

City of East Providence Roberto L. DaSilva Mlayor William Fazioli Dir. of Planning & Economic Development

CONFIDENTIAL APPLICATION EAST PROVIDENCE COMMUNITY DEVELOPMENT

Application for COVID-19 Job Retention Loan Program

Requests for financial assistance will be approved or rejected by the Community Development Office. The Community Development Office's approval of a loan up to \$5,000 will be available until Jun 30, 2020 and will be conditioned on the negotiation of an appropriate legal agreement between the applicant and the City and may be conditioned on the availability of funds. All applications will be considered on a first-come first-served basis.

A. Loan Terms & Conditions

- a) Zero percent interest
- b) Three-year term
- c) Collateral sufficient to cover the loan amount (UCCs on equipment and real estate acceptable)
- d) Repayment starts after 6 months
- e) If payments are not made after 6 months from your loan closing, a 3 percent interest will be charged until payments become current
- f) No pre-payment penalty
- g) Loans up to \$5,000 maximum
- h) One loan per business
- i) Loan funds must be used to cover normal business operation expenses (ie. Rent, utilities, payroll and other fixed costs).

Eligibility Requirements

- a) The business must have five or less employees including the owner.
- b) The business must have a physical establishment in East Providence.
- c) The business must have experienced a documented loss of income due to COVID-19.
- d) The business cannot use these funds for expenses covered by other federal funds
- e) The loan will require an equal amount of collateral provided by the applicant.
- f) An itemized list of the use of loan funds will be required.
- g) Job to be retained must be held by a person with low to moderate income.

The information requested in this application is required in order to process your request for relief financing. Please fill it out and submit digitally to dbachrach@cityofeastprov.com. For questions, please call Community Development Director David Bachrach at 401-435-7536. All information will be kept confidential.

Threshold Requirements

To meet the threshold for this loan there must be sufficient documentation that the jobs would have been lost without the CDBG assistance and that one or both of the following applies to at least 51 percent of the jobs:

- The job is held by a low/moderate income (LMI) person (refer to income limits); or
- The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by, or made available to, a LMI person. To be considered "Available to" jobs, they cannot require special skills that can only be acquired with substantial training or work experience or education beyond high school unless the business agrees to train them. Such jobs, the business must take actions to ensure that LMI persons receive first consideration for filling them.

A. <u>APPLICANT INFORMATION</u>:

Applicant:			
Address:			
City/Zip:			
Telephone:			
Business Description:			
Requested Loan Amount: \$			
Form of Business: Sole proprietor:	Partnership:	Corporation:	

Date Established: _		
Federal Tax ID Nu	mber:	
Company Positions	/Titles/ Hrs. per week:	
<u>Position</u>	<u>Title</u>	Hrs. worked /week
B. SUPPORTING DO	CUMENTATION REQU	UIRED WITH APPLICATION
Position/ name & title of	of job(s) that will be lost w	ithout loan funds:
Position	Name	Title
·		· · · · · · · · · · · · · · · · · · ·
1) Operating Budget de	tailing expenses and reven	iues.
2) Documentation of to	tal revenues during last qu	arter of 2019.
3) Documentation of to	tal revenues during first qu	uarter or 2020 to present.
4) Completed and signed	ed Self Declaration of Inco	me Form (attached) for owner and each job(s)

C. Income Limits

that would be lost.

Income Limits								
Persons in	1	2	3	4	5	6	7	8
Household								
80% Median	\$45,850	\$52,400	\$58,950	\$65,500	\$70,750	\$76,000	\$81,250	\$86,500
Area Income								

Self-Declaration of Income Form

Question:		Answer:
1. How many family me	embers do you	
currently live with, not is	•	
Question:		Answer:
2. Do you expect to be l		V N F I C
family members over the no, please explain in the		Yes or No Explanation:
no, piease expiani in the	space provided.	
Circle the income range	helow that hest represe	its the gross annual income from all sources
from you and your famil	_	
<i>y y</i>	,	
	Household	
	Income	
	Less than 45,850	
	45,851 – 52,400	
	52,401- 58,950	
	58,951-65,500	
	65,501-70,750	
	70,751- 76,000	
	76,001-81,250	
	81,251- 86,500	
	Over 86,500	
	Over 80,300	
I/We understand that if	any statement contained	l in this application is intentionally not true or
2		ution or, as applicable, my/our application may
be denied or the propert	y acquired with the pro	ceeds of the loan and/or grant may be foreclose
upon.		
I/Wa HEDEDV contife an	day navalty of navisum	that all information in this application is true as
accurate to the best of n		that all information in this application is true an
accurate to the best of h	iy/our knowleage and b	ettej.
		<u></u>
Signature		Date
Signature		Date
Signature		Date