



# Cumberland Development Corporation

76 Magnolia Ave. Bridgeton, New Jersey 08302

*Promoting Economic and Community Development  
Through Intermunicipal and Public-Private Cooperation*

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**Executive Director:**  
Tony Stanzione

**Serving:**  
Commercial  
Deerfield  
Hopewell  
Lawrence  
Shiloh  
Stow Creek  
Upper Deerfield

#### Board of Directors / Officers

**Chairman:**  
Mayor Elmer Skip Bowman  
Lawrence

**Vice Chairman:**  
Mayor Abigail O'Brien  
Deerfield

**Secretary:**  
Mayor Mike Vizzard  
Commercial

**Treasurer:**  
Mayor James Crilley  
Upper Deerfield

Mayor Paul Ritter  
Hopewell  
Mayor Brad Campbell  
Shiloh  
Mayor Randy Dickinson  
Stow Creek

**Alternate Members:**  
Deputy Mayor Fletcher Jamison  
Commercial  
Dep. Mayor Brian Caspar  
Deerfield  
Dep. Mayor Greg Facemyer  
Hopewell  
Mayor G. Erwin Sheppard  
Lawrence  
Council Pres. Dallus Bruso  
Shiloh  
Dep. Mayor Dale Cruzan, Jr.  
Stow Creek  
Dep. Mayor Terry O'Neill  
Upper Deerfield

#### To Area Business Owners:

Please find attached information and application documents for the new Cumberland County COVID-19 Small Business Assistance Program developed by the Cumberland County Board of Commissioners and administered by Cumberland County Improvement Authority (The Authority).

It is a grant program \$1,000 up to \$10,000 for working capital funds to eligible small businesses that have been severely impacted by the COVID-19 pandemic.

This funding is available to small businesses outside the urban centers and CDBG entitlement cities of Vineland, Millville, and Bridgeton.

#### Qualified businesses must be located in:

- Commercial
- Deerfield
- Downe
- Fairfield
- Greenwich
- Hopewell
- Lawrence
- Maurice River
- Shiloh
- Stow Creek
- Upper Deerfield

Please review the packet of information and if you believe you qualify for a grant, complete the application and submit it and other required supporting documents as soon as possible by mail or deliver it to:

**Cumberland County Improvement Authority**  
745 Lebanon Rd, Millville, NJ 08332  
Hours: 9 AM to 4:30PM  
(856) 825-3700

For further information on this program, please contact:  
**BEN ROBINSON, The Authority, Economic Development Dept.**  
856-825-3700

[Ben.robinson@theauthoritynj.com](mailto:Ben.robinson@theauthoritynj.com)

Let me know if CDC can be of assistance. Call 856-451-4200 or send email to Tony Stanzione, [tony@cdc.nj.com](mailto:tony@cdc.nj.com).

Hometown Heart with a Global Reach





## Cumberland County COVID-19 Small Business Assistance Program



### PURPOSE:

Cumberland County has appropriated a portion of its Federal Community Development Block Grant CARES Funds (CDBG-CV) for the COVID-19 Small Business Assistance Program. The program is being established to provide working capital funds to eligible small businesses that have been severely impacted by the COVID-19 pandemic.

This funding is available to small businesses outside the urban centers and CDBG entitlement cities of Vineland, Millville, and Bridgeton. For purposes of the program description, “county businesses” will exclude establishments in these three municipalities.

### ELIGIBLE BORROWERS

- Cumberland County retail, restaurants, entertainment, and nonprofessional service businesses with no more than **10 employees**, including full and part-time,
- Must have been in operation as of **December 31, 2019**.
- The business **must have one employee**, which can be the business owner, who will be retained and meets the low/moderate income requirement through review of family size and family income OR by living in a low/mod area, OR by the business being located within a low/mod area
- Any businesses deemed eligible for federal assistance by the US Department of Housing and Urban Development.
- Any business that can certify that they will remain open or reopen if grant funds are approved and received.

### ELIGIBLE USE OF FUNDS

The funds may be used for general operating expenses, including but not limited to: *payroll, mortgage/rent, internet connection, insurance, loan repayments, inventory or supplies for a **120-day period**, costs related to compliance with social distancing protocol and personal protection equipment are eligible for funding. Applicants must provide documentation of eligible expenses*

Specifically excluded from eligible expenses are public utility payments and real estate taxes (unless they are in escrow and included in regular mortgage payments).

### INELIGIBLE USE OF FUNDS

In addition to CDBG-ineligible costs outlined in 24 CFR 570, funds under this Program **may not** be used to:

- Reimburse expenses incurred prior to Applicant approval of grant.
- Pay off non-business debt, such as personal credit cards for purchases not associated with the business.
- Reimburse personal expenses.
- Direct financing to political activities or paying off federal or state income taxes and related fines.
- Purchase personal items, or support other businesses in which the borrower may have an interest.

#### **GRANT AMOUNT**

**Maximum grant award: \$10,000**

**Minimum grant award: \$1,000**

#### **GRANT REQUIREMENTS**

- The grant funds may be used to pay eligible expenses over a 120-day period.
- Applicant must provide list of expenses to be paid with grant application and required backup documentation.
- All grants must meet the CDBG National Objective of Low/Mod Income for the benefitting business. The business must document that it will retain at least one permanent job held by a low- and moderate-income person and that the jobs would be lost without the CDBG-CV assistance. The business must document the income of the low- and moderate-income person through a written self-certification by the employee and his/her family size and total income or the business can presume that the job is held by a low-moderate income person if 1) the employee resides in a qualified low-income area or 2) the business is located in a qualified low-income area. Applicant must provide list of employees and their salaries.
- The Dept. of Housing and Urban Development prohibits the Duplication of Benefits. This occurs when funding is provided for the same costs paid by other sources. Applicant must provide a list of any and all COVID-related funding received from any source after March 16, 2020.
- Applicant must certify that business will remain open or reopen if grant funds are received. If the applicant does not remain open or reopen, the grant funds must be returned.
- Applicant will be required to complete a grant application and sign a grant agreement.
- Applicant will be required to submit proof of expenditure of funds in accordance with application
- Funds are available to all eligible applicants meeting program requirements until all funds are distributed.
- The County reserves the right to reject applications that do not meet the criteria of the program.

## **APPLICATION REVIEW AND EVALUATION PROCESS**

The screening and review process for the program is designed to ensure that limited CDBG program funds are awarded to businesses that demonstrate the need for financial assistance and can retain or create jobs. Applications that are evaluated and determined to be eligible will be granted on a first-come first-serve basis until funding runs out.

The criteria noted below will be used to evaluate all applications requesting funding under the Cumberland County COVID-19 Small Business Assistance program, as well as determine the appropriate level of financial assistance:

- Project Need – Project need is defined as the inability of the business to maintain sufficient permanent funding to sustain normal operating working capital needs. Describe in sufficient detail the need for the assistance and the specific role of CDBG-CV funding, including any other options which have been pursued.
- Financial Feasibility – Determination must be made as to how CDBG-CV funds can address the business’s need to provide adequate working capital in addressing current and future working capital needs, like payroll, operating needs and short-term liabilities.
- Commitments for Job Retention - Benefiting businesses must demonstrate they have solid commitments to remain open (for one year) OR reopen and retain or re-employ permanent jobs prior to the grant end date (one year from grant award).
- Job Retention/Creation- Unless a business applicant’s owner is a member of a low-/moderate-income household and the business qualifies as a HUD-defined microenterprise, then retention or creation of at least one job held by a low-/moderate-income household is required to access funds in this program. Job retention is defined as total full- time equivalent positions retained at 40 hours per week, or any combination of part-time positions combining for 40 hours per week, including owners.

## **PROGRAM ADMINISTRATION**

The County, through its designee- the Cumberland County Improvement Authority will:

- Market the Program and promote enrollment dates
- Accept and process applications
- Verify information provided by applicants and conduct due diligence review
- Review income eligibility information and documentation of number of employees;
- Review and underwrite applications
- Ensure timely disbursement of funds
- Maintain agreement documents and fiscal records

- Administer grants, and locally sourced funds used for this program
- Ensure compliance with program guidelines as they relate to the funding source

### **GRANT CLOSING PROCESS**

Upon successful completion of application process, Cumberland County staff will prepare for the grant closing by preparing the grant closing documents. Based on approved evidence of eligible business expenses submitted with the application, the County will initiate the payment process. CDBG-CV funds will only be disbursed for reimbursement to the borrower for documented eligible project expenses.

### **EQUAL OPPORTUNITY COMPLIANCE**

The Program will be implemented in ways consistent with Cumberland County's commitment to State and Federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of his or her religion, religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

### **APPLICANT CONFIDENTIALITY**

All personal and business financial information will be kept confidential to the extent permitted by law.

### **DISPUTE RESOLUTION/APPEALS PROCESS**

Applicants whose applications are not selected or not deemed eligible have the right to appeal the decision of the County, limited to procedural errors in the selection process. In the event that no such procedural errors are found to have occurred, the decision of the County shall be final. An aggrieved applicant may, within seven (7) business days after the selection of prospective eligible projects, appeal in writing to the Cumberland County Improvement Authority. The appeal must state all facts and arguments upon which the appeal is based.

An appointed official from the Cumberland County Improvement Authority, will review the content of the County's COVID -19 Small Business Assistance Program Guidelines, the applicant's application, and the facts which form the basis for the appeal. The appointed official will render a written decision within ten (10) business days of the receipt of the appeal. To the County Administrative office for final determination of the appeal.

### **EXCEPTIONS/SPECIAL CIRCUMSTANCE**

Cumberland County reserves the right, at its sole discretion, to deviate from County-imposed policies and procedures in extenuating circumstances. A request for exception to program

guidelines shall be submitted to staff in writing by applicant. Exceptions are defined as any action which would depart from policy and procedures stated in the guidelines.

For further information on this program, please contact:

**BEN ROBINSON, Economic Development Dept.**

**856-825-3700**

**[Ben.robinson@theauthoritynj.com](mailto:Ben.robinson@theauthoritynj.com)**



RECEIVED: \_\_\_\_\_



Cumberland County  
COVID-19 Small Business Assistance Program

## PROGRAM APPLICATION

### I. GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Legal Name of Business: \_\_\_\_\_
3. Business Address (including block/lot): \_\_\_\_\_
4. Website Address \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_
7. Work Telephone: \_\_\_\_\_
8. Mobile Telephone: \_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Bank for Business Account: \_\_\_\_\_
11. Amount of Grant Requested: \_\_\_\_\_

Min. \$1,000, Max. \$10,000

### II. OWNERSHIP & MANAGEMENT

1. Structure & Ownership (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> C-Corporation                 | <input type="checkbox"/> Partnership                  |
| <input type="checkbox"/> Sub Chapter S Corporation     | <input type="checkbox"/> Sole Proprietorship          |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Trading As/Doing Business As |

### III. Ownership Status

- Does the business qualify as woman owned? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the business qualify as minority owned? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ownership of Applicant Company**

(List all owners, stockholders and members and percent ownership)

- |    | Name | Percentage Owned |
|----|------|------------------|
| 1. |      |                  |
| 2. |      |                  |
| 3. |      |                  |
| 4. |      |                  |

**IV. COMPANY PROFILE**

Month/year business established: \_\_\_\_\_ Tax ID or EIN # \_\_\_\_\_

Type of Business \_\_\_\_\_ DUNS # \_\_\_\_\_

Brief description of business:

**V. EMPLOYEE INFORMATION**

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

List of Employees as of December 31, 2019

| Employee Name | Annual Income/ Family Size | F/T or P/T | Current Status |          |            |
|---------------|----------------------------|------------|----------------|----------|------------|
|               |                            |            | Working        | Laid Off | Terminated |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |
|               |                            |            |                |          |            |

A business owner or an employee must not exceed the maximum 80% AMI income threshold (\$43,150).

Please refer to the HUD Income Limits and check all that apply below:

| Household Size | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Income         | \$43,150 | \$49,300 | \$55,450 | \$61,600 | \$66,550 | \$71,500 | \$76,400 | \$81,350 |

**Owner/Employee Low Moderate Income Information**

Owner/Employee: Name \_\_\_\_\_ Annual Income \_\_\_\_\_  
 Full Time/Part Time: \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
 Family Size \_\_\_\_\_ Address \_\_\_\_\_

**VI. CURRENT MONTHLY EXPENSES**

Payroll: \$ \_\_\_\_\_  
 Rent/Mortgage: \$ \_\_\_\_\_  
 Real Estate Taxes: \$ \_\_\_\_\_  
*(if not included in lease)*  
 Insurance: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Inventory: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Total Monthly Costs: \$ \_\_\_\_\_

**VII. PREVIOUS COVID-19 RELATED ASSISTANCE RECEIVED:**

| Program | Date | Amount |
|---------|------|--------|
|         |      |        |
|         |      |        |
|         |      |        |

**VIII. PROPOSED USE OF FUNDS**

Please list the proposed use of funds and the associated costs; provide any verification of the costs such as estimates, quotations, loan information.

| Proposed use | Amount | Invoice/quote attached |
|--------------|--------|------------------------|
|              |        |                        |
|              |        |                        |
|              |        |                        |
|              |        |                        |

- 1) Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
  
- 2) Explain how the funding will help your business remain viable and prevent layoffs.
  
- 3) Have you or do you plan on creating any new lines of business products or services to meet new or changed demand from the COVID-19 pandemic? Any new jobs created?

**IX. SUPPORT INFORMATION & DOCUMENTATION REQUIRED**

- a. Copy of NJ-WR30 for proof of employees
- b. Paystubs for one low/moderate income employees
- c. Two most recent years of State and Federal Tax returns
- d. W-9 (attached to this application)
- e. Copy of Lease or Property Loan Document (Mortgage statement)
- f. Copy of Utility Bill payment-paid receipt for last month
- g. Real Estate Tax Bills- paid receipt for last quarter
- h. Most recent Bank Statement
- i. Photo ID
- j. Duns Number

**X. CERTIFICATION**

The business certifies that the information and documentation contained in this application is accurate, complete and true to the best of his/her knowledge. The Business also certifies that it has read and understands the application guidelines. The business acknowledges that grant must be repaid if the business violates any of the terms or conditions of the Agreement or otherwise defaults under the Agreement.

\_\_\_\_\_  
 Name, Printed and signed

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

## GRANT AGREEMENT

### Covid-19 Small Business Assistance Program

THIS Agreement (this "Agreement") dated \_\_\_\_\_, 2021, is made between (the "Business") and the County of Cumberland, a municipal corporation of the State of New Jersey, whose address is 164 West Broad Street, Bridgeton, New Jersey (the "County").

#### RECITALS

The County of Cumberland has appropriated a portion of its federal Community Development Block Grant CARES Funds (CDBG-CV) to establish the COVID-19 Small Business Assistance Program (the "Program").

The Program has been established to provide working capital funds to eligible small businesses in areas outside of the three CDBG entitlement communities (Vineland, Millville, Bridgeton) that have been severely impacted by the COVID-19 pandemic.

The Program will be marketed and administered by The Authority, as authorized by Cumberland County Board of Commissioners Resolution 2021-119, passed on February 16, 2021

#### AGREEMENT

In consideration for the mutual promises contained herein and for other good and valuable consideration, the parties agree to modify the terms of the Promissory Note as follows:

1. The Business warrants and represents that:
  - (a) it has no more than **10 employees** including full and part-time employees;
  - (b) it was in business as of **December 31, 2019**;
  - (c) the Business is currently open or will reopen when permitted under guidelines issued by the State of New Jersey;
  - (d) it meets the CDBG National Objective of Low/Mod Income for the benefiting business. The business must document that it will retain at least one permanent job held by a low- and moderate-income person and that that the job(s) would be lost without the CDBG assistance. The business must document the income of the low-and-moderate income person through a written self-certification by the employee of his/her family size and total income or the business can presume that the job is held by a low-moderate income person if 1) the employee resides in a qualified low income area (Census tract with at least 70 percent LMI persons), or 2) the business is located in a qualified low income area (Census tract is one that is located within a Federally-designated Empowerment Zone or Enterprise Community or a Census tract that: (a) has a poverty rate of at least 20 percent.)
  - (e) the Business has is deemed eligible for COVID-19 relief by definition of the U.S. Department of Housing and Urban Development;
  - (f) the Business maintains its principal place of business in the County of Cumberland; within a non-entitlement municipality

- (g) the Business certifies and attests that funds received in this program will not duplicate other federal aid received by the business as a result of the COVID-19 pandemic; and
  - (h) all the information contained on the application for this Grant is true and correct.
2. The Business acknowledges and agrees that the representations contained in paragraph 1 above are a material part of this Agreement. If any of the representations in paragraph 1 above are not true, the Business shall be deemed to be in default under the terms of this Agreement.
  3. It is a condition of the Grant that the monies received by the business be used to pay eligible expenses for a 120-day period from the date of the Grant. Eligible expenses may include payroll, rent, utilities, insurance, existing loan repayments and/or cost to comply with the State of New Jersey and any local social distancing and personal protection policies.
  4. The Business agrees to remain open or reopen if grant funds are received.
  5. The Business agrees to comply with all State and Local guidelines as they pertain to social distancing, reopening, or other issues related to the COVID-19 pandemic.
  6. Upon the execution of this Agreement, the submission of an application for the Grant and approval of the Grant, the County will provide the Business with a Grant of up to \$10,000.00
  7. Provided that the terms of this Agreement are fully complied with, the business provides evidence of appropriate use of the funds, and the Business is not otherwise in default under the terms of this Agreement, the Grant does not have to be repaid.
  8. In the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement the full amount of the Grant shall be immediately due and payable.
  9. The Parties acknowledge and agree that the amount of the Grant to be provided to the Business is \$ \_\_\_\_\_ .
  10. By signing this Agreement on behalf of the Business the undersigned hereby guarantees repayment of the Grant in the event the Business violates any of the terms or conditions of this Agreement or otherwise defaults under this Agreement.

Witness: **County of Cumberland**

|             |      |
|-------------|------|
|             |      |
| Name, Title | Date |

**Business:**

|             |      |
|-------------|------|
|             |      |
| Name, Title | Date |

**COVID-19 SMALL BUSINESS ASSISTANCE PROGRAM**

**APPLICATION CHECKLIST**

Business Name: \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

**APPLICATION:**

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Supporting documentation
  - \_\_\_\_\_ 2 Years Tax Returns
  - \_\_\_\_\_ WR30 employees or W9
  - \_\_\_\_\_ Lease
  - \_\_\_\_\_ Utility Bills
  - \_\_\_\_\_ Real estate tax bill
  - \_\_\_\_\_ Latest bank statement
- \_\_\_\_\_ Monthly Budget
- \_\_\_\_\_ Grant Purpose
- \_\_\_\_\_ Employee List
- \_\_\_\_\_ Photo ID

**PARTICIPATION AGREEMENT**

- \_\_\_\_\_ Signed Grant Agreement

**OTHER**

- \_\_\_\_\_ Receipts/Invoices/Estimates

**APPLICATION REVIEW**

**Name:**

**Amount:**

\_\_\_\_\_ All Documents -complete

\_\_\_\_\_ Eligibility check

\_\_\_\_\_ Employees

\_\_\_\_\_ L/M Requirement

\_\_\_\_\_ Eligible Uses of funds

\_\_\_\_\_ Duplication of Benefits

\_\_\_\_\_ Underwriting

+++++

**CERTIFIED AS COMPLETE AND ELIGIBLE:**

\_\_\_\_\_  
Kim Ayres

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

FORWARDED TO COUNTY: \_\_\_\_\_

FORWARDED TO FINANCE: \_\_\_\_\_