



LA CROSSE COUNTY

COVID Recovery Business Grant Program

Program Description

This program will assist microenterprise businesses, within La Crosse County but outside of the City of La Crosse, in their recovery from the economic impacts of the COVID-19 pandemic.

La Crosse County Economic Development Fund, Inc.

Grant Contact Information:

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PROGRAM BACKGROUND

Microenterprise businesses are a vital part of the economy in La Crosse County. Many microenterprise businesses have been severely impacted by the COVID-19 pandemic and the resulting public health restrictions and decrease in consumer confidence.

The Community Development Block Grant – Coronavirus (CDBG-CV) program was developed to provide local governments with resources to be able to help their citizens deal with the impacts of the COVID-19 pandemic. La Crosse County applied for and was awarded funding from this program through the Wisconsin Department of Administration and will be working to provide grant funding to eligible microenterprise businesses. Due to the City of La Crosse's status as a CDBG entitlement community, they receive their own allocation of funding, and therefore, businesses within the City of La Crosse are not eligible for La Crosse County's program per HUD restrictions.

PROGRAM PURPOSE

This program exists to provide financial assistance to help microenterprise businesses that were negatively impacted by the COVID-19 pandemic with recovery. Eligible uses of funds include, but are not limited to:

- Working capital to cover business expenses such as rent, utilities, and staffing
- Technical assistance in dealing with adjustments to COVID-19
- Purchase of PPE or other equipment made necessary by COVID-19

Ineligible uses of funds include, but are not limited to:

- Purchase of real property
- Construction activities with total costs greater than \$2,000
- Tax obligations, including any late fees and interest
- DUPLICATION OF BENEFITS – grants funds must not be used for any expenses that the business has received other local, state, or federal funding for.

The program will provide grants between \$1,000 and \$20,000 to eligible businesses for eligible uses. Upon approval of grant award, La Crosse County will request funds from the Wisconsin Department of Administration and will distribute funds to the grantee business within 6 business days of receipt.

PROGRAM ELIGIBILITY

To be eligible for this program, businesses must meet the following eligibility criteria:

- Must have five (5) or fewer total employees, including the owner, at the time of application
- Must meet HUD's national objective of assisting low to moderate income households. This can be done in one of two ways:
 - The business owner (or 51% of ownership if more than one owner) must self-certify as meeting HUD income restrictions for a low to moderate income family at the time of application
 - At least 51% of the total employees must be certified as low to moderate income individuals based on the wages from the applicant business
- Must be able to document how the business has been adversely impacted by the COVID-19 pandemic

Instructions

To apply for funding, please complete this application form, including **all** attachments, and submit it to the La Crosse County Community Development office at the address on the cover.

Applicant Information

Company Name: _____ Date Established: _____

Type of Organization: ___ LLC; ___ LLP; ___ Sole Proprietorship; ___ S Corp; ___ C Corp

Company Mailing Address: _____

Contact Person: _____ Title: _____

Contact Address: _____

Contact Phone: _____ Contact Email: _____

Business Tax ID or DUNS Number: _____

Industry: _____ Business Website: _____

Business Ownership (list all owners with a 20% or greater stake in the company)

| Name | Title | % Ownership | Minority | Woman |
|------|-------|-------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Business Employment (must be 5 or fewer total to be eligible)

Current Employees: _____ Full Time; _____ Part Time

Grant Request (between \$1,000 and \$20,000)

Amount of Grant Request: _____ Proposed Uses of Funds: _____

What other local, state, or federal COVID-19 aid have you received: _____

COVID Impacts

Describe the negative impact that the COVID-19 pandemic has had on your businesses: _____

Is business currently in operation: ___ Yes; ___ No If No, when do you plan to reopen: _____

Attachments

Please attach the following to complete your application:

- Income certification documentation:
 1. Complete the Business Owner Income Certification, and if the family income is in categories A, B, or C, attach that completed and signed form to the application. If the family’s income is in category D, please complete #2, below.
 2. Complete an Employee Income Certification for each employee of the business (including owners)
- Evidence of COVID-19 impacts on the business as discussed above
- If your business has received any other federal, state, or local COVID-19 aid, please provide documentation of such
- Statement from the business of its plans to continue operations in La Crosse County
- Completed and signed IRS Form W-9

Applicant Certification

By signing below, the applicant:

- Certifies that to the best of its knowledge and belief, the information being submitted to the La Crosse County Economic Development Fund and its agents is true and correct;
- Certifies that it is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- Certifies that it is in compliance with and current on federal payroll withholding, state payroll withholding, payment of unemployment taxes, federal income taxes, state income taxes, and real estate taxes;
- Certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditor;
- Certifies that it has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the business described in this application. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, or regulatory intervention;
- Understands that, unless it’s a trade secret, all information submitted to the LCEDF is subject to Wisconsin’s open records law.

Signature: _____ Title: _____

Printed Name: _____

Signature: _____ Title: _____

Printed Name: _____

Business Owner Income Certification Form

**2021 LA CROSSE COUNTY
STATE OF WISCONSIN
COMMUNITY DEVELOPMENT BLOCK GRANT
EMPLOYER SELF CERTIFICATION**

BUSINESS NAME: _____ **OWNER NAME:** _____

INSTRUCTIONS:

Each owner of the business, must answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

| Please Circle # of Persons in your Family | FAMILY INCOME CATEGORY | | | |
|---|--|---------------------------|---------------------------|-----------------------------|
| | Please check your family income in the same row as the number of persons in your family. | | | |
| | A | B | C | D |
| 1 | _____ \$0 - \$16,950 | _____ \$16,951 - \$28,250 | _____ \$28,251 - \$45,150 | _____ Greater than \$45,150 |
| 2 | _____ \$0 - \$19,400 | _____ \$19,401 - \$32,250 | _____ \$32,251 - \$51,600 | _____ Greater than \$51,600 |
| 3 | _____ \$0 - \$21,960 | _____ \$21,961 - \$36,300 | _____ \$36,301 - \$58,050 | _____ Greater than \$58,050 |
| 4 | _____ \$0 - \$26,500 | _____ \$26,501 - \$40,300 | _____ \$40,301 - \$64,500 | _____ Greater than \$64,500 |
| 5 | _____ \$0 - \$31,040 | _____ \$31,041 - \$43,550 | _____ \$43,551 - \$69,700 | _____ Greater than \$69,700 |
| 6 | _____ \$0 - \$35,580 | _____ \$35,581 - \$46,750 | _____ \$46,751 - \$74,850 | _____ Greater than \$74,850 |
| 7 | _____ \$0 - \$40,120 | _____ \$40,121 - \$50,000 | _____ \$50,001 - \$80,000 | _____ Greater than \$80,000 |
| 8 or more | _____ \$0 - \$44,660 | _____ \$44,661 - \$53,200 | _____ \$53,201 - \$85,150 | _____ Greater than \$85,150 |

Source: 2021 HUD low-moderate income level limits for [La Crosse County](#)

2.) Please check the box(es) that identify your race.

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and African/American
- Other Multi-Racial

3.) Please answer these questions:

- Do you consider yourself as being of Hispanic ethnicity? Yes No
- Are you currently unemployed or were you unemployed prior to employment with this company? Yes No
- Are you a female head of household? Yes No

I certify that the information provided above is correct to the best of my knowledge

_____/_____/_____
Printed Name Signature Date

Employee Income Certification Form

2021 LA CROSSE COUNTY
STATE OF WISCONSIN
COMMUNITY DEVELOPMENT BLOCK GRANT
EMPLOYEE SELF CERTIFICATION

THIS FORM MUST BE COMPLETED FOR EACH EMPLOYEE OF THE COMPANY, INCLUDING THE OWNER, AND AT LEAST 51% OF EMPLOYEES MUST CERTIFY IN INCOME CATEGORIES A, B, OR C FOR THE BUSINESS TO BE ELIGIBLE.

BUSINESS NAME: EMPLOYEE NAME:

INSTRUCTIONS:

Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) Please indicate the current wages to this employee from the applicant business.

Table with 4 columns: INCOME CATEGORY, A (\$0 - \$16,950), B (\$16,951 - \$28,250), C (\$28,251 - \$45,150), D (Greater than \$45,150)

Source: 2021 HUD low-moderate income level limits for La Crosse County

2.) Please check the box(es) that identify this employee's race.

Single Race:

- White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White, Asian and White, Black/African American and White, American Indian/Alaskan Native and African/American, Other Multi-Racial

3.) Please answer these questions with regard to this particular employee:

- Does this employee consider themselves as being of Hispanic ethnicity? Yes/No
Was this employee unemployed prior to employment with this company? Yes/No
Is this employee a female head of household? Yes/No

I certify that the information provided above is correct to the best of my knowledge

Printed Name Signature Date