



## GREENE COUNTY DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

93 E. High Street, Waynesburg, PA 15370 | 724-852-5260 | [www.co.greene.pa.us/Department-CDBG](http://www.co.greene.pa.us/Department-CDBG)

### Forgivable Advance for Small Business Assistance (FASBA)

Thank you for your interest in Greene County's Forgivable Advance for Small Business Assistance (FASBA). These funds may be used for small business grant programs to support businesses who have been impacted negatively or interrupted due to COVID-19 pandemic. This includes but is not limited to, revenue loss, expenses incurred for PPE or social distancing, unpaid invoices, rent/mortgage payments, etc. Applicants must be appropriately licensed and operating in Greene County. Applicants must also operate from a physical location in Greene County.

If you answer YES to all the following questions, please review this package to determine if it is right for your business.

YES

- Is your business located in Greene County?
- Did your business earn less than 1 million dollars in gross revenue in 2019?
- Does your business employ less than 100 employees?
- Is your business current on paying taxes?
- Has your business been in operations and viable for least one (1) year?
- Did your business experience a 25% reduction in annual or quarter revenue?

Email the completed application to [csimmons@co.greene.pa.us](mailto:csimmons@co.greene.pa.us) FAX 724-852-5372, mail or deliver in person

**Greene County Community Development Block Grant Program**  
**Attn: Crystal Simmons, Director**  
**93 E High Street, Suite**  
**Waynesburg, PA 15370**  
**724-852-5260**

Our most successful applicants supply complete application packages, provide evidence of viability before crisis, demonstrate at least a 25% disruption due to Coronavirus crisis, and have at least one year of business operations. Applicants must have evidence of up-to-date taxes and **applications requires all attachments found on page 5.**

Once we have received your completed application, it will be processed first through a Preliminary Review to ensure the application is complete (you will be contacted to collect any additional documents). The application then moves to the Compliance Review to ensure the application meets the basic eligibility criteria. Once the application is initially acceptable; it will move to the Financial Analysis. After financial analysis, the CDBG/HOME Director will present each application to the Greene County Industrial Development Authority's review committee with the recommendation for or against approval based on this analysis. We look forward to working with you in the near future!



"CDBG-CV prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) In compliance with the Americans with Disabilities Act, the Employer will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the Employer. The County of Greene is an Equal Employment Opportunity Employer.



To process this application,  
all requested information must be provided.

## FASBA Application

### Section I-General Information

Business Legal Name: \_\_\_\_\_ DUNS# \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are facilities owned or leased \_\_\_\_\_ Monthly Pmt. \_\_\_\_\_ Years in Business \_\_\_\_\_ Tax ID # \_\_\_\_\_

Type of Business (SIC) \_\_\_\_\_ 2019 Gross \_\_\_\_\_ 2020 Gross \_\_\_\_\_ # of Employees: \_\_\_\_\_

Business Structure:  Sole Proprietorship  Partnership  S Corporation  C Corporation  LLC. /Company

**\* SEE PAGE 5 additional documents to enclose based on business structure AND OTHER ATTACHEMNTS**

### Section II-Proposed Use of Funds

Amount of request: \$ \_\_\_\_\_ Without this assistance, how many jobs will be lost: \_\_\_\_\_

How will you be using the funds to finance business operations?

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Check all that apply: *\*Please see bottom of page 3 for additional documents to enclose based on use of funds.*

Payroll  Insurance  Accounting  Rent/Lease  Legal  Advertising  Utilities

Machinery, furniture, fixtures, and equipment ONLY purchases needed to "prevent, prepare for, and respond to the coronavirus."

### Section III- Company Owners (20% or more) If applicable; or Company Officers

Name	Title	SS #	Percent of Ownership



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 all requested information must be provided.

**Section IV-Duplication of Benefits**

The funding program to which you are applying (CDBG-CV) requires verification of additional financial assistance to comply with The Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act Section 312 42 U.S.C. 5121–5207) which prohibits federal agencies from providing assistance to any person, business concern, or other entity for “any part of such loss as to which he has received financial assistance under any other program or from insurance or any other source.”

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ I/We, \_\_\_\_\_, affirm  
 the following:

I/We own the private for-profit business \_\_\_\_\_, at its principal place of business  
 \_\_\_\_\_, and make this Affidavit in connection with Community  
 Development Block Grant (CDBG) assistance by the Commonwealth of Pennsylvania, Department of Community and Economic  
 Development (DCED).

1) Due to the coronavirus pandemic that began in February, 2020, our Business at the above address sustained \$ \_\_\_\_\_  
 in damages or losses due to the direct effects of the coronavirus, public laws enacted to prevent the coronavirus, and efforts to  
 mitigate the spread of coronavirus. These damages or losses can be verified by approved source documentation (verification  
 documents will be determined by DCED and must be attached).

2) I/We have received the following recovery assistance funds as the result of the coronavirus pandemic. This is a listing of all funds  
 related to the pandemic which I/we have received after January 2020

Assistance	Amount	Use of Funds
Insurance	\$	
FEMA Disaster Relief Program	\$	
SBA Paycheck Protection Program	\$	
SBA Economic Injury Disaster Loan	\$	
SBA Express Bridge Loan	\$	
SBA Debt Relief Program	\$	
Coronavirus Relief Fund (US Treasury)	\$	
Economic Impact Payment (US Treasury)	\$	
Supplemental EAA (EDA)	\$	
Other (please name):	\$	
<b>Total</b>	\$	

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I/We have received no other assistance funds other than that set forth above. I/We certify under penalty of perjury that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of (grant or loan) consideration.

\_\_\_\_\_  
 Business Owner Signature Date

\_\_\_\_\_  
 Business Owner Signature Date



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**Section V – Anti-Pirating Policy**

Anti-Pirating Section 588 of the Quality Housing and Work Responsibility Act of 1998 prohibits States and local governments from using CDBG funds for employment relocation activities or “job pirating”. Job pirating refers to the use of federal funds to lure or attract a business and its positions from one community to another community. CDBG funds may not be used to assist for-profit businesses, including expansions, as well as infrastructure improvement projects or business incubators which are designed to facilitate business relocation IF:

- The funding will be used to assist directly in the relocation of a plant, facility or operation; and
- The relocation is likely to result in a significant loss of jobs in the labor market area from which the relocation occurs. The following are definitions that will assist in determining if a business location falls under these provisions:
  - Labor Market Area (LMA): An economically integrated geographic area within which individuals can live and find employment within a reasonable distance or can readily change employment without changing their place of residence.
  - Operation: A business operation includes, but is not limited to, any equipment, employment opportunity, production capacity or product line of the business.
  - Significant Loss of Jobs: A loss of jobs is significant if the number of jobs to be lost in the LMA in which the affected business is currently located is equal to or greater than one-tenth of one percent of the total number of persons in the labor force of that LMA; OR in all cases or the loss of jobs is 500 or more.
- A job is considered to be lost due to the provision of CDBG assistance if the position is relocated within three years of the provision of assistance to the business. Notwithstanding the above definition, a loss of 25 positions or fewer does not constitute a significant loss of positions.

The grant agreement with the UGLG shall provide for reimbursement of any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section.

CDFA can help the Grantee or business calculate whether the project is likely to result in a significant loss of jobs in the LMA as defined by HUD and this policy.

Before directly assisting a business with CDBG funds, the Grantee must receive the signed Anti-pirating certification from the assisted business.

**CDFA: Anti-Pirating Policy Certification**

Section 588 of the Quality Housing and Work Responsibility Act of 1998 prohibits States and local governments from using CDBG funds for employment relocation activities or “job pirating”. Job pirating refers to the use of federal funds to lure or attract a business and its positions from one community to another community. CDBG funds may not be used to assist for-profit businesses, including expansions, as well as infrastructure improvement projects or business incubators which are designed to facilitate business relocation.

I, the business owner listed below certify that the activity assisted with CDBG funds will not result in the relocation of any industrial or commercial plant, facility, or operation from one LMA to another, and, if it does, the number of jobs that will be relocated does not result in significant job loss as defined in this rule; and that I will reimburse any assistance provided to, or expanded on behalf of, the business in the event that assistance results in a relocation prohibited under this section within three years of the grant contract date.

\_\_\_\_\_, (business name)

By” \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_



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### Section VI-Other Information

Any unsettled lawsuits, judgments, or disputes:  Yes  No - If yes, what and why \_\_\_\_\_  
Bankruptcy ever filed by business:  Yes  No If yes, when \_\_\_\_\_  
Any outstanding tax obligations:  Yes  No Has the business ever been subjected to criminal or civil fines and penalties,  
including code or regulatory violations, from the city, county, or Commonwealth of Pennsylvania  Yes  No  
Is Business Minority-Owned?  Yes  No - How many Full-Time Employees at Time of Application (Including Owners): \_\_\_\_\_  
How may Part-Time Employees at Time of Application: \_\_\_\_\_

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### Commitment to Create/Retain LMI \*\*\*additional documents to enclose based on job creation SEE BOTTOM OF PAGE

Project will CREATE (\_\_\_\_) jobs  Project will RETAIN (\_\_\_\_) jobs  Project will NOT create or retain jobs  
What type of job will be  Fulltime  Parttime? \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_ Is Employee LMI?  Yes  No \*  
What actions will the business take to ensure that at least 51% of the jobs created or retained will be LMI?  
\_\_\_\_\_

I hereby certify that the above business will commit to job creation or retention of an LMI person as per Federal Guideline CFR 570.483(b)(4).

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date

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### Essential Goods and Services

Business  DOES  DOES NOT PROVIDES essential goods or services to a residential neighborhood

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### CHECK LIST OF ATTACHMENTS

- 2019 FEDERAL INCOME TAX RETURN
- 2020 FEDERAL INCOME TAX RETURN OR PROFIT AND LOSS
- IRS TAX FORM 4506-T
- SIGNED W-9 FORM
- CLEAR JOB DESCRIPTION FOR ANY PROPOSED JOB POSITION
- LIST OF EMPLOYEES AND MOST RECENT PAY STUBS (*must indicate if/how many furloughed due to COVID*)

### IF APPLICABLE

\*\*\*\*\*If your business did not experience a 25% reduction in gross income from 2019 to 2020

- 2019 – 2020 PROFIT AND LOSS QUARTER COMPARISON

\*\*\*\*\*If the business is a corporation

- STATE ACKNOWLEDGEMENT OF ARTICLES OF INCORPORATION

\*\*\*\*\*If the business is a partnership,

- PARTNERSHIP AGREEMENT.

\*\*\*\*\*If the business is a Stock Corporation,

- LIST OF SHAREHOLDERS.

\*\*\*\*\*If the business is an LLC,

- OPERATING AGREEMENT.

\*\*\*\*\*If Sole Proprietorship,

- MUST INCLUDE 2019 SCHEDULE C.

\*\*\*\*\*If job retention

- MUST INCLUDE EVIDENCE THAT IF NOT FOR THESE FUNDS THE JOBS WOULD BE LOST  
EX. A LETTER TO EMPLOYEES STATING THERE MAY BE FURLOUGH BUSIENSS CLOSURE OR



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**Conflict of Interest Disclosure Form**

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the grantee(s)' other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed. This Conflict-of-Interest Form should indicate whether the grantee(s) has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected. The grantee(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in financial conflicts must be abided by. Individuals with a conflict of interest will not be denied a grant.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

\_\_\_\_\_ I have no conflict of interest to report.

\_\_\_\_\_ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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**Signatures and Acknowledgement of Accountability**

I hereby certify that the information set forth above is true and complete to the best of my knowledge. As an authorized agent of the applicant company, I have stated that everything in the application and information submitted along with the application is true. I (we) agree the County of Greene may provide information about me (us) or my (our) accounts to others. All information set forth in this application is declared to be a true representation of the facts for the purpose of obtaining this forgivable loan, and I/We recognize that any willful misrepresentation on this application could result in criminal action.

I/We recognize that we are seeking a grant from a non-profit organization composed of volunteers working to help our community. In consideration of the Greene County Industrial Development Authority reviewing this application, we hereby expressly release, waive and discharge the Authority and its directors, from any and all claims arising out of or related to this grant application, as well as any subsequent dealings we may have with the Authority especially with respect to any consultation which might be provided. We understand that, without this release, the County of Greene will not consider our grant request.

All applications, forms, letters and other documents produced by Greene County in conjunction with this specific project shall be the sole property of the County. The County shall retain all notes, working papers, documents and materials utilized in this process. This clause is required in order to comply with Commonwealth Right to Know Law (RTKL) requests.

As a local government agency meeting are open to the general public. Therefore, certain information about your project may be released to the public. This includes, but is not limited to, use of funds, funding source and grant amount. The County cannot control what other parties choose to report about your project

\_\_\_\_\_  
Authorized Signature (must be officer of company)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date