EMERGENCY ASSISTANCE SPECIAL ECONOMIC DEVELOPMENT CDBG GRANT PROGRAM SMALL BUSINESS WORKING CAPTIAL JOB LOSS PREVENTION PROGRAM IN SUPPORT OF INFECTIOUS DISEASE REPSONSE CHECKLIST

BASIC ELIGIBILITY

- 1. Business located within city limits of Bryan, Texas.
- 2. At least 51% of employees are low and moderate income based on household size and income see chart below (or business located in high-poverty area, or employee resides in high-poverty area)

Household #	1	2	3	4	5	6	7	8
Max. Income 6-1-2021	\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700

3. GATHER THESE DOCUMENTS BEFORE YOU START YOUR APPLICATION! (JOB POSITIONS)

- a. Each position by title and full time or part time status by number of average weekly work hours.
- b. Number of full time employees
- c. Number of low and moderate income employees
- d. Number of employees at risk of job loss or reduced hours

4. GATHER THESE DOCUMENTS BEFORE YOU START YOUR APPLICATION (BUSINESS INFORMATION)

- a. Legal name
- b. Primary business activity
- c. Year business was established
- d. Address
- e. Duns Number (optional at application, required to receive a grant)
- f. Tax ID Number
- g. Annual Business Income (most recent calendar year)
- h. Amount of owner equity currently available
- i. Business interruption insurance claim information if applied or denied
- j. Applied for and denied for a Small Business Administration loan (if applied or denied)
- k. Any amount received from SBA and when
- I. Applied for and denied a commercial loan (if applied or denied)
- m. Social security cards and driver's license for owner
- n. Permanent resident card, if not a U.S. citizen
- o. IRS Business Income Tax Return (most recent two years)
- p. Profit/Loss statement and Balance Sheet (most recent two years)
- q. Account statements for checking, savings, and investment account held by business (prior 6 months)