



**Department of Economic and Community  
Community Development Block Grant  
Micro Enterprise Program**

**Program Application and Program Guidelines  
Program Year 2016-2017**

Department of Economic and Community Development  
P.O. Box 550  
Brunswick, Georgia 31521  
(912) 280-1820



## **I. INTRODUCTION**

In accordance with The City of Brunswick's (COB) 2015-2019 Consolidated Plan and its 2016 Annual Action Plan, the Office of Economic and Community Development (DECD) invites eligible applicants to submit an application for Community Development Block Grant (CDBG) funding for the Micro Enterprise Program. CDBG funds provide COB with an opportunity to undertake activities that focus on community development needs such as creating or expanding job opportunities, providing safe affordable housing, and/or addressing local public infrastructure and public facility issues. DECD encourages residents, business owner, etc. to be an active participant.

The 2016 COB Application requests information necessary to document the eligibility of the activity, compliance with the Primary and National Objectives, the need for the activity, and its overall impact on the community. It contains information to assist applicants in compiling a complete and relevant application. Therefore, it is important for prospective applicants to read it carefully and to become familiar with all applicable guidelines and requirements. The Federal regulations set forth at 24 CFR Part 570 are the governing regulations of the COB CDBG Program for entitlement communities.

## **II. PROGRAM OBJECTIVES**

### **A. Objectives of the Community Development Block Grant Program**

As set forth in the Federal Housing and Community Development Act, the primary objective of the CDBG program "is the development of viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low-and moderate-income (LMI)".

### **B. Objectives of The City of Brunswick(COB) CDBG Program**

Financial assistance will be provided for the development of projects that provide decent, safe, affordable housing, access to, access to local public facilities, and economic opportunities for persons from LMI households by supporting development projects that are designed to create or retain employment opportunities or foster microenterprise activities.

In support of the City of Brunswick Department Economic and Community development goals, the CDBG Program will assist with:

1. Support the of rehabilitation, and conversion activities to preserve and increase affordable housing, for both renters and homeowners;
2. Encourage investment in communities by assisting local governments in devising and implementing economic development strategies to revitalize viable communities and provide economic opportunities that principally benefit LMI persons;
3. Revitalize the vibrancy of The City of Brunswick's communities and enhance the quality of life;
4. Develop and implement strategies, which facilitate the coordination of COB's CDBG funding with other federal, state, and local community development resources.

## **III. PROGRAM OUTLINE**

### **A. Funding Availability**

The Department of Economic and Community Development may elect to award than any amount. There are funding categories for the City of Brunswick CDBG Economic Development Program Micro Enterprise: Job Training, Small Business Assistance. These funds are available to assist for-profit or not-for-profit businesses and organizations to create or retain

permanent employment and training, primarily for persons of low- and moderate-income (LMI) necessary to facilitate business expansion that will create or retain permanent employment, primarily for persons of low- and moderate-income located in the City of Brunswick.

This Application consists of the instructions and forms required for eligible Applicants to apply to the Department of Economic and Community Development for economic development, small business assistance, or microenterprise funding. **The City of Brunswick must ensure that at least 70% of the COB CDBG annual allocation be used to fund activities where at least 51% of the beneficiaries are low- and moderate-income.** To that end, each activity proposed **must satisfy the requirements of the National Objective selected and evidence of compliance must be submitted** with the application as an exhibit, as requested in the Additional Requirements Section A on page 19. **If satisfactory evidence of compliance with a National Objective is not provided, the proposed activity will be considered ineligible and will not be considered for funding.**

PROJECT TYPE	NATIONAL OBJECTIVE CODES AND BENEFICIARIES		
	LOW- MODERATE INCOME		
	LMCMC	LMJ	LMT
JOB TRAINING	N/A	N/A	JOB TRAINING
SMALL BUSINESS- (Start Up)			
SMALL BUSINESS (1-2 Years)	BUSINESSES/ PERSONS	JOBS	TRAINING
SMALLBUSINESS ASSISTANCE	BUSINESSES/ PERSONS	JOBS	TRAINING
<p><b>LMCMC</b> – <u>Low/mod limited clientele, Microenterprise</u>; 24 CFR 570.208(a)(2)(iii) microenterprise activities that are carried out under 24 CFR 570.201(o) and the owner(s)/developer(s) are low/mod income.</p> <p><b>LMJ/LMT</b> – <u>Low/mod job creation/retention</u>. 24 CFR 570.208(a)(4) and 24 CFR 570.28 (4) (iii) (a) Activities designed to create permanent jobs, at least 51% of which will involve the employment of low/mod persons.</p> <p>24 CFR 570.201(o) The provision of assistance either through the recipient directly or through public and private organizations, agencies, and other sub recipients (including nonprofit and for-profit sub recipients) to facilitate economic development by: (ii) Providing technical assistance, advice, and business support services to owners of microenterprises and persons developing microenterprises;</p>			

**B. Funding Limits**

- Job Training Program **\$495 to \$1500**  
  - **6 Week- 4 month certification** course
- Small Business  
  - (Assistance to multiple businesses and/or entrepreneurs)
  - Maximum award amount or authorization for funding up to **\$2500**
  - Maximum per business grant **\$1,500 to \$2500**
- Small Business Assistance Program  
  - Award range for assistance to an individual business

### C. Eligible Applicants

Eligible applicants are COB residents of the LMI clientele, business owners or potential business owners.

### D. Eligibility Restrictions

**Prior Recipients of the CDBG Program Micro Enterprise program for small business assistance and Job Training are ineligible.**

### E. Types of Applications

The Department of Economic and Community Development Micro Enterprise Program provides grant funds to eligible applicants for:

Job Training: Principally for persons from low- and moderate-income persons who are residents of the City of Brunswick.

Small Business: City of Brunswick potential business owners and potential business owners **that are providing goods and services in low to moderate areas.**

### F. FundProgram Guidelines

1. **Job Training**– Funding is typically provided to eligible applicants for job training in areas such as:

**Certified Nursing Assistant**

**Certified Child Development Associate**

**QuickBooks Series**

**Microsoft Office Suite**

**Payroll QuickBooks**

**Contractor QuickBooks**

**and other certifications deemed advantageous during the recruitment process**

2. **Small Business-Start up**–Funding provides resources to eligible communities in an effort to foster small business development as a vehicle for economic development and growth while providing job opportunities for persons from LMI families. For this program, a small business is defined as a commercial enterprise that is independently owned, operated, and controlled, and has 1 full-time equivalent employees at the time of application.
3. **Small Business-1-2 Years** – Funding provides resources to support and promote entrepreneurship as a vehicle for economic development by providing grants in conjunction with capacity building and entrepreneurial assistance. A microenterprise is defined as a commercial enterprise that has 2 or fewer employees, or more of which is the principal and owns the enterprise at the time of application. This includes part-time and full-time employees.
4. **Small Business**– Funding provides resources to support and promote entrepreneurship as a vehicle for economic development by providing grants in conjunction with capacity building and entrepreneurial assistance. A microenterprise is defined as a commercial enterprise that has 2 or fewer employees, or more of which is the principal and owns the enterprise at the time of application. This includes part-time and full-time employees.

### G. Application Review Process

Job Training- In evaluating applications, the DECD will analyze the following specific factors:

- The documented high school diploma or GED.
- Persons of low- and moderate-income (LMI). Please see below HUD FY 2016 Income Limits Summary for the of Glynn County:

# FY 2016 Income Limits Summary

FY 2016 Income Limit Area	Median Income Explanation	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Glynn County	\$49,700	<b>Very Low (50%) Income Limits (\$)</b> Explanation	18,450	21,050	23,700	<b>26,300</b>	28,450	30,550	32,650	34,750
		<b>Extremely Low Income Limits (\$)*</b> Explanation	11,880	16,020	20,160	<b>24,300</b>	28,440	30,550*	32,650*	34,750*
		<b>Low (80%) Income Limits (\$)</b> Explanation	29,500	33,700	37,900	<b>42,100</b>	45,500	48,850	52,250	55,600

- Resume
- Two professional letters of recommendations

Small Business-In evaluating applications, the DECD will analyze the following specific factors:

- The demonstrated need for the funding.
- The extent to which the project will create or retain permanent, full time jobs for persons of LMI.
- Evidence of a market for the products and services of each of the businesses.
- The amount of COB CDBG funds required to create or retain each full time equivalent (FTE) job.
- The degree to which the project is financially and technically feasible.
- Reasonableness of project costs.
- Commitment and availability of funds from other financing sources, in particular the equity investment of the businesses.
- The extent to which the project can move forward upon award. Issues which may hinder timely completion of the project should be addressed prior to application, but must be addressed prior to award.
- The current and future impact of the project and benefit to the public.

The DECD will use the underwriting guidelines that meet the requirements set forth in 24 CFR 570.201(o)The provision of assistance either through the recipient directly or through public and private organizations, agencies, and other sub recipients (including nonprofit and for-profit sub recipients) to facilitate economic development by: (ii) Providing technical assistance, advice, and business support services to owners of microenterprises and persons developing microenterprises; and

(iii) Providing general support, including, but not limited to, peer support programs, counseling, child care, transportation, and other similar services, to owners of microenterprises and persons developing microenterprises.

(3) For purposes of this paragraph (o), “persons developing microenterprises” means such persons who have expressed interest and who are, or after an initial screening process are expected to be, actively working toward developing businesses, each of which is expected to be a microenterprise at the time it is formed.

(4) Assistance under this paragraph (o) may also include training, technical assistance, or other support services to increase the capacity of the recipient or sub recipient to carry out the activities under this paragraph (o).

DECD will review an applicant’s work and business history, beginning with Program Year 2015, to determine whether or not the Applicant has completed and/or made appropriate progress with any and all prior DECD program including the number of extensions requested in order to complete a project beyond the specified deadline. All proposed job creation or retention must be completed and reported within the 12-month program completion period.

#### **H. Submission Information- Training and Small Business**

Applicants must send one copy of an application to DECD by the submission deadline to be considered for funding. **Applications must be postmarked no later than, April 6<sup>th</sup> or delivered no later than 3:30 p.m. on the deadline date.**

Applications must be received at:

**City of Brunswick  
Department of Economic and Community  
601 Gloucester Street 2<sup>nd</sup> Floor  
Brunswick, GA 31520**

In the interest of fairness to all competing Applicants, the above-stated application deadline is firm. Applications received after 3:30 p.m. on, or postmarked after, \_\_\_\_\_ will be deemed ineligible. Applicants should take this into account and make the necessary arrangements to adhere to the deadline and avoid any risk of loss of eligibility brought about by unanticipated delays or other delivery related problems.

#### **I. Technical Assistance**

Prior to the application deadline, DECD will provide technical assistance regarding the application, proposed projects, and program regulations to Applicants upon request. Potential applicants with questions regarding the application and/or the COB CDBG Program should call 912-267-1820 for assistance.

#### **J. Corrections to Deficient Applications**

**Under no circumstances will unsolicited information from an Applicant or its representative regarding the application be accepted after the application deadline has passed.** Applicants may be advised of technical deficiencies in applications and may be permitted to correct those deficiencies. A technical deficiency is an error or oversight which, if corrected, would not alter, in a positive or negative fashion, the review and/or rating of the application. Examples of curable technical deficiencies could be the failure to submit an application form or failure to submit an application containing an original signature. Applicants will be notified in writing of any curable technical deficiencies in an application. **Applicants will have 10 business days from the date of DECD’s correspondence to reply and correct the deficiency. If the deficiency is not corrected within this timeframe, Applicants are at risk of their application being deemed incomplete.** If necessary, Applicants may be requested to submit additional information for clarification of material **contained** in the application.

### **IV. APPLICATION INSTRUCTIONS**

#### **A.Submission Instructions -Job Training and Small Business**

Proposals for potential COB CDBG funding will follow a two-step application process.

**First, applicants will initially be required to use the Office of Community Renewal’s Pre-Submission Form.**

Pre-Submission Forms are used to provide the DECD with a brief description of the project and identify the funding sources committed and available to the project. Upon receipt by the DECD, each Pre-Submission Form will be reviewed and approved or denied by the DECD for initial threshold eligibility only. Projects with DECD approved Pre-Submission Forms will be provided an Invitation to Apply and will proceed to the second part of the two-step process, whereby full applications will need to be completed in their entirety and determined to be eligible.

**Pre-Submission Forms must be received no later than 5:00 PM on April 7<sup>th</sup> 2017. Pre submission forms are required for Small Business projects only. Job Training applicants do NOT require a press submission application or invitation to apply. Otherwise, only applications that have been submitted in response to an Invitation to Apply will be considered for funding. Applications received without the issuance of an Invitation to Apply will be returned to the Applicant.**

For projects which have received an Invitation to Apply, in order to be considered for COB CDBG funding, applicants *must submit one copy* of an Office of Economic Development and Community Development Program application to DECD **by the application deadline of April 6<sup>th</sup> 2017**. Applicants must use DECD's application forms unless otherwise noted.

The Department of Economic and Community Development Renewal's Pre-Submission Form and Application for CDBG Economic Development Activities will be available on the COB web site: <http://brunswickga.org>

**Full applications will be due no later than April 7<sup>th</sup> , 2015**. Applications are to be mailed or hand-delivered to:

**City of Brunswick  
Department of Economic and Community  
601 Gloucester Street 2nd Floor  
Brunswick, GA 31520**

If mailed, applications must be sent via FedEx, UPS or another similar service with delivery confirmation (i.e. U.S. Postal Service), and postmarked **no later than April 7<sup>th</sup> 2017**.

- If hand-delivered, applications must be received at the above address **no later than 4:00 PM on April 7<sup>th</sup> 2017**.

The above-stated application deadline is firm as to date and hour. In the interest of fairness to all competing applicants, applications received after the specified date and time will be deemed ineligible and will **not** be considered for funding. Applicants should make early submission of their application(s) to avoid risks of ineligibility resulting from unanticipated delays or other delivery-related problems.

Applicants are strongly advised to thoroughly read the application, review the requirements of the COB CDBG program and observe all of the application requirements. Applicants seeking consideration for funding must comply with all requests for information including completion of all required forms, providing descriptions, narratives and exhibits. **All parts of the application and required exhibits must be completed in full for the application to be successfully evaluated. Required information that is not provided in the application will have a negative impact on the evaluation of the application.** It is the Applicant's responsibility to provide DECD with an application that is clear, concise, well-organized and that provides all of the information requested.

The application must be submitted as follows:

- One **copy** of the application.
- The **ORIGINAL** application with all original signatures must be retained by the applicant.
- The copy must be bound in an appropriate sized 3-ring binder.
- The name of the applicant identified on the front cover and binding of the copy.
- Each application must include a Table of Contents that identifies each section, form, and exhibit of the application and corresponding page numbers. **Applicants MUST organize their application according to the Submission Checklist on page 10.**
- **Each section, form, and exhibit of the application must be clearly identified and tabbed as required and identified in the Table of Contents.**
- All pages including the exhibits must be numbered in sequence at the bottom of each page.

- All materials that contain information that can specifically identify a household and/or person must be located in a section of the application labeled “**Confidential Information**” (e.g. income surveys, maps, documents containing names and/or addresses, photographs).



**V.APPLICATION FORMS**

**City of Brunswick Department of Economic and Community Development  
MICRO ENTERPRISE PROGRAM APPLICATION**

**FORM 1-APPLICANT/PROGRAM INFORMATION**

**1. CONTACT PERSON**

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

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. APPLICATION PREPARER**

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. TYPE OF APPLICATION**

Mirco Enterprise-Small Business Start Up  Micro Enterprise- Small Business (1-2 years)  
Business  Microenterprise Small

**4. BUSINESS INFORMATION** ( For each business to be assisted. Attach additional pages if necessary.)

Name of Business	Type of Product Produced/Services Provided	Is the business currently seeking funding from another SBDC or HUD CDBG administered program?***	Has the business previously applied for or received another SBDC or HUD CDBG administered program?***

**6. Race(s) of everyone who will benefit from this program: (Please use numbers #, NOT check marks.)**

- #\_\_\_\_ African American/Black
- #\_\_\_\_ African American/Black & White
- #\_\_\_\_ American Indian or Alaska Native
- #\_\_\_\_ American Indian/Alaska Native & African American/Black
- #\_\_\_\_ American Indian/Alaska Native & White
- #\_\_\_\_ Asian
- #\_\_\_\_ Asian & White
- #\_\_\_\_ Native Hawaiian or Other Pacific Islander
- #\_\_\_\_ White/Caucasian
- #\_\_\_\_ Other Multi-racial

How many Males will benefit from this program? # \_\_\_\_ Females? # \_\_\_\_ Children under 18? # \_\_\_\_

How many people who are Hispanic or Latino/a will benefit from this program? # \_\_\_\_

\*Federal procurement requirements may be applicable, 24 CFR 85.36

\*\*If the answer to E or F is "Yes", provide on a separate page, a description of the project as submitted to the other entity including the date of application, the requested amount of funds and purpose of the funds. Additionally, provide a description of the funding source including the name of the agency and its contact information, the status of the funding and the terms of the funding.

# City of Brunswick Department of Economic and Community Development Training Program Application

## **Part A: Participant Information**

Please PRINT clearly. Thank you!

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please circle one: Do you have a disability? **Yes or No** Are you over 55? **Yes or No**

Is the Head of Household **Male or Female?**

How many people will receive this service/ participate in this program? \_\_\_\_\_

Race(s) of everyone who will benefit from this program: **(Please use numbers #, NOT check marks.)**

# \_\_\_\_\_ African American/Black

# \_\_\_\_\_ African American/Black & White

# \_\_\_\_\_ American Indian or Alaska Native

# \_\_\_\_\_ American Indian/Alaska Native & African American/Black

# \_\_\_\_\_ American Indian/Alaska Native & White

# \_\_\_\_\_ Asian

# \_\_\_\_\_ Asian & White

# \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

# \_\_\_\_\_ White/Caucasian

# \_\_\_\_\_ Other Multi-racial

How many **Males** will benefit from this program? # \_\_\_\_\_ **Females?** # \_\_\_\_\_ **Children under 18?** # \_\_\_\_\_

How many people who are **Hispanic or Latino/a** will benefit from this program? # \_\_\_\_\_



## **Part B: Household Information**

**Total # of people in your household:** \_\_\_\_\_ Do you receive Public Housing Assistance? **Yes or No**  
(All household members.)

Are you employed? **Yes or No** If Yes, where? \_\_\_\_\_

What is your salary? \$ \_\_\_\_\_ Is this weekly/ bi-weekly/ monthly/ annual?(**Please circle one**)

Unemployment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Cash Received \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Examples of other forms of income: Annuities, Insurance Policies, Death Benefits

Total Annual Household Income for all adults 18 and older: \$ \_\_\_\_\_  
( Proof of income required.)

This form must be completed for each program participant/family and submitted with the monthly progress reports.

## COMMUNITY DEVELOPMENT PROPOSAL

*The proposal must be clear, concise and labeled accordingly. It must not exceed 10 pages and must be on letter sized paper in a 12 point font size. Complete each applicable section.*

### **A. Project Description – Complete for Micro Enterprise Small Business projects only**

- Provide a detailed description of the business/activity seeking funding including all appropriate quantifiable information and any unique aspects. Examples of quantifiable information include the number of grants or loans to be made; the number of jobs to be created/retained; impact on residents, suppliers or end users, etc. The description should be specific and provide sufficient detail concerning the nature, scope, location, and purpose of activities that will be addressed by the proposed project and coordination of related activities. Describe any past efforts to resolve the needs identified. Explain why the proposed project is the best approach to addressing the need identified.
  
- Provide the following information for the business(s) to be assisted:
  1. A description of the business.
  2. A description of the proposed project.
  3. A description of the benefit of the project to the city.
  4. For each business identified, provide a description of the number and type of jobs to be created and/or retained including the skills required to perform the job and the qualifications for employment.
  5. A list of all project funding sources and uses including the current status of all proposed funding.
  6. A description of how the COB CDBG funds will be used in financing the project including the amount and terms (e.g. loans, grant, and interest subsidies).

- Provide a detailed description of the program delivery and administration tasks required to undertake this project including who will undertake these tasks, the costs associated with the tasks, and how the costs were determined.
  
- Describe efforts to secure alternative or additional funds from all appropriate public or private sources available to assist in financing the proposed activity. In detail, explain the impact of the COB CDBG funds on the total cost of the project and the beneficiaries (e.g. lack of other sources of funding). List the sources of cost estimates (where appropriate, project costs should be as recent as possible and documented by a qualified third party).

### **D. Description of Impact – Required for all activity types**

Describe the expected accomplishments/outcomes to be achieved by the proposed activities and indicate how it will resolve the identified need(s). Use specific measurable items (numerically where appropriate) in describing the results to be achieved. If the project does not fully resolve the identified need, show how the activity will resolve a planned proportion of the needs identified. Include any qualitative or quantitative impact that may be in addition to the creation/retention of job opportunities.

## PROJECT BUDGET

APPLICANT NAME:				BUSINESS NAME:			
USE OF FUNDS	SOURCE OF FUNDS (must correspond to Form 3)						
	CDBG \$ Requested	Source # ___	Source # ___	Source # ___	Source # ___	Source # ___	TOTAL
Item:	\$	\$	\$	\$	\$	\$	\$
Grant Administration							
Program Delivery							
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

**SOURCE OF FUNDS:** List each of the sources of funding at the top of each column.

**USE OF FUNDS:** List each budget item for the project, for example: acquisition, construction, machinery & equipment, working capital, etc.

