



City of Biddeford CDBG Job Retention Program

Legal Business Name							
Doing Business As (DBA)							
Business Address							
Business TIN (SSN, EIN)							
Primary Contact							
Business Telephone		Business e-mail Address					
Check One:							
Sole proprietorship	<input type="checkbox"/>	Eligible Self-employed Individual	<input type="checkbox"/>	S-Corp	<input type="checkbox"/>	LLC	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Independent Contractor	<input type="checkbox"/>	C-Corp	<input type="checkbox"/>		<input type="checkbox"/>

	Question	Yes	No
1.	Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?		
2.	Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?		
3.	Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?		
4.	Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?		
5.	Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as Addendum A.		

6.	Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation (below)?		
8.	Has the Applicant received a Small Business Administration Economic Injury Disaster Loan or Paycheck Protection (PPP) Loan since April 3, 2020? If yes, provide details on a separate sheet identified as Addendum C.		
9.	Does the Applicant currently have a business account or outstanding loan with any financial institution?		
10.	Has the Applicant been declared ineligible for any COVID-19 relief loan through any financial institution?		
11.	Is the Applicant willing and able to provide documentation reporting the names, wages and/or salaries of employees maintained on the Applicant's payroll or hired as a result of this program for a period of 90 days following disbursement of funds?		

Paycheck Protection Program Calculator		
	<u>Annual Payroll Costs</u>	
1.	Salaries, Wages, Commissions, Tips, etc.(including Sole Proprietorship)	\$
2.	Less: Amounts paid to individuals not principally residing in the United States	\$
3.	Less: Amounts paid to individual employees in excess of \$75,000 annually	\$
4.	<i>SUBTOTAL Eligible Annual Payroll Costs</i>	\$
5.	<i>Average Weekly Eligible Payroll (SUBTOTAL/52)</i>	\$
6.	Eligible Payroll Amount (Average Weekly Eligible Payroll X 8)	\$
	<u>Projection of Other Eligible Expenses</u>	
7.	Eligible Payroll Amount (Line 6 above)	\$
8.	Rent (monthly rent x 2)	\$
9.	Utilities (monthly utilities x 2)	\$
10.	Other eligible expenses	\$

10.	Total Eligible Expenses	\$
11.	Maximum Grant Award	\$ \$12,500
12.	If Line 10 is larger than Line 11, grant award is:	\$ \$12,500
13.	If Line 11 is larger than Line 10, grant award is amount shown on Line 10.	\$

Guarantee

		Agree	Disagree
1.	The funds granted through this program were used to maintain existing employees, or were used to hire back employees that were laid off due to the coronavirus crisis.		
2.	Some level of normal business activity was maintained with the funds granted through this program.		
3.	The funds granted through this program paid wages to employees, at least 51% of whom are low-to-moderate income employees, as defined by U.S. Department of Housing and Urban Development guidelines Outline below.		
4.	I agree to report the names of employees and the wages paid to these employees for a period of 8 weeks following disbursement of the grand funds.		

FAMILY SIZE	FAMILY INCOME		
	30% Very Low Income	50% Low Income	80% Low/Moderate Income
1	Below 16,600	16,601 – 27,650	27,651 – 44,250
2	Below 19,000	19,001 – 31,600	31,601 – 50,600
3	Below 21,720	21,721 – 35,550	35,551 – 56,900
4	Below 26,200	26,201 – 39,500	39,501 – 63,200
5	Below 30,680	30,681 – 42,700	42,701 – 68,300
6	Below 35,160	35,161 – 45,850	45,851 – 73,350
7	Below 39,640	39,641 – 49,000	49,001 – 78,400
8	Below 44,120	44,121 – 52,150	52,151 – 83,450