



DSM SMALL BUSINESS RECOVERY GRANT

APPLICATION PREPARATION WORKSHEET

This worksheet is designed to help you prepare to complete the online application. Hard copies of this worksheet are not accepted in lieu of completing the online grant application which is available at DSMPartnership.com/smallbusinessgrant.

Please gather these documents before applying.

1. 4-month profit and loss statement (Jan. – April 2020) [See example here](#)
2. 4-month profit and loss statement (Jan. – April 2019)
3. 3-month projected income and expenses (May 1 – July 30, 2020)
4. Balance Sheet (as of April 30, 2020) [See example here](#)
5. Amount of payroll prior to March 15, 2020

If business is located in City of Des Moines,

- Using [this template](#), please list job titles, hourly wage or salary by title, expected hours per pay period and length of pay period (e.g. weekly, bi-weekly, bi-monthly, monthly, etc.) reduced due to the public health crisis that are to be funded with Small Business Recovery Grant fund.

APPLICATION QUESTIONS:

Grant amount requested: _____

Describe the economic impact (i.e. limitations placed on business operations, resulting loss of sales or revenue): _____

Section I: Business Information

1. **Business legal name:** _____
2. **D/B/A (doing business as):** _____
3. **Business/corporate organization type** (Select Sole Proprietorship, Corporation, S Corporation, Limited Liability Company(LLC), Partnership)
4. **FEIN** (SS, if a sole proprietorship): _____
5. **Physical business address:** (include street address, city, state and zip code)

6. **County of business address:** _____
7. **Mailing address** (if different, include street address, city, state and zip):

8. **Business phone number:** _____
9. **Contact email:** _____
10. **Primary business activity:** _____

11. **Date business established:** _____
 - a. Date you became owner (if different from date established): _____

Questions specific to City of Des Moines businesses – CDBG-related questions)

- **Have you or your business received federal funding under the Community Development Block Grant (CDBG) program within the last 10 years?**
☐Yes ☐No ☐I don't know
If yes, were you required to repay any of those funds to the City of Des Moines?
☐Yes ☐No ☐I don't know
- **Upon request, will you provide a list of jobs retained by this assistance, wages or salaries, average number of hours per pay period and contact information (name and address) of employees in those jobs?** *If awarded, employees will have to certify their job title, wage or salary, average number hours worked by pay period and household income level.*
☐Yes ☐No ☐I don't know
- **In which census tract and block group are your jobs located?**
Tract: _____ Block group: _____
To find your census tract and block group, go to the web site showmyhouse.DSM.city, enter your address, click Submit, and scroll to the bottom of the web page.

- Do you believe that at least 51% of your employees, including yourself, have a household income that would be below the following, and that each employee would be willing to provide proof of their household income:

1 person household = \$49,950
2 person household = \$57,100
3 person household = \$64,250
4 person household = \$71,350
5 person household = \$77,100
6 person household = \$82,800
7 person household = \$88,500
8 person household = \$94,200

☐ Yes

☐ No

☐ I don't know

- Are you an employee, elected official or appointed official of the City of Des Moines?

☐ Yes

☐ No

☐ I don't know

Payroll attachment:

- Using [this template](#), please list job titles, hourly wage or salary by title, expected hours per pay period and length of pay period (e.g. weekly, bi-weekly, bi-monthly, monthly, etc.) reduced due to the public health crisis that are to be funded with Small Business Recovery Grant fund.

Section II: Ownership Information

Owner Applicant 1

Full legal name: _____

Title: _____

% owned: _____

Owner Applicant 2 (Optional)

Full legal name: _____

Title: _____

% owned: _____

If the above two owners do not equal 100% of ownership, please explain:

Is the business minority-owned? ☐Yes ☐No ☐I don't know Explain:_____

Is the business woman-owned? ☐Yes ☐No ☐I don't know Explain:_____

Section III: Impact of Disaster

Information gathered in this section will help quantify the impact this disaster has had on your business.

1. **Employment on March 1 FTE** (full time equivalents)_____
2. **What was your total payroll on March 15?** _____(also select frequency of payroll)
3. **Current number of employees (FTE):** _____
4. **Number of employees (FTE) working remotely as result of disaster:** _____
5. **Number of employees (FTE) furloughed or laid off as a result of disaster:** _____
6. **What is monthly rent payment:** _____
7. **What is the square footage occupied by your business?** _____
8. **What is the estimated loss of revenues from March 1 – April 30, 2020:** _____
9. **What is your projected loss of revenue from May 1 to July 30, 2020:** _____
10. **What is your typical annual sales-tax eligible revenue?** *(If not open until July 1, 2019 please report your 2019 sales.)*_____
11. **Describe how the funds — should they be awarded — would be utilized to maintain business operations during and/or after disaster:** Rent, payroll, utilities, supplies, other

12. **Please indicate other business assistance programs for which you have applied and your application status:**

Small Business Relief Grant — Source: Iowa Economic Development Authority

- ☐ Applied and Approved
- ☐ Applied and Denied
- ☐ Applied and Status Unknown
- ☐ Did Not Apply

Targeted Small Business Sole Operator Fund — Source: Iowa Economic Development Authority

- ☐ Applied and Approved
- ☐ Applied and Denied
- ☐ Applied and Status Unknown
- ☐ Did Not Apply

Paycheck Protection Program — Source: U.S. Small Business Administration

- ☐ Applied and Approved

- ☐ Applied and Denied
- ☐ Applied and Status Unknown
- ☐ Did Not Apply

Economic Injury Disaster Loan (EIDL) — Source: U.S. Small Business Administration

- ☐ Applied and Approved
- ☐ Applied and Denied
- ☐ Applied and Status Unknown
- ☐ Did Not Apply

Please provide the name and status of any other business assistance programs that you have applied for and the status of each:

Section IV: Attachments

In this section, you will upload the documents containing the requested information, and note if this information is considered confidential.

1. 4-month profit and loss statement (Jan. – April 2020) [See example here](#)
2. 4-month profit and loss statement (Jan. – April 2019) *(If business was not yet open, please submit a 4-month profit and loss statement from July – Oct. 2019.)*
3. 3-month projected profit and loss (May 1 – July 30, 2020)
4. Balance Sheet (as of April 30, 2020) [See example here](#)

Section V: Certification & Release

In this section, please review the disclosures and terms associated with this grant process.

1. Are there any judgments or court actions completed or pending against the applicant business entity, or current owners?
2. Have there been any current or past bankruptcies on the part of the applicant business entity, or on the part of the any current owners in the last five years?
3. In the last five years has there been, or are there currently any investigations of public violations of public health, safety or environmental laws by the applicant business entity, or any current owner?
4. In the last five years has there been, or are there currently any violations of labor laws, civil/human rights laws by the applicant business entity, or any current owner?
5. If yes to any of the questions 1 to 4 above, please provide explanation.

FINAL SIGN OFF

I hereby give permission to sponsoring entities and Iowa Center for Economic Success to research the applicant business' and current owners' history, to make credit checks, to contact the business' financial institutions,

insurance carriers and other entities in which the business has a contractual relationship, and to perform other related activities necessary to enable a full and reasonable evaluation of this application.

I understand that grant assistance may come from the City or County and that information contained in this application and any resulting grant agreement may be considered a public record under Iowa Code Chapter 22. I have identified the information contained in the application that I, in good-faith, reasonably determined constitutes a confidential record under Chapter 22 (e.g. trade secret financial information) or Federal law. I understand that it is my burden and obligation to make any such confidentiality request and to justify application of a confidentiality exception by citation to applicable law. I further understand that, in the absence of a court order or final order or decision of the Iowa Public Information Board, the City or County as applicable may, but is not required to protect claimed confidential records.

I understand that submittal of this grant application does not guarantee receipt of funding. I further understand that the Greater Des Moines Partnership, Iowa Center for Economic Success, the City and the County, as applicable, have complete discretion to approve or disapprove this application and in the event of approval such entities have complete discretion to determine the amount, terms and conditions of any resulting grant.

Furthermore, I am aware that the funds will not be disbursed until a contract has been executed and the appropriate terms have been met.

I hereby certify that all representations, documents, information and statements made or furnished to in connection with this application are true, correct and complete in all material respects.

Business: _____

Authorized Business Signature: _____

Print Name: _____

Date: _____