

ALTOONA ECONOMIC RECOVERY PROGRAM

GRANT APPLICATION

Section 1 *Business MUST be for-profit, physically located in the City of Altoona limits, AND have less than 50 employees to be eligible

Business Name: _____
DUNS # _____ *A DUNS # is required. See instructions to apply for a DUNS # if you do not have one.
EIN/Tax ID _____
Type of Business: Corp LLC Partnership Other: _____
Business Address: _____ Phone: _____
E-mail: _____

Section 2

Company Ownership:
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Section 3

Grant Amount Requested: _____ # Full Time Equivalent Employees to be hired: _____ (Max \$9,000)
_____ x \$3,000 = Eligible Grant Amount: _____
(At least 51% of the jobs above must meet LMI criteria)

Section 4

Please provide the following items:
Business License _____ Sign: _____
Signed 2020 Income Verification Forms for ALL employees to be hired _____ Name: _____
Sign Necessity of Funds Verification _____ Date: _____
Signed Duplication of Benefits Form for ALL employees to be hired _____
Signed Certification of Income Prior to COVID for ALL employees to be hired _____
Employee Hiring Form _____

*****Participation form must be completed by the employee*****

CITY OF ALTOONA
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
HUD INCOME VERIFICATION FORM

PROJECT TO BE FUNDED: ABCD Corporation Economic Recovery Program COVID-19
In accordance with regulations of the U.S. Department of Housing and Urban Development (HUD) for the Community Development Block Grant Program, through which the City of Altoona receives funding, any project that is to receive funds from this Program must demonstrate that it benefits low/moderate income persons. Written documentation is required by HUD to prove that this benefit has been met. This form has been developed for use in projects intended to benefit low/moderate income persons.

The following information is required for every person who will participate in this Federally-funded project:

Place a check (✓) in the less column if your total annual income is less than the amount shown, place a check (✓) in the more column if your total annual income is more than the amount shown. Also please indicate your ethnicity and race.

Employee	Less	More
Annual Wage:		
\$36,350		

Race	#Non-Hispanic	#Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African Am.		
Other Multi-Racial		
Asian/Pacific Islander		
Hispanic		

I, the undersigned, maintain that the information I have provided herein is true and correct. I understand that this information will be held confidential by the City and will be used only as documentation required for funding of the project. I also understand that the information I have provided is subject to verification.

Participant's Name _____

Participant's Address _____

Signature _____

Date _____

GRANT FUNDS NECESSITY FORM

I, the undersigned, verify that without the receipt of the Altoona Economic Recovery Program grant funding, I would not be able to hire the employee(s) stated in my application due to financial limitations as a direct result of the COVID-19 pandemic and associated restrictions placed upon my business.

By receiving this grant incentive, program funds will allow for the hiring / re-hiring of employees listed in my application.

NAME:

SIGNATURE:

DATE:

DUPLICATION OF BENEFITS

City of Altoona CDBG

Certification of COVID-19 Financial Impact & Single Funding Source

(Name)

certify that my household income was negatively affected after March 1, 2020 by the COVID-19 pandemic. My household income was decreased due to:

- Permanent loss of employment
- Temporary loss of employment or number of work hours

Date returned to work: _____

Returned to work: Full-time _____ Part-time _____

I also certify that no other agency, church or organization has or will pay to resolve my current financial emergency: (please check type of emergency)

- Eviction
- Water/Sewage Termination
- Electric Termination
- Natural Gas Termination

I understand that by signing below that my current financial emergency is being resolved by the use of CARES Act federal emergency funding and that I verify all information above.

Printed Name

Signature

Date

Witness Signature

CERTIFICATION OF INCOME PRIOR TO COVID-19
Altoona Economic Recovery Program

I certify that during the months of January, February, and March 2020 that:

I was not employed

OR

I was employed and making \$36,350 or less per year

(Place a check next to option that applies to you)

I, the undersigned, maintain that the information I have provided herein is true and correct. I understand that this information will be held confidential by the City and will be used only as documentation required for funding of the project. I also understand that the information I have provided is subject to verification.

Participant's Name _____

Participant's Address _____

Participant's Signature

Date

EMPLOYEE HIRING FORM

Employee Name:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date of Hire:

(Must be on or after September 9, 2020)

- _____
- _____
- _____
- _____
- _____
- _____

Full-Time/

Part-Time:

- _____
- _____
- _____
- _____
- _____
- _____

Job Title / Position:

- _____
- _____
- _____
- _____
- _____
- _____