



**OLD BRIDGE TOWNSHIP SMALL BUSINESS PROGRAM
FUNDED THROUGH THE COMMUNITY DEVELOPMENT BLOCK
GRANT CV (CARES) PROGRAM**

APPLICATION PACKET

**THIS APPLICATION CAN BE COMPLETED
ELECTRONICALLY AT
OLDBRIDGE.COM/SMALLBUSINESSGRANT**

**PLEASE EMAIL ALL APPLICATIONS TO
SMALLBUSINESSGRANT@OLDBRIDGE.COM**

Submission Cover Letter

To Township of Old Bridge:

The (Name of Business)_____ is submitting an application for a Township of Old Bridge Small Business Assistance grant under the Community Development Block Grant (CDBG-CV) Program. The grant request is in the amount of \$_____ to be used to provide working capital needs for (Name of Business)_____.

(Name of Business)_____ has been a part of the Township of Old Bridge community since _____ and normally employs _____ workers.

If we receive the assistance from the Township, we will be able to retain _____ positions held by low/moderate income persons who reside in low/moderate income neighborhoods. These positions are as follows:

Name/Address	Title	Income as of February, 2020

(Name of Business)_____ has been negatively impacted by the COVID-19 emergency and requires urgent assistance. We appreciate your consideration.

Sincerely,



I. GENERAL INFORMATION

Name of Applicant _____

Name of Business: _____

Address of Business: _____

Mailing Address: _____

Contact Person: _____

Work Telephone #: _____ Fax #: _____

Home Telephone #: _____ Cell #: _____

Email address: _____ Website: _____

II. OWNERSHIP & MANAGEMENT

Structure of business (**Check One**)

- C-Corporation Limited Liability Co. (LLC) Sole Proprietorship
 Sub Chapter S Corporation Partnership Trading As/Doing Business As

Ownership of applicant company (**List all owners, stockholders and members and percent ownership**):

USE SEPARATE SHEET IF NECESSARY.

Name	Social Security No.	Date of Birth	Percentage Owned
1. _____			
2. _____			
3. _____			

III. COMPANY HISTORY/PROFILE

Month/year business was established: _____

Tax ID or EIN #: _____

Line of Business: _____

V. JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business’s monthly budget for January, 2020.

Budget Item	Total Monthly Expenditures	Monthly Net Income Computation
Total Income		
Personnel (Salary & Wages)		
Fringe Benefits		
Equipment		
Inventory		
Supplies		
Occupancy (Rent & Utilities)		
Telecommunications		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Total of All Expenditures		
Monthly Net Income (Total Income – Total of All Expenditures)		

VI. SUPPORT INFORMATION & STATEMENTS REQUIRED

1. Copy of NJ-WR30 for proof of employees, tax return for sole proprietorships
2. Copy of Lease
3. Copy of utility bills
4. Real estate tax bill

VII. NET INCOME SUMMARY

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

Fiscal Year Ending:	Net Income	Net Income derived from Profit/Loss Statement? (Yes/No)	Net Income calculated from total sales – total expenses? (Yes/No)	Cash Balance
December 31, 2017				
December 31, 2018				
December 31, 2019				
Current:				

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.

Name of Business

Signature/Title

Date

Signature/Title

Please email completed application to smallbusinessgrant@oldbridge.com

Insert Project Summary here

Provide a summary of the business' present situation. This should include a brief description of the Business, e.g., type of firm, its product or service, and how long they have been in business. Describe how the CDBG funds will be used and reasons why they are needed in order for the Business to be in a position to retain jobs. Specific needs need to be identified. Explain what circumstances make this project necessary, in maintaining adequate permanent working capital to sustain operating needs.

Insert Most Recent Bank Statement here.

From the benefiting business. Please make certain to redact (mark out) the account number.

Insert Additional Documentation here.

From the benefiting business.

If available, other forms of **documentation to demonstrate the lack of permanent working capital** in support of operating expenses. Such evidence may include shutoff utility notices, delinquent bills, denied loan applications, etc.

BUSINESS CERTIFICATIONS

The Business understands that no aspect of the project proposed for assistance will commence prior to the award of funds and execution of the Participation Agreement.

The Business certifies that it is a Business in good standing, authorized to do business in New Jersey and has no delinquent tax liabilities. The Business further authorizes the Township of Old Bridge to seek a tax clearance letter from the NJ Township of Revenue and authorizes the Township of Revenue to provide such a letter stating whether the records of the Township show that Borrower is in compliance with all tax acts administered by the Township of Revenue and to which Borrower is subject.

The Business also certifies that no tax liens, including but not limited to, municipal, county, state, or federal, have been filed against the Business, any partners of the Business, the majority shareholder of the Business, or in the name of a related business owned by the recipient.

The Business authorizes the Township to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the NJ Township of Employment Security, Consumer Credit Bureau Services, business reporting services such as Dun and Bradstreet and criminal history record check.

The Business certifies that all information and documentation contained in this application, is accurate, complete and true to the best of his/her knowledge.

The Business certifies that it has read and understands the application guidelines.

Signature of Chief Executive Officer

Date

Typed Name of Chief Executive Officer

Name of Business

FEIN #

Business Address

DUNS #

SIC #