



CITY OF CRANTON
DEPARTMENT OF COMMUNITY DEVELOPMENT
AND
ECONOMIC DEVELOPMENT
SMALL BUSINESS CV GRANT PROGRAM

The U.S. Department of Housing and Urban Development has provided funding to the Community Development Block Grant Coronavirus (CDBG-CV) funds to prevent, prepare for, and respond to COVID-19. This small business PPE grant program is exclusively for Cranston Small Businesses. Please complete the application, duplication of benefits affidavit, along with the appropriate number of self-certification of income forms for all employees and or business owner(s) whom are low to moderate income households and detailed paid invoices for Covid related assistance to businesses (invoices must be in the name of applicant business name or owner only, taxes and shipping fees do not qualify for reimbursement) for reimbursement by the Department of Community Development.

If you have any questions or need help completing this process please call Franklin Paulino, Director of Economic Development at 401-780-3166 or Marcia LoPresti at 401-780-3168.

**Funds are limited and are provided on a first come first serve basis.

Applications can be dropped off to Cranston City Hall, 869 Park Avenue, Cranston, RI 02910 or mailed to the Economic Development Department.

Applications can also be sent by email to:

mlopresti@cranstonri.org or fpaulino@cranstonri.org



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The U. S. Department of Housing and Urban Development (HUD) awarded the City of Cranston \$646,417.00 in Community Development Block Grant Coronavirus (CDBG-CV) funds to prevent, prepare for, and respond to COVID-19. As part of this funding, the City has allocated \$100,000.00 in CDBG-CV funds to this Small Business CV Grant Program. This program is designed to drive long term recovery and revitalization for low and moderate income areas and funding will support the prepare, prevents and responds to coronavirus (also known as PPR tieback approach). PPR tieback focus is on documented risks to overall economic, service, housing and infrastructure programs associated with coronavirus. Grants will be in the amount of \$2,500.00 to reimburse applicants for the following types of programs:

Examples of eligible reimbursements are as follows:

- Support for entrepreneurs or existing businesses to acquire, convert, construct or reconstruct commercial spaces to revitalize communities affected by business or job loss resulting from the pandemic
- Working capital to support Job Creation and Retention held by low to moderate income persons
- Provide technical or financial assistance to establish, stabilize and expand microenterprises to revitalize communities and local economies affected by the coronavirus or prevent future outbreaks.
- Stabilizing and expanding microenterprises that provide food delivery, medical, cleaning or other services tied to the pandemic.

****Funds are limited and available on a first come first serve basis.**

Small Businesses eligible for this program are as follows:

1. Fewer than 25 employees
2. Owner and or employees must be income eligible using HUD income limits for household size

BUSINESS NAME_____

TYPE OF BUSINESS_____

ADDRESS_____

PHONE NUMBER_____

BUSINESS EIN (e.g. Federal Employer Identification Number or Federal Tax ID# _____

DUNS NUMBER:_____

- SEE <http://fedgov.dnb.com> to apply

OWNER INFORMATION

NAME_____

ADDRESS_____

CELL PHONE NUMBER_____

EMAIL ADDRESS_____

Please indicate all employees currently employed

	Position Title and Name	Part Time	Full Time	Signed income verification form Yes or No

1				
2				
3				
4				
5				
6				
7				
8				
9				

Please provide the following for reimbursement:

- 1.) Signed income verification forms (Owner and Employees)
- 2.) Paid Invoices or receipts for work/services (Clearly detailed)
- 3.) Upon review and approval by Economic Development Department, payment for reimbursement will be made by the Department of Community Development directly to Business Owner
- 4.) Signed completed application and duplication of benefits affidavit

Duplication of Benefits Affidavit

Date:

Business Name:

DUNS Number:

Part 1

This section identifies any sources of funds that the business has applied for or received as a result of the COVID-19 Global Health Crisis. Sources of funds include but are not limited to: Federal, state and local loan/grant programs, private or bank loans, nonprofit donations, loans, and insurance. Please mark any of the boxes below which apply to your business regarding any prior assistance:

I HAVE NOT applied for or received funding assistance from Federal, state, local programs or from other sources for the Covid business related relief:

I HAVE received funding assistance from the following programs to assist in responding to the impact of the Covid-19 Global Health Crisis for Covid business related relief:

1) Lender/Grant Program Name:

Amount requested: \$ Amount received: \$ Amount spent, balance available
Date received:

How funds are being used (please be specific):

2) Lender/Grant Program Name:

Amount requested: \$ Amount received: \$

Date received:

How funds are being used (please be specific):

I have APPLIED FOR funding assistance, and my application is PENDING from the following programs:

1) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

2) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

3) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

Part 2: CERTIFICATION

As a recipient of a CDBG-CV funds under the applicable Agreement, I assert that:

1. I will not apply for more funding than needed for the eligible activity or project for which CDBG-CV funds are provided.
2. I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the City of Cranston's Office of Community Development and Office of Economic Development if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the Small Business CV Grant Program.
4. I acknowledge that any duplication of funds shall be paid back to the City.
5. I understand that this affidavit is appended to and part of the applicable Agreement that the Business Applicant executes with the City for CDBG-CV funds and is a condition of the receipt of such funds. I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Date: _____ / _____ / 2021

Business Applicant Signature: _____

Business Applicant Printed Name: _____

Business Address: _____



CITY OF CRANSTON
Department of Community Development

INCOME CERTIFICATION FORM
USE ONLY April 1, 2021 - JUNE 30, 2021
Household assisted by a CDBG-Funded Activity

Income Limits required by the U.S. Dept. of Housing & Urban Development – Please circle only the one box that corresponds to your total household income. Do not circle an entire column.

Income Limits Effective April 1, 2021

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 18,200	0- 20,800	0 - 23,400	0- 26,500	0- 31,040	0- 35,580	0- 40,120	0- 44,660
	18,201- 30,300	20,801- 34,600	23,401- 38,950	26,501- 43,250	31,041- 46,750	35,581- 50,200	40,121- 53,650	44,661- 57,100
	30,301- 48,450	34,601- 55,400	38,951- 62,300	43,251- 69,200	46,751- 74,750	50,201- 80,300	53,651- 85,850	57,101- 91,350
	48,451 - or more	55,401- - or more	62,301 - or more	69,201 - or more	74,751- or more	80,301- or more	85,851 - or more	91,351- or more

Ethnicity: (select one only) Hispanic or Latino Not Hispanic or Latino

Race: (select one or more)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> White/Hispanic |

Other: (select all that apply)

- Handicapped or Disabled
 Female Head of Household
 Elderly (62 or over)
 Minors (up to age 18)

Applicants' Signature _____

Printed Name _____

Date _____

If client is below 18 years of age, the parent or legal guardian must verify income and sign the form.

I certify, under the penalties of law, this income information is correct, and I understand that the information I have provided on my household income is subject to verification by authorized representatives of the City of Cranston, Department of Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____