



**CITY OF PHARR
SMALL BUSINESS RELIEF ASSISTANCE
CARES ACT FUNDS**

The City of Pharr will utilize U.S. Department of Housing & Urban Development Coronavirus Aid, Relief and Economic Security (CARES) Act funds in the amount of four-hundred and sixty-five thousand dollars (\$465,000) to establish the Small Business Relief Assistance program (SBRA) as administered by the Grants Management and Community Development (GMCD) department. The grant assistance is designed to immediately support the financial needs of Small Business entities that have been adversely affected by the national COVID-19 pandemic. The CARES Act funds will not be amended or changed without prior written concurrence from the GMCD Office and the City of Pharr.

1) Use of Grant Funds:

The Small Business Relief Assistance funds will provide immediate assistance to the establishment affected by the current national pandemic. The guidelines of this program will follow the CARES Act requirements and will be the basis for meeting the eligibility criteria for assistance. The CARES Act funds must be used to prevent, prepare for, and respond to the coronavirus.

This program provides small businesses with funds to pay up to 8 weeks of payroll costs, including benefits. Funds can also be used to pay interest on mortgages, rent, and utilities.

2) Amount of Technical Assistance:

The Grantee, when appropriate, will assist applicants in finding other technical assistance resources. The Pharr Economic Development Corporation (PEDC) and the Business Development and Innovation Group of the University of Texas – Rio Grande Valley are two resources that can provide the assistance needed by the applicant. In addition, the GMCD is also available for any technical assistance needed.

3) Eligibility Requirements:

- Business owner must submit the general application for assistance
- Business must be a micro-enterprise with five or fewer employees, including the owner.
- Business must be a private, for-profit entity
- Business must be located within the City of Pharr city limits
- Business owner will certify and attest a Duplication of Benefits standard has been met
- If a Business owner has been assisted with other funds in response to the COVID-19, the Business owner will provide documentation CDBG-CV funds will not be used on the same expense
- Business owner must submit the required financial records for review/approval
- Business owner must complete the program’s Income Verification Form
- Business owner must demonstrate the business has experienced a loss of income due to the COVID-19 pandemic
- GMCD Office will require that the business owner is in compliance with the Duplication of Benefits requirement
- Business owner must meet the program’s Household Income Guidelines below for eligibility:

	80% Area Median Income – McAllen Edinburg Mission MSA, as of July 2019							
# of People in Household	1	2	3	4	5	6	7	8
Household Income	32,900	37,600	42,300	46,950	50,570	54,500	58,250	62,000

4) Eligibility of Workers:

Under the U.S. Department of Housing & Urban Development's program requirements, all recipients of CDBG-CV (CARES Act) funds must be eligible to work in the United States and provide proof.

5) What businesses are NOT eligible to apply?

- Businesses that do not meet the program's funding assistance requirements are ineligible.
- Non-profit organizations
- Businesses restricted to patrons above the age of 18 are not eligible for assistance (e.g. bars, smoke shops, and sexually oriented businesses)
- Application by members of CDBG and PEDC and their immediate family members shall be ineligible for funding.

6) Other General Grant Criteria:

- Small Business Relief Assistance grants will not exceed five thousand dollars (\$5,000)
- Formal agreements must be completed between the City of Pharr and the Business Owner in writing and executed by both parties prior to the disbursement of funds.
- The GMCD Office will require a complete application with all supporting financial records for review and approval prior to the execution of the agreement.
- In accordance with Federal law, applicants will not be discriminated against based on race, color, national origin, sex, religion, age, disability, or marital and family status.

This Small Business Relief Assistance Program is funded by the U.S. Department of Housing & Urban Development and supplemented through the CARES Act. Upon approval by the City, the funds will be released according to program protocol.

I hereby attest that the CDBG-CV grant funds assistance I receive for my business will not be used on an expense that has been previously assisted with other federal or non-federal monies.

By: _____

(Acknowledged Signature)

(Business Name)

(Date)

City of Pharr, Hidalgo County, Texas
Coronavirus Aid, Relief and Economic Security (CARES) Act
Small Business Relief Assistance

1. Applicant Information

Contact Name: _____

Name of Business: _____

Are you the owner of the business listed on this application (Yes or No) _____

Type of Business: _____

Address: _____

Contact Phone: _____ Email Address: _____

2. Information on Business

2019 Annual Gross Receipts (circle one):

Under \$50,000/ **\$51,000-\$100,000/** **\$101,000-\$250,000/** **\$250,000-\$500,000**

Actual Revenue April 2020 _____ **Actual** Revenue April 2019 _____

Actual Year-to-Date Revenue 2020 _____

Actual Year-to-Date Net Income 2020 _____

Average 2019 Monthly Revenue _____ **Average** 2019 Monthly Expenses _____

Do you Own or Lease your business location? _____

Purpose of Grant Assistance _____

Have you applied for SBA, USDA or other federal assistance in the last (12) months _____

Total Number of Years in Business _____ Years at Current Location _____

How many Full-time Equivalent employees are currently employed _____

How many Part-time Equivalent employees are currently employed _____

Current Number of Vacant Positions _____ Is the Business a Franchise _____

Signature

Date

Small Business Relief Assistance Eligibility Checklist

The qualifying business owner must provide the following financial records as part of the application review:

- Completed Application
- Form W-9, Request for Taxpayer Identification Number & Certification
- Two Years of Federal Income Tax Returns and/or
- Two Years of Annual Financial Statements
- Current Year-to-Date Financial Statements, if available
- Demonstration of Financial Impact
- Support Documents for Proposed Use of Funds such as:
 - Rent/Lease Agreement
 - Mortgage
 - Payroll
 - Receipts/Costs of Necessary Equipment or Supplies
- Copies of utility bills, lease agreement, rental receipts, mortgage payment receipt

**Pharr, Hidalgo County, Texas
Income Eligibility Verification Form
CARES Act**

Qualified Documents Application

Participants of the Federally funded Coronavirus Aid, Relief and Economic Security (CARES) Act funds must disclose household income information for program eligibility requirements. All information will remain confidential. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I. General Information: Household Demographics

A. Applicant Information

Name _____

Address _____

City, State _____ Zip Code _____

Does the applicant reside within the City limits? Yes No

B. Characteristics **(Circle One)**

1. Hispanic: Yes No

2. Race:

- | | |
|--|--|
| White | Black/African American |
| Asian | American Indian/Alaskan Native |
| Native Hawaiian/Other Pacific Islander | American Indian/Alaskan Native & White |
| Asian & White | Black/African American & White |
| American Indian/Alaskan Native & Black | Other Multi-Racial |

3. Number of Persons Benefitting from Services _____

4. Number of Persons In Household _____

II. Qualification Documents

Please mark (X) your answer

A. Does your family receive TANF (Temporary Assistance for Needy Families)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

B. Does anyone in your household receive MEDICAID?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

C. Does your family receive SNAP (FOOD STAMPS)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step III to sign and date this application

_____ No; please continue to next question

D. Do you reside in Public Housing (Housing Authority or Section 8)?

_____ Yes; Name the City in which the Public Housing is located _____

Source Documentation: provide a copy of ID/license, or utility bill indicating address;
Stop and go to Step III to sign and date this application

_____ No; please use Income and Assets Application ([Request from Pharr CDBG Office](#))

III. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE (BELOW):
As of June 1, 2019

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$12,350	\$20,550	\$32,900
2 Persons	\$14,100	\$23,500	\$37,600
3 Persons	\$15,850	\$26,450	\$42,300
4 Persons	\$17,600	\$29,350	\$46,950
5 Persons	\$19,050	\$31,700	\$50,750
6 Persons	\$20,450	\$34,050	\$54,500
7 Persons	\$21,850	\$36,400	\$58,250
8 Persons	\$23,250	\$38,750	\$62,000

Applicant is _____ Eligible _____ Not Eligible

I, _____, hereby acknowledge that
(Print Name)

(1) eligibility for assistance under this CDBG-CV (CARES Act) funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and/or Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Signature

Date

IV. Certification of Agency

I, _____, hereby acknowledge that I
(Print Name)

have received the necessary documentation in order to provide services under the Pharr CDBG-CV (CARES Act) Program.

Signature

Date

**Pharr, Hidalgo County, Texas
Income Eligibility Verification Form
CARES Act/COVID-CV**

Income and Assets Application

Participants of the Federally funded Community Development Block Program (CDBG) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I. General Information: Household Demographics

A. Applicant Information

Name _____

Address _____

City, State _____ Zip Code _____

Does the applicant reside within the City limits? Yes No

B. Characteristics (Circle One)

1. Hispanic: Yes No

2. Race:

- | | |
|--|--|
| White | Black/African American |
| Asian | American Indian/Alaskan Native |
| Native Hawaiian/Other Pacific Islander | American Indian/Alaskan Native & White |
| Asian & White | Black/African American & White |
| American Indian/Alaskan Native & Black | Other Multi-Racial |

3. Number of Persons Benefitting from Services _____

4. Number of Persons In Household _____

II. Income Calculation:

A. List names of persons in the household and indicate if household members are full-time students or children

#	Last Name	First Initial	Full-time student 18 years or older		Child under the age of 18 years	
			Yes	No	Yes	No
1			Yes	No	Yes	No
2			Yes	No	Yes	No
3			Yes	No	Yes	No
4			Yes	No	Yes	No
5			Yes	No	Yes	No
6			Yes	No	Yes	No
7			Yes	No	Yes	No
8			Yes	No	Yes	No
			Notes: If yes, income is capped at \$480 except for head of household		If yes, income is excluded from calculation (\$0)	

Verify number of household members listed above equals number provided on Page 1, Question 4.




B. For each member of the household, list the **annual/yearly** INCOME amount

Name	1) Wages and Salaries	2) Benefits and Pension Distributions	3) Public Assistance	4) Other Income (including Net Business)	Source	5) Annual Gross Income <i>(Add each row and enter for each person)</i>
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL <i>(Add the amounts in Column 5)</i>						\$
Examples:						
Wages, salaries, tips, overtime, bonuses, armed forces income, self-employment or business income		Retirement and insurance income	Unemployment and disability income	Interest and dividends, alimony, child support, and gift income		
Documentation Needed:						
3 months' worth of paystubs or electronic deposit documents		3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents		

III. Assets Calculation:

A. If you or your household members have any of the following items, provide value:

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) Actual Income from Assets
A checking account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
A savings account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
Cash in a safety deposit box?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash at home?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash anywhere else?	Signed Statement of Amount	Current Value	\$	If invested, interest earned	\$
Trust funds available to you?	6 months of statements	Average of 6 statements	\$	Amount of Interest Earned	\$
Equity in any rental property?	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
Stocks, bonds or Treasury Bills, Certificates of Deposits, Mutual Funds or Money Market Accounts?	Current statement	Current Value minus cost to sell	\$	Amount of Interest Earned	\$
Retirement Accounts or 401(k) or Pensions that you can access or are available for distribution?	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) Actual Income from Asset
Cash value of life insurance policies available before death (Whole Life or Universal Life)	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$
Personal Property held as an investment (as examples: gems, jewelry, coin collections, antique cars)	Signed Statement of Value	Current Value	\$	N/A	\$0
Lump-sum or one-time receipts of inheritances, capital gains, lottery winnings, victims restitution, insurance settlements	Current Statement or Receipt	Current Value	\$	If invested, amount of interest earned	\$
Mortgages or Deeds of Trust	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
TOTAL <i>(Add the amounts in Column 4)</i>			\$	TOTAL <i>(Add Column 6)</i>	\$
			 Net Cash Value of Assets		 Total Actual Income from Assets
B. If Net Cash Value of Assets is <u>greater than \$5,000</u> , multiply by 0.0006 (0.06% Passbook Rate); otherwise, enter zero					
			 Passbook Amount		
C. Enter the greater of Total Actual Income from Assets (Column 6) or Passbook Amount (Letter B)					

IV. Household Income Calculation:

- 1. Enter Total Annual Gross Income (Page 7) \$ _____
- 2. Enter Greater of Actual Income or Passbook Amount (Page 9) _____
- 3. Add lines 1 and 2 \$ _____

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 Signature _____
 Date

VI. Certification of Agency

I, _____, hereby acknowledge that I have
(Print Name)

received the necessary documentation in order to provide services under the CARES Act Program.

 Signature _____
 Date