



Community Development Block Grant Program

Economic Development Grant Application

Please complete the following:

Business Legal Name	
Doing Business As	
Contact Name	
Contact Phone Number	
Contact Email Address	
Project Address	
Tax ID Number (Required)	
Unique Entity ID No. (Required - apply @sam.gov)	
CAGE Code (Required for Contractors)	

Please indicate which CDBG Grant Program Funding tiers you are applying for:

- \$2,000 Cuyahoga Falls Business Sign Grant.** (Tier 1)
 - * Planning Division Approval Date (Required City-wide) __/__/____
 - * Downtown Historic Review Board Approval Date (Required in Historic District) __/__/____
 - * Sign Company Name & Phone Number _____ (____)____-____
 - * Sign Company Contact Person & Email _____@_____
 - * Building Owner Permission Signature & date _____ __/__/____

- \$10,000 New Cuyahoga Falls Business Equipment Grant** (Tier 2)

- \$50,000 Expanding Cuyahoga Falls Business Equipment Grant** (Tier 3)

- \$50,000 Cuyahoga Falls Business Façade Grant** (Tier 4)
 - * Must be building owner to qualify.
 - * Façade Grants require the Contractor to pay prevailing wages for construction.
 - * Façade Grants Require submission of construction weekly payroll to the CDBG Administrator.
 - * Façade Grants Require posting of Worker Rights under the Davis-Bacon Act poster at worksite.

- \$50,000 or Greater Cuyahoga Falls Business Equipment Grant** (Tier 5)
 - * Based on Job creation and/or economic impact for the City.
 - * Amounts over \$70,000 must be approved by City Council.
 - * Subject to availability of funds.

Please indicate the source and amount of your CDBG funding match: (Required)

	<i>Source of Match</i>	<i>Amount</i>
<input type="checkbox"/>	SBA 504, 7(a), or related loan	\$
<input type="checkbox"/>	Bank Loan(s)	\$
<input type="checkbox"/>	Other Financing (list source)	\$
<input type="checkbox"/>	Emergency Grant Request	Attach written emergency justification

Please indicate which Department of Housing and Urban Development National Objective this project will meet: (Required)

- This project is located in a low-to-moderate income area according to the U.S. Census.
- This project requires creation or retention of 1 full-time equivalent job for a low-to-moderate income person(s), per \$35,000 of grant funding awarded (see Attachment A – Beneficiary Reporting)

Please indicate the number and types of low-to-moderate income jobs being created or retained:

<i>Job Category</i>	<i>No. Jobs Created</i>	<i>No. Jobs Retained</i>
Officials and Managers		
Professional		
Technicians		
Sales		
Office and Clerical		
Craft Workers (skilled)		
Operatives (semi-skilled)		
Laborers (unskilled)		
Service Workers		

Applicant Legal and Financial Information:

Who is the individual responsible for executing contracts/agreements on behalf of the business?

Legal Name of Individual	
Title of Individual	
Phone Number	
Email	

Who is the individual responsible for the oversight of the proposed project?

Legal Name of the Individual	
Title of Individual	
Phone Number	
Email	

Please provide the following documents with your application:

- ✓ Articles of Incorporation
- ✓ Occupancy Permit
- ✓ Lease (if applicable)
- ✓ If your business is a start-up, then you must submit a business plan and include resumes for each business principal.
- ✓ Include the financial statements listed below: (Not required for sign matching grants)
 - a. Balance sheet
 - b. Profit and Loss Statement
 - c. Reconciliation of Net Worth
 - d. Aging of Accounts Receivable and Payable – Summary
 - e. Projection of earnings for at least one year where financial statements for the last three years are unavailable.
 - f. Three(3) years of federal business tax returns.
 - g. Three (3) years of federal personal tax returns for sole proprietors or new businesses.
- ✓ Include a brief history of your company and a paragraph describing the expected benefits that CDBG funding will provide.
- ✓ Include a list of equipment and/or supplies that will be purchased with CDBG funding. Include the cost of each item as quoted by the seller. Include the seller’s name and address.
- ✓ Have you, any officers of your company, or your company ever been involved in a bankruptcy or proceedings, insolvency and/or are such proceedings threatened?
 Yes No
- ✓ Are you or your business involved in any pending lawsuits? If yes, provide the details.
 Yes No Explain: _____

Please use additional sheets if necessary

- ✓ Do you, your spouse, any member of your household, anyone who owns, manages or directs your business, or their spouses or members of their households work for the City of Cuyahoga Falls? If so, list where employed.
 Yes No Location of Employment _____

AGREEMENTS AND CERTIFICATIONS:

Agreements of non-employment of City of Cuyahoga Falls personnel: I agree that if the City of Cuyahoga Falls CDBG Loan & Grant Review Committee approves this funding request, I do not have any arrangements to hire, as an employee or consultant, anyone currently employed by the City of Cuyahoga Falls.

I Certify:

- a. Were it not for this financing the likelihood of this project going forward is nil.
- b. At best, if this financing is not approved, the chance for success of the project will be threatened or more at risk of failure.
- c. All information in this application and the attachments is true and complete to the best of my knowledge.
- d. As consideration for any management, technical and business development assistance that may be provided, I waive all claims against the City of Cuyahoga Falls.

If you knowingly make a false statement or overvalue a security to obtain assistance from The City of Cuyahoga Falls, your funding can be declined or declared to be in default.

_____	_____
Personal Guarantor	Date
_____	_____
Personal Guarantor	Date
_____	_____
Personal Guarantor	Date
_____	_____
Personal Guarantor	Date
_____	_____
Personal Guarantor	Date
_____	_____
Personal Guarantor	Date

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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		

or

Employer identification number			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-	
	-		

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.

Attachment A - Beneficiary Reporting

Family Income Statement for Economic Development

Human Resources Director: _____ Phone Number: _____

Please indicate all the following that apply to you

Racial Categories

- 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
- American Indian / Alaskan Native & Black / African American
- Other Multi Racial

Ethnicity

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture of origin regardless of race)
- Not Hispanic or Latino

Other

- Over the age of 62
- Disabled
- Female Head of Household

Number of persons in family _____

Family Size	2025 Income Limits		
	<30%	31-50%	51-80%
1	\$21,100	\$35,150	\$56,200
2	\$24,100	\$40,150	\$64,200
3	\$27,100	\$45,150	\$72,250
4	\$32,150	\$50,150	\$80,250
5	\$37,650	\$54,200	\$86,700
6	\$43,150	\$58,200	\$93,100
7	\$48,650	\$62,200	\$99,550
8	\$54,150	\$66,200	\$105,950

To calculate family income, please use the gross income reported on the most recent income tax return. For self-employed individuals the gross income must be used.

Please circle income category: <30%, 31%-50% or 51%-80%.

Job Title/Classification: _____

Average number of hours worked per week _____

Full Time Employee (Y/N) _____

Rate of pay per hour \$ _____

Paid benefits (Y/N) _____

Employee/Applicant Name (print) _____ Previously Employed? (Y/N) _____

Address: _____ Date of Hire? _____

Signature: _____ Date: _____

The information provided is correct to the best of my knowledge. I understand that this information is subject to verification.

Please Note: Your employer has been assisted with Community Development Block Grant funds. This form must be completed to comply with Federal regulations.