

**TOWN OF JAMESTOWN
COVID RESPONSE PROGRAM FOR SMALL BUSINESSES**

FOR ASSISTANCE WITH THIS PROGRAM AND APPLICATION CONTACT:

KRISTY JERRELL, GRANT ADMINISTRATOR
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Program Goal:

The purpose of this program is to provide financial relief to small, for-profit businesses which were directly affected by the COVID-19 pandemic. Grant dollars must be used for operational costs for September, October & November 2020. Maximum grant will be up to \$10,000 dependent on number of applications.

Eligibility / Scoring:

- Must be physically located in the corporate limits of Town of Jamestown, Indiana
- Must have been in operation since September 16, 2019
- Must have no current property tax liens or legal judgements
- Must have 25 or fewer employees.

APPLICATION & FORMS REQUIRED TO BE SUBMITTED:

1. **FORM 1:** COVID-19 Response Grant Application (must be submitted by Owner of the Business)
2. **FORM 2:** Letter on Business Letterhead Signed by the Owner stating how many employees will be retained with this grant.
3. **FORM 3:** Income Verification Form filled out by Owner of the Small Business; Owner must sign and date.
4. **FORM 4:** LMI Certification Form; filled out by Owner of the Business.
5. **FORM 5:** Job Retention Grant Agreement; must complete pages 1 & 2:
 - Page 1 fill out top of the page (business name and date)
 - Page 2 write your business name, title and date
 - Town Council President and Clerk Treasurer will only sign/date the agreement if the Town receives grant award and if your business is chosen for award
6. **W-9:** with a date of 1-1-21; Please complete attached W-9
7. **Impact Letter:** 2 paragraph letter on your business letterhead signed by you, the owner – Paragraph 1: explain how the COVID-19 pandemic has negatively affected your business from the start of the pandemic until now and Paragraph 2: explain how specifically your business has struggled in the months of Sept – Nov 2020
 - If you laid off any workers, # of employees laid off

***** THE STATE WILL MAKE GRANT AWARD ANNOUNCEMENTS ON OR ABOUT MONDAY, APRIL 1, 2021. LOCAL AWARDS WILL BE MADE AFTER THE STATE GRANT AWARD ANNOUNCEMENT.**

COVID-19 Response Grant Application

Town of Jamestown is applying for COVID-19 Response Grant Program funding to be used to support small businesses.

This funding offers grants to businesses in high risk categories including: food and beverage, personal care, professional services, and retail sectors. Other businesses may apply if they believe they meet the criteria of employing 51% or more low-to-moderate income (LMI) persons.

Grant funds can be used for a combination of working capital, continued operation expenses, and/or to support remote work expenses that are immediate needs. Grant funds will need to be expended within a three-month period. Awards will be issued from a scoring committee. Once the deadline passes, all applications will be reviewed by a committee, and businesses will be notified of eligibility and next steps.

If the grant is awarded, funding is expected from the State of Indiana in April 2021.

Please answer the following questions:

1. Is your business located within Town limits of Town of Jamestown, Indiana?

_____ Yes _____ No

2. Business Name _____

3. Applicant First & Last Name _____

4. Applicant Title: _____

5. Applicant Phone Number: _____

6. Applicant Email: _____

7. Business Primary Address: _____

8. Year of Business Establishment: _____

9. Number of Full-Time Employees: _____
(32 hours per week or more)

10. Number of Part-Time Employees: _____
(Less than 32 hours per week)

11. Is the owner considered an employee of the business?

_____ Yes _____ No

12. Type of Business:

_____ Retail

_____ Food & Beverage

_____ Personal Care

_____ Professional Services

_____ Other – Explain: _____

13. Based upon your operations in September, October and November 2020, what was the status of your business:

_____ Open, generally normal operations and hours.

_____ Operating at reduced capacity or hours to comply with public health recommendations.

_____ Temporarily closed.

_____ If a restaurant, operating at reduced capacity due to a Governor’s Executive Order.

_____ If a restaurant, only operating with take-out/delivery, no in person dining.

14. Based on your expected operations from January to June 2021, what will be the likely status of your business:

_____ Open, generally normal operations and hours.

_____ Operating at reduced capacity or hours to comply with public health recommendations.

_____ Temporarily closed.

_____ If a restaurant, operating at reduced capacity due to a Governor’s Executive Order.

_____ If a restaurant, only operating with take-out/delivery, no in person dining.

15. What is your monthly rent or mortgage payment for your business location? \$ _____

16. What is your typical monthly utility expense for your business location? \$ _____
(You may look back to September, October, November 2020 for information)

17. During normal operations, what is your typical monthly payroll expenditure including employer payroll taxes? \$ _____
(You may look back to September, October, November 2020 for information)

**PLEASE PLACE THE FOLLOWING INFORMATION ON YOUR BUSINESS LETTERHEAD
DO NOT MAIL – INCLUDE THE LETTER IN YOUR APPLICATION PACKET
BY THE DEADLINE**

_____, 2021

TOWN OF JAMESTOWN

ATTN: Clerk Treasurer

COVID-19 PHASE 3 RESPONSE PROGRAM FOR SMALL BUSINESSES

421 E. Main Street, PO Box 165

Jamestown, Indiana 46147

To Whom It May Concern:

The IOCRA COVID-19 Phase 3 Response Program Grant will help my business to retain _____ employees. The financial assistance will allow my business to remain open and operating.

Sincerely,

(Owner must sign the letter)

Name of Owner

Title of Owner

Name of Business

COVID-19 REPOSE GRANT APPLICATION

LMI SURVEY CERTIFICATION

I hereby certify that, to the best of my knowledge, all information found in all grant survey forms pertaining thereto, are correct and has been gathered in an appropriate and ethical manner. I also understand that the intentional falsification of any survey information associated with this grant application shall immediately result in the disqualification of the applicant's immediate eligibility and possible future eligibility as determined appropriate by the Indiana Office of Community and Rural Affairs (IOCRA). Additionally, I understand that any person intentionally falsifying survey information in connection with this or any other grant application shall be subject to the denial of participation in the CDBG Program and/or fined and/or imprisoned in accordance with state and federal statutes and regulations.

I hereby acknowledge that I have read and understand the above paragraph:

Business Name: _____

Business Owner Name: _____

(PLEASE PRINT)

Business Owner Signature: _____

Date: _____

**JOB RETENTION GRANT AGREEMENT
TOWN OF JAMESTOWN, INDIANA**

THIS JOB RETENTION GRANT AGREEMENT (the Agreement) is entered into by and Town of Jamestown, Indiana, (the Town), and _____, (the Business), as of this day of _____, 2021.

WITNESSETH THAT:

WHEREAS, the Town has received a grant from the Indiana Office of Community and Rural Affairs' COVID-19 Rapid Response Program (Program) comprised of Community Development Block Grant funds allocated by the Department by the U. S. Department of Housing and Urban Development (HUD); and,

WHEREAS, the Program contains certain requirements regarding the use of funds to fulfill a "national objective," as defined by HUD; and,

WHEREAS, the national objective to be fulfilled by the Town's use of its Program funding is the retention of jobs held by low and moderate (LMI) income individuals employed by companies within the corporate limits of Greencastle; and,

WHEREAS, HUD requires that the Town demonstrate the intent to retain jobs for at least 51% LMI income individuals by companies receiving grants from Program.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the Town and Business agree as follows:

1. Use of Grant Proceeds. The Town agrees to use the proceeds of the Program funding to enter into a grant agreement with Business to provide grant funds for operating capital which will benefit the Business in retaining its employees.

2. Jobs of Company. The Business represents that the attached list labeled Exhibit "A" is an accurate list by job title of the full time equivalent employee within the Business at the site location which is subject to the Program grant from HUD.

3. Retention of Employees. The Business understands that in order to fulfill the requirements of the Program to the Town, the Business agrees that it will use its best efforts to retain the employees listed in Exhibit "A" (FORM 4) for the two-year period following award. In the event this does not happen, or in the unfortunate event the business does not recover, provide a statement as to why the retention did not occur or why the business failed. Business may replace employees with other persons by making good-faith-efforts to make those jobs available to LMI persons.

4. Reporting. Business will provide the Town documentation of the following information at grant application:

- a. the number of full-time equivalent employees of the Business, and
- b. income verification of full-time equivalent employees of the Business.

Business agrees that the information provided in 4 a and b will be reported on an annual basis to the Town for a two calendar year period following award beginning July 1, 2021 – July 1, 2023.

The Business agrees that it will obtain and keep on file for verification "adequate information" about each employee retained or hired in order to determine LMI%. The term "adequate information" as used above shall include at a minimum, a statement that the person's family income is below that required for a family of its size to be low and moderate income, and a statement signed by the Town that the information is subject to verification by authorized government officials.

IN WITNESS WHEREOF, each of the Business and the Town has caused this Agreement to be executed by a duly authorized individual as of the date first above written.

BUSINESS NAME: _____

Signature of Authorized Signatory for the Business Owner
Title

Date: _____, 2021

TOWN OF JAMESTOWN INDIANA

Dave Phelps, Town Council President Date: _____, 2021

ATTEST:

Lori Hieston, Town Clerk Treasurer Date: _____, 2021

EXHIBIT A

“FORMS 3 & 4”

(ATTACH FORM 3 – LMI WORKSHEET FORM)

(ATTACH FORM 4 – LMI SURVEY CERTIFIATION)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.