and procedures in extenuating circumstances. A request for exception to program

guidelines shall be submitted to staff in writing by applicant. Exceptions are defined as any action which would depart from policy and procedures stated in the guidelines.

For further information on this program, please contact:

BEN ROBINSON, Economic Development Dept.

856-825-3700

Ben.robinson@theauthoritynj.com



RECEIVED: _____



Cumberland County
COVID-19 Small Business Assistance Program

PROGRAM APPLICATION

I. GENERAL INFORMATION

1. Name of Applicant: _____
2. Legal Name of Business: _____
3. Business Address (including block/lot): _____
4. Website Address _____
5. Mailing Address: _____
6. Contact Person: _____
7. Work Telephone: _____
8. Mobile Telephone: _____
9. Email Address: _____
10. Bank for Business Account: _____

II. OWNERSHIP & MANAGEMENT

1. Structure & Ownership (Check one)

- | | |
|--|---|
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sub Chapter S Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Trading As/Doing Business As |

III. Ownership Status

Does the business qualify as woman owned? Yes ___ No ___

Does the business qualify as minority owned? Yes ___ No ___

Ownership of Applicant Company

(List all owners, stockholders and members and percent ownership)

	Name	Percentage Owned
1.		
2.		
3.		
4.		

IV. COMPANY PROFILE

Month/year business established: _____ Tax ID or EIN # _____

Type of Business _____ DUNS # _____

Brief description of business:

V. EMPLOYEE INFORMATION

Number of Employees: Full-Time _____ Part-Time _____

List of Employees as of December 31, 2019

Employee Name	Annual Income/ Family Size	F/T or P/T	Current Status		
			Working	Laid Off	Terminated

A business owner or *an employee* must not exceed the maximum 80% AMI income threshold (\$43,150). Please refer to the HUD Income Limits and check all that apply below:

Household Size	1	2	3	4	5	6	7	8
Income	\$43,150	\$49,300	\$55,450	\$61,600	\$66,550	\$71,500	\$76,400	\$81,350

Owner/Employee Low Moderate Income Information

Owner/Employee: Name _____ Annual Income _____
 Full Time/Part Time: _____ Hours Per Week _____
 Family Size _____ Address _____

VI. CURRENT MONTHLY EXPENSES

Payroll: \$ _____
 Rent/Mortgage: \$ _____
 Real Estate Taxes: \$ _____
(if not included in lease)
 Insurance: \$ _____
 Utilities: \$ _____
 Inventory: \$ _____
 Other: \$ _____
 \$ _____
 \$ _____

Total Monthly Costs: \$ _____

VII. PREVIOUS COVID-19 RELATED ASSISTANCE RECEIVED:

Program	Date	Amount

VIII. PROPOSED USE OF FUNDS

Please list the proposed use of funds and the associated costs; provide any verification of the costs such as estimates, quotations, loan information.

Proposed use	Amount	Invoice/quote attached

- 1) Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.

- 2) Explain how the funding will help your business remain viable and prevent layoffs.

- 3) Have you or do you plan on creating any new lines of business products or services to meet new or changed demand from the COVID-19 pandemic? Any new jobs created?

IX. SUPPORT INFORMATION & DOCUMENTATION REQUIRED

- a. Copy of NJ-WR30 for proof of employees
- b. Paystubs for one low/moderate income employees
- c. Two most recent years of State and Federal Tax returns
- d. W-9 (attached to this application)
- e. Copy of Lease or Property Loan Document (Mortgage statement)
- f. Copy of Utility Bill payment-paid receipt for last month
- g. Real Estate Tax Bills- paid receipt for last quarter
- h. Most recent Bank Statement
- i. Photo ID
- j. Duns Number

X. CERTIFICATION

The business certifies that the information and documentation contained in this application is accurate, complete and true to the best of his/her knowledge. The Business also certifies that it has read and understands the application guidelines. The business acknowledges that grant must be repaid if the business violates any of the terms or conditions of the Agreement or otherwise defaults under the Agreement.

Name, Printed and signed

Date

Title

GRANT AGREEMENT

Covid-19 Small Business Assistance Program

THIS Agreement (this "Agreement") dated _____, 2021, is made between (the "Business") and the County of Cumberland, a municipal corporation of the State of New Jersey, whose address is 164 West Broad Street, Bridgeton, New Jersey (the "County").

RECITALS

The County of Cumberland has appropriated a portion of its federal Community Development Block Grant CARES Funds (CDBG-CV) to establish the COVID-19 Small Business Assistance Program (the "Program").

The Program has been established to provide working capital funds to eligible small businesses in areas outside of the three CDBG entitlement communities (Vineland, Millville, Bridgeton) that have been severely impacted by the COVID-19 pandemic.

The Program will be marketed and administered by The Authority, as authorized by Cumberland County Board of Commissioners Resolution 2021-119, passed on February 16, 2021

AGREEMENT

In consideration for the mutual promises contained herein and for other good and valuable consideration, the parties agree to modify the terms of the Promissory Note as follows:

1. The Business warrants and represents that:
 - (a) it has no more than **10 employees** including full and part-time employees;
 - (b) it was in business as of **December 31, 2019**;
 - (c) the Business is currently open or will reopen when permitted under guidelines issued by the State of New Jersey;
 - (d) it meets the CDBG National Objective of Low/Mod Income for the benefiting business. The business must document that it will retain at least one permanent job held by a low- and moderate-income person and that that the job(s) would be lost without the CDBG assistance. The business must document the income of the low-and-moderate income person through a written self-certification by the employee of his/her family size and total income or the business can presume that the job is held by a low-moderate income person if 1) the employee resides in a qualified low income area (Census tract with at least 70 percent LMI persons), or 2) the business is located in a qualified low income area (Census tract is one that is located within a Federally-designated Empowerment Zone or Enterprise Community or a Census tract that: (a) has a poverty rate of at least 20 percent.)
 - (e) the Business has is deemed eligible for COVID-19 relief by definition of the U.S. Department of Housing and Urban Development;
 - (f) the Business maintains its principal place of business in the County of Cumberland; within a non-entitlement municipality

- (g) the Business certifies and attests that funds received in this program will not duplicate other federal aid received by the business as a result of the COVID-19 pandemic; and
 - (h) all the information contained on the application for this Grant is true and correct.
2. The Business acknowledges and agrees that the representations contained in paragraph 1 above are a material part of this Agreement. If any of the representations in paragraph 1 above are not true, the Business shall be deemed to be in default under the terms of this Agreement.
 3. It is a condition of the Grant that the monies received by the business be used to pay eligible expenses for a 120-day period from the date of the Grant. Eligible expenses may include payroll, rent, utilities, insurance, existing loan repayments and/or cost to comply with the State of New Jersey and any local social distancing and personal protection policies.
 4. The Business agrees to remain open or reopen if grant funds are received.
 5. The Business agrees to comply with all State and Local guidelines as they pertain to social distancing, reopening, or other issues related to the COVID-19 pandemic.
 6. Upon the execution of this Agreement, the submission of an application for the Grant and approval of the Grant, the County will provide the Business with a Grant of up to \$10,000.00
 7. Provided that the terms of this Agreement are fully complied with, the business provides evidence of appropriate use of the funds, and the Business is not otherwise in default under the terms of this Agreement, the Grant does not have to be repaid.
 8. In the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement the full amount of the Grant shall be immediately due and payable.
 9. The Parties acknowledge and agree that the amount of the Grant to be provided to the Business is \$ _____ .
 10. By signing this Agreement on behalf of the Business the undersigned hereby guarantees repayment of the Grant in the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement.

Witness: **County of Cumberland**

_____	_____
Name, Title	Date

Business:

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Name, Title	Date

COVID-19 SMALL BUSINESS ASSISTANCE PROGRAM

APPLICATION CHECKLIST

Business Name: _____

Funding Requested: \$ _____

APPLICATION:

- _____ Application form
- _____ Supporting documentation
 - _____ 2 Years Tax Returns
 - _____ WR30 employees or W9
 - _____ Lease
 - _____ Utility Bills
 - _____ Real estate tax bill
 - _____ Latest bank statement
- _____ Monthly Budget
- _____ Grant Purpose
- _____ Employee List
- _____ Photo ID

PARTICIPATION AGREEMENT

- _____ Signed Grant Agreement

OTHER

- _____ Receipts/Invoices/Estimates

APPLICATION REVIEW

Name:

Amount:

_____ All Documents -complete

_____ Eligibility check

_____ Employees

_____ L/M Requirement

_____ Eligible Uses of funds

_____ Duplication of Benefits

_____ Underwriting

+++++

CERTIFIED AS COMPLETE AND ELIGIBLE:

Kim Ayres

Date:

FORWARDED TO COUNTY: _____

FORWARDED TO FINANCE: _____