

TOWN OF BROOKHAVEN COMMUNITY DEVELOPMENT



EMERGENCY MICROENTERPRISE BUSINESS RELIEF GRANT PROGRAM

GUIDELINES

May 2020

Edward P. Romaine, Supervisor

Valerie M. Cartright, District 1

Jane Bonner, District 2

Kevin J. LaValle, District 3

Donna Lent, Town Clerk

Louis Marcoccia, Receiver of Taxes

Daniel Losquadro, Superintendent of Highways

Michael A. Loguercio Jr., District 4

Neil Foley, District 5

Daniel Panico, District 6

1.0 INTRODUCTION

EMERGENCY MICROENTERPRISE BUSINESS RELIEF GRANT PROGRAM

The Town of Brookhaven has received a Special Allocation of funds provided by the U.S. Department of Housing and Urban Development (HUD) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116-136) in response to the COVID-19 pandemic. The Town of Brookhaven, through the Department of Housing and Human Services, has created an Emergency Microenterprise Business Relief Grant Program to help mitigate the economic hardships experienced by small businesses during the COVID-19 pandemic. This funding mechanism is designed to serve microenterprise businesses within the Town. A microenterprise business is a business with five or fewer employees, one or more of whom owns the business/enterprise. This will help to sustain the microenterprise business during this period of economic slow-down. The primary Community Development Block Grant objective of assistance to low-and-moderate income business owners will be through grants to assist in overhead costs of microenterprise businesses within the Town of Brookhaven. Grants provided may be up to \$10,000 per business.

THE DEADLINE FOR SUBMITTING APPLICATIONS IS MAY 20, 2020 at 4:30pm. Application will be processed on a first come/first served basis until such time as program grant funds are exhausted. Applications can be emailed prior to the deadline to Christine Rignola at CRignola@brookhavenny.gov. If you have any questions, please contact Christine at (631) 451-6602.

2.0 ELIGIBILITY AND TERMS

Eligible businesses may be awarded up to \$10,000 in grant funds through the Emergency Microenterprise Business Relief Program application process.

i. Eligibility

- Businesses must be located in the Town of Brookhaven
- Applicant is a majority (a minimum of 51%) owner of business
- Applicant must qualify under Low/Mod Income guidelines, as defined by HUD (See Appendix A)
- A microenterprise business means a business having 5 or fewer employees, one or more of whom owns the business.
- Applicant is 18 years or older
- Applicant has or will have a valid Social Security Number (SS#), Employer Identification Number (EIN), Data Universal Numbering System (DUNS#) and Business Bank Account
- Applicant is not currently in bankruptcy
- Applicant must resolve any conflict of interest with the Town of Brookhaven

ii. Grant Amount

- Maximum request: \$10,000
- Minimum request: \$1,000

2.1 INELIGIBLE APPLICANTS

- Ineligible businesses include but not limited to payday businesses, liquor and tobacco stores, pawn shops, firearm or other weapons dealers, adult entertainment, passive real estate investments, or home-based businesses operating without appropriate zoning and/or permits.
- Applicants who have received other sources of funding as a result of COVID-19 are not eligible for this program.
- Businesses listed on the Federal Debarred list (SAM Search)

2.2 ELIGIBLE USE OF FUNDS

The Town of Brookhaven Department of Housing and Human Services will review all submitted applications. Grants are restricted to certain eligible costs including: lease cost of business premises, utilities, employee salary and benefits, including Personal Protective Equipment (PPE) to prevent, prepare for and respond to COVID-19.

2.3 INELIGIBLE USE OF FUNDS

In addition to CDBG-CV ineligible costs outlined in 24 CFR 570, funds under this Emergency Microenterprise Business Relief Grant Program may not be used for:

- Payments of non-business debt, such as personal credit cards for purchases not associated with the business
- Exceptions may be accepted with appropriate documentation

2.4 PROGRAM ADMINISTRATION

The Town will:

- Originate Emergency Microenterprise Business Relief Grant funds
- Accept and process applications
- Environmental Review, if applicable
- Complete Income Eligibility qualification and document number of employees
- Maintain application and all required documents
- Ensure compliance with guidelines

2.5 GRANT TERMS AND CONDITIONS

- Grant - the funding is in the form of a grant. Business must be able to provide evidence for expenses incurred up to December 31, 2020. Documentation of costs paid with the grant funds shall be forwarded to the Town. Documentation shall include cancelled checks, invoices, payroll registers and payroll tax returns. Additional documentations may be required upon request.
- Undocumented grant spending must be returned to the Town.
- Applicant agrees to provide required income and demographic data from applicants
- Amount - up to \$10,000 of grant funds.

2.6 EQUAL OPPORTUNITY COMPLIANCE

The Emergency Microenterprise Business Relief Grant Program will be implemented in ways consistent with the Town'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.

2.7 APPLICANT CONFIDENTIALITY

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

2.8 CONSIDERATION OF SPECIAL CIRCUMSTANCES

The Emergency Microenterprise Business Relief Grant program reserves the right, at its sole discretion, to take into consideration extenuating circumstances, as permitted by HUD.

2.9 APPLICATION REVIEW PROCESS

Applications for the Emergency Microenterprise Business Relief Grant Program will be reviewed and scored by the Town. Top scoring applications will be recommended for approval, until funding is exhausted. Contracts for approved grant applications will be drafted and executed by the Town.

3.0 GRANT CLOSING PROCESS

Upon successful completion of the application packet and agreement, the Town staff will prepare documents.

**APPENDIX A
HUD LOW/MOD INCOME HOUSEHOLD THRESHOLDS**

Please **circle** below the number of people in your household, including yourself:

1	2	3	4	5	6	7	8
\$69,450	\$79,350	\$89,300	\$99,200	\$107,150	\$115,050	\$123,000	\$130,950

Was your total household income during the last 12 months higher or lower than the amount below the number you circled? Please **circle** one: **HIGHER OR LOWER**

Please include the following sources of income from all adult members of the household for income calculations if applying as a business owned by a low-/moderate-income household:

- | | | |
|---|---|--|
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> Bonuses/Incentives | <input type="checkbox"/> Commission/Tips |
| <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Grant Repayments | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Rent (As Landlord) | <input type="checkbox"/> Reverse Mortgage | <input type="checkbox"/> Court Settlement |
| <input type="checkbox"/> Self-Employment Draw | <input type="checkbox"/> Social Security Survivors | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> 401(k)/403b Plans |
| <input type="checkbox"/> Disability/Long Term Insurance | <input type="checkbox"/> Social Security Disability | <input type="checkbox"/> Military Pension |
| <input type="checkbox"/> VA Disability Benefits | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Union Pension or Disability |
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Pension/Profit-Sharing | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Social Security/Retirement | <input type="checkbox"/> Keogh/IRA Plans | |

Please circle the appropriate race category and Hispanic ethnicity:

- | | |
|--|--|
| 1. White | 6. Black/African American |
| 2. Asian | 7. American Indian/ Alaskan Native |
| 3. Native Hawaiian/Other Pacific Islander | 8. American Indian/Alaskan Native& White |
| 4. Asian & White | 9. Black/African American & White |
| 5. American Indian/Alaskan Native & Black/African American | 10. Other Multi Racial |

Hispanic ethnicity if appropriate: Hispanic Not Hispanic

APPENDIX B

**EMERGENCY MICROENTERPRISE BUSINESS
RELIEF GRANT PROGRAM SCORING MATRIX**

If the purposed project meets all threshold criteria, the Town of Brookhaven will utilize the following project scoring criteria to evaluate the purposed project for the purposes of making funding recommendations. Scoring will help determine priority of project application versus other projects competing for grant funds. The highest scoring projects will be recommended for funding.

This table is provided as a reference only and will be filled out by program staff and/or advisory committee.

Evaluation Criteria (100 Point Scale+ BONUS):

<p>Capacity and Experience to Operate the Business (25 points)</p> <ul style="list-style-type: none"> • Applicant has the demonstrated capacity to operate the business sustainably. Consider project status, industry experience, and business development classes and resources. 	
<p>Readiness to Proceed (20 points)</p> <ul style="list-style-type: none"> • The Business has a thoroughly demonstrated a proof of concept and clear market analysis. Proposal includes a clear plan for implementation including a realistic timeline with set deliverables. 	
<p>Infectious Disease Response (25 points)</p> <ul style="list-style-type: none"> • Business will be severely impacted by the policies put into effect due to the coronavirus pandemic OR business provides a support service and will need funding assistance to implement new protocols or meet higher demand. 	
<p>Minority Business Enterprise (10 points)</p> <ul style="list-style-type: none"> • Business is a minority-owned business enterprise (51%). 	
<p>Section 3 Registered (10 points)</p> <ul style="list-style-type: none"> • Business is a HUD-registered Section 3 business enterprise. 	
<p>Located in a Low – and Moderate-Income (10 points)</p> <ul style="list-style-type: none"> • Business is located in the Town of Brookhaven. 	

<p>Application Completeness (5-point BONUS)</p> <ul style="list-style-type: none"> Up to 5-point bonus for application with concise descriptions and backup information, professional writing and accurate math. 	
<p>Use of Town Managed Financing (5-point BONUS)</p> <ul style="list-style-type: none"> 5 bonus points for application that is not, or has not been, a recipient of Town Financial Programs. 	
<p>TOTAL</p>	



Town of Brookhaven

MICROENTERPRISE BUSINESS RELIEF GRANT

APPLICATION INSTRUCTIONS

Deadline for submission is Wednesday, May 20, 2020 by 4:30 pm

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Eligibility Requirements:

The Town of Brookhaven has set certain criteria for businesses to assure that the business has the support and financial capacity to carry out the services to be provided with the granted funds. Please check that you have included all the required documents in order to assure a proper review of your request for COVID-19 Emergency Microenterprise Business Relief Grant. The Town of Brookhaven will review applications for funding on a **merit-based system**. Pursuant to federal regulations, all businesses applying for an award of COVID-19 Emergency Microenterprise Business Relief Grant funds must comply with the following list of requirements before funding is considered.

The criteria are as follows:

1. A **complete** application (*instructions below*)
2. Business must be located in the Town of Brookhaven
3. Applicant is 51% + majority owner of business
4. Applicant is a qualified Low/Mod Income household (for businesses with 5 or fewer employees)
5. Owner is 18 years or older
6. Owner has or will have a valid SS #, EIN, DUNS# & Business Bank Account
7. Applicant is not currently in bankruptcy
8. Not have a conflict of interest with the Town of Brookhaven

Type of Business: Please give a brief description of your business. You may provide additional information on spaced sheets, please double space.

Define Community Associated with the Business: Give a brief description of the type of population to be serviced and if applicable type of business. You may add additional information on double spaced sheets, but please keep it brief.

Anticipated Accomplishments: Please outline what you hope to accomplish by receiving this funding. You may add additional information on double spaced sheets.



Town of Brookhaven
MICROENTERPRISE BUSINESS RELIEF GRANT
APPLICATION INSTRUCTIONS

Cost Estimate: Please fill out the budget information needed as it pertains to your application.

We will determine if you demonstrate the capacity and ability to provide services rendered through documented successes and/or follow up of a viable program.

Please be aware that duplication of funds is not permissible and non-compliance may result in retraction of the award.

Please remember to sign and date your application. Applications can be emailed prior to deadline to Christine Rignola at Crignola@brookhavenny.gov, however you will need to submit an original applications with all required documents to this office no later than 4:30 p.m. on Wednesday, May 20, 2020. Applications are based on a first come/first served basis.

Mail the application to:
Town of Brookhaven – Town Hall
One Independence Hill
Housing & Human Services – 3rd Floor
Farmingville, New York 11738

FOR TOWN USE ONLY

Date _____
Application No. _____
Staff Initials _____
Approved Denied
Amount Awarded _____



TOWN OF BROOKHAVEN EMERGENCY MICROENTERPRISE BUSINESS RELIEF GRANT APPLICATION

This application will be considered for funding in response to COVID-19. Please answer every question in full with as much detail as possible.

BUSINESS LEGAL

NAME: _____

TRADE NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS NUMBER: _____ BUSINESS FAX NUMBER: _____

EMAIL: _____

EMPLOYER ID # (EIN) _____ DUNS# _____

SOCIAL SECURITY NUMBER: _____ (if Sole Proprietorship)

BUSINESS OWNER NAME: _____

OWNER ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ CELL NUMBER: _____

Business Owner's Annual Household Income: \$ _____

(Provide a list of all members in your household and their respective incomes)

Number of persons in the Owner's household: _____

Are you a low- or moderate-income business owner? _____ YES _____ NO

Moderate Income is defined as household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household.

Please see Appendix A of the Emergency Microenterprise Business Relief Grant Guidelines.

Is this business your only source of income? _____ YES _____ NO

If no, please explain other sources of income: _____

Fixed Monthly Expenses

Mortgage/ Lease: _____

Utilities: _____

Insurance: _____

Variable Monthly Expenses

Payroll: _____

Payroll Taxes: _____

Employee Benefits: _____

Cost of Goods: _____

Have you had to lay off any employees? _____ YES _____ NO If yes, how many? _____

Do you anticipate future layoffs? _____ YES _____ NO

Do any of your employees qualify as low- or moderate income? _____ YES _____ NO

What were your business revenues during the affected damage period?

Please provide a brief explanation of what adverse economic impacts COVID-19 has had on your business (include average revenue prior and subsequent to the Pandemic):

How many people did you employ prior to COVID-19? _____

How many people do you currently employ? _____

(Please provide a current list of employee positions, whether they are full or part time)

What type of service(s) does your business provide?

Please provide the following documentation with your application:

- Description for use of funds
- Form 941 - 4th Quarter 2019 and 1st Quarter 2020
- Most current Tax Returns

Cost Estimate:

<u>Funding Sources</u>	<u>Amount</u>
1. COVID Funds Requested in this application	\$ _____
2. Other Federal Funds Requested or Received (if any)	\$ _____
3. NYS Funds Requested or Received (if any)	\$ _____
4. County Funds Requested or Received (if any)	\$ _____
5. Private Funds Received that are loans if any)	\$ _____
6. Other Funds Requested or Received (if any)	\$ _____

*** PLEASE NOTE: DUPLICATION OF FUNDS FROM FEDERAL SOURCES IS NOT PERMISSIBLE.**

Please indicate the expected utilization of the grant:

1. Salaries and Benefits	\$ _____
2. Premises – Lease/Mortgage	\$ _____
3. Utilities	\$ _____
4. Supplies (PPE)	\$ _____

TOTAL COVID BUDGET: \$ _____

CERTIFICATON

I certify **under penalty of perjury** that, to the best of my knowledge, the information provided in this application is correct. I understand that this is neither an offer of funding, nor does it obligate the applicant or the Town of Brookhaven Department of Housing and Human Services in any way. I have read the instructions and Town of Brookhaven Emergency Small Business Relief Grant Requirements.

Applicant Signature

Date