

Cumberland County  
Small Business Economic Assistance Program

# VIRTUAL INFORMATION SESSION



Questions can also be emailed to  
[ARPsmb@cumberlandcountync.gov](mailto:ARPsmb@cumberlandcountync.gov)  
Email Subject Line:  
“SBEAP Question”



# AGENDA

## PRESENTATION

- ARPA/CSLFRF Overview
- Purpose of Funds
- Approach
- Application Sections
- Eligible Categories
- Application Review Criteria
- Application Attachments
- Tips for a successful application
- Contract Scope of Work

## DISCUSSION

- FAQ



ARPA/CSLFRF FUNDING OVERVIEW  
ARPA - American Rescue Plan Act of 2021  
CSLFRF - Coronavirus State and Local Fiscal Recovery Funds

- \$1.9 Trillion in ARPA funds
  - \$362 Billion for CSLFRF
    - Cumberland County's portion = \$65,168,690



# PURPOSE OF FUNDS

To be allocated specifically to small businesses in Cumberland County that have been affected by the COVID-19 pandemic and to aid in a strong and equitable recovery.



# APPROACH

Cumberland County is committed to investing these funds into small businesses:

- Identify and directly address a need or negative impact of the COVID-19 on local small businesses
- Support equitable outcomes for the most impacted populations
- Have a lasting impact
- Are an eligible use of CSLFRF funds, meet a public purpose and are within County authority to fund per NCGS
- Comply with all provisions of the funding contract



# REVISED POLICY

The following policy was originally adopted on January 18, 2022, by the Board of Commissioners. This policy was amended on June 19, 2023, by the Board of Commissioners.

## Cumberland County

### Section I – Board Approved Policies

#### Subsection 10: American Rescue Plan Act of 2021

##### Policy No. 10-2.9: Small Business Economic Assistance

### 1.0 PURPOSE

Cumberland County has received an allocation of funds from the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 (ARPA/CSLFRF). The Board of Commissioners approved allocating ARPA funding to establish a Small Business Economic Assistance Program (SBEAP) in response to the economic impacts experienced by small businesses as a result of the COVID-19 pandemic. This program describes eligible activities as defined in 31 CFR Part 35.

### 2.0 SCOPE

Funds are made available by the U.S. Department of Treasury through Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) and are administered by the Cumberland County ARP Staff Committee. The goal is to provide up to \$50,000 in financial assistance to small for-profit businesses that faced economic hardship due to the pandemic. For the purpose of this program Cumberland County has defined a small business as a business with no more than two hundred and fifty (250) full-time equivalent individuals (FTEs) which may include the owner.

For the purposes of this program applicants are permitted to request funds to be reimbursed for:

- Payroll, which includes wages, benefits, and associated payroll taxes; and
- Occupancy, which includes rental lease payments, mortgage (for business property), and utilities

The business must have been in operation on or before March 3, 2021.

Funds under this Program may not be used for any purpose other than reimbursement of payroll and occupancy expenses.

### 3.0 STATEMENT OF THE POLICY

For-profit businesses operating within Cumberland County employing no more than two hundred and fifty (250) FTEs may apply.

- (a) Employ low to moderate income individuals, being those full-time equivalent positions paying less than or equal to \$37,350;
- (b) possess the capacity to be successful with the use of the ARPA/CSLFRF program funds;
- (c) have a valid tax identification number (EIN) or Social Security Number (SSN) for sole proprietors;
- (d) Be registered and in good standing with the North Carolina Secretary of State if the business is a corporation, limited liability company or limited partnership;
- (e) not be in bankruptcy;
- (f) be current with property taxes and any fees that are collected with property taxes, or has a payment plan in place with the tax administrator;
- (g) maintain a policy of general liability insurance with at least as much coverage as the amount of funding received from the program;
- (h) comply with [Cumberland County Policy No. 3-11: Conflict of Interest](#);
- (i) have employees with wages reported with a W-2 or Form 1040 Schedule C for sole proprietors; and
- (j) maintain employment of at least one full-time equivalent low to moderate income employee for one year after the first receipt of assistance under the program.

### 4.0 IMPLEMENTATION

A contractual relationship will be established between the County and the small business to ensure compliance with county, state and federal guidelines.

- [31 CFR 35, Coronavirus State and Local Fiscal Recovery Funds Final Rule](#)



# APPLICATION SECTIONS

---

Overview

---

Application Submission Requirements

---

Business Information

---

Business Description

---

Economic Impact

---

Proposed Use of Funds

---

Application to Other Forms of Assistance of Funding Sources

---

Job Hiring/Retention

---

Conflicts of Interest

---

Acknowledgement of Required Assurances

---

Certification



# OVERVIEW

## OVERVIEW

The purpose of the Small Business Economic Assistance Program is to provide short-term financial assistance to small businesses that suffered an economic hardship due to the COVID-19 pandemic. Funding for this program is provided by the U.S. Department of the Treasury (USDT). USDT requires that certain information be obtained from all applicants in order to determine the applicant's eligibility for funding.

All applicants must be determined eligible in order to be awarded funding through the Small Business Economic Assistance Program. The organization must be operating within Cumberland County. Certain organization types are ineligible to apply.

Complete all applicable spaces on this document and be sure to sign the sections and attach all applicable supporting documents. Incomplete applications will cause delays in the approval and contract process. Submission of this application does not guarantee that you will receive funding. For questions, please contact the ARP Team at [ARPsmb@cumberlandcountync.gov](mailto:ARPsmb@cumberlandcountync.gov).

### Project Scope

Funds are made available by the U.S. Department of Treasury through Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) and are administered by the Cumberland County ARP Staff Committee. The goal is to provide up to \$50,000 in financial assistance to small businesses that experienced detrimental impacts due to the pandemic. For the purpose of this program, Cumberland County has defined a small business as a business with no more than two hundred and fifty (250) full-time equivalent individuals (FTEs) which can include the owner.

For the purposes of this program applicants are permitted to request funds to be reimbursed for:

- Payroll, which includes wages, benefits, and associated payroll taxes; and
- Future occupancy, which includes rental lease payments, mortgage (for business property), and utilities.

The business must have been in operation on or before March 3, 2021.

Funds under this program may not be used for any purpose other than reimbursement of payroll and occupancy expenses.

For more information about the policy for this program [click here](#).



# APPLICATION SUBMISSION REQUIREMENTS

## APPLICATION SUBMISSION REQUIREMENTS

### **PLEASE READ CAREFULLY AND FULLY**

The attachments listed below must be submitted with the application. Cumberland County reserves the right to request additional information as needed to complete the application process for eligibility and award for funding. Other information requested may include, but is not limited to, employee income verification, bank statements, sources of other assistance received, job creation/retention report, and other documents necessary to complete the process for eligibility and award for funding.

If Cumberland County determines, in its sole discretion, that it is necessary to revise any part of the application or guidelines, an addendum, supplement, or amendment to this application will be posted at <http://www.cumberlandcountync.gov>. It is the responsibility of the applicant to check the website or contact Cumberland County for any such addendums, supplements, or amendments made to the application or guidelines.

If you have questions, please contact the ARP Team at [ARPsmb@cumberlandcountync.gov](mailto:ARPsmb@cumberlandcountync.gov).

Before proceeding with completing the full application, please make sure you have all the following documents ready:

- Articles of Incorporation for Corporations
- Articles of Organization (for LLC and PLLC)
- Form 1120 of 1040 (for calendar years 2022 & 2021)
- Current Payroll Register
- Current Property Lease Agreement or Mortgage document
- Current W9 with Organizations Legal Name
- Current General Liability Policy



# BUSINESS INFORMATION

## BUSINESS INFORMATION

**Business Name\***

**Assumed Name Registered with the NC Secretary of State (if applicable):**

**Mailing Address\***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

**Telephone\***

(xxx) xxx-xxxx

**Email\***

**Street Address of Operations (if different):**

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

**Federal EIN or Social Security Number\***

**Operating Since\***

**Is your NC Secretary of State Filing Current?\***

**Is the business currently in bankruptcy?\***

Yes  No

**Has the business ever been subjected to criminal or civil fines and penalties including from County code or regulatory violations?\***

Yes  No

**Tenancy Information\***

Select which category applies to you

Building Owner  Tenant

**What type of insurance does your business currently have?\***

**Who is the policy with?**

**What is the amount of coverage?**



# BUSINESS DESCRIPTION

## BUSINESS DESCRIPTION

Indicate the nature of the business and the types of services you provide: \*



# ECONOMIC IMPACT

## ECONOMIC IMPACT

Please describe the degree to which your business has been impacted by the COVID-19 pandemic; list specific examples; and whether your business had to close.\*

Please describe the degree to which your business has been able to maintain employees during the COVID-19 pandemic and whether the award will help your business do so.\*

Please describe how your business will use the award to equitably provide services and inclusively engage with the Cumberland County community.\*



# PROPOSED USE OF FUNDS

## PROPOSED USE OF FUNDS

Define the Use of Funds Based on the Categories

	<b>Payroll (wages &amp; associated taxes) *</b>	<b>Occupancy (rent or mortgage) *</b>	<b>Occupancy (utilities) *</b>
<b>Amount Requested</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**Total Amount Requested (maximum amount available: \$50,000)**

\$



## APPLICATION TO OTHER FORMS OF ASSISTANCE OR FUNDING SOURCES

Have you received prior Federal, State, or Local aid related to COVID-19? \*

Yes  No

APPLICATION TO OTHER FORMS OF  
ASSISTANCE OR FUNDING SOURCES



# JOB HIRING/ RETENTION

## JOB HIRING / RETENTION

According to program requirements and as a condition of the award, your organization will be required to make available jobs for persons whose household incomes are at or below the income limits established by the U.S. Department of the Treasury (USDT). Using the chart below, please indicate the number of Full-Time Equivalent (FTE) jobs that will be created and/or retained by the organization and that will be available for low to moderate income persons. Refer to program guidelines for detailed information regarding job creation / retention for low to moderate income persons. The business will be required to submit a Job Creation / Retention Report periodically.

Estimated number of FTE jobs to be

(Must be a number)

	Created for low to moderate income persons*	Retained for low to moderate income persons*
Person/Persons	<input type="text"/>	<input type="text"/>



## CONFLICTS OF INTEREST & ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

### CONFLICTS OF INTEREST

No employee\* may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. Such conflict of interest would arise when the employee, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The employees may neither solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. (Reference § 2 CFR200.318(c)(1)).

\*As per the Personnel Ordinance Section 501 (c) "employee" means: All officials, officers, members, and employees, whether elected or appointed and whether paid or unpaid, of the government of the county and all of its agencies.

### ACKNOWLEDGMENT OF REQUIRED ASSURANCES

By submitting the accompanying application and signing this document, I/we understand and agree that any award resulting from this solicitation will require compliance with the signed agreement and with the regulations, requirements, and policies identified below, including but not limited to:

- Compliance with the Small Business Economic Assistance Program Application Guidelines;
- Compliance with ordinances and policies of Cumberland County;
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information;
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the County and or USDT;
- Submission of program and financial reports, as required by the County and/or USDT;
- Certification that the applicant is a business registered in the State of North Carolina in good standing;
- Certification that the organization, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, organization, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct within the past three (3) years;
- Certification that the organization is not bankrupt or under an administration appointed by the Court, or under proceedings leading to a declaration of bankruptcy; and provide any pending or known legal actions against the organization;
- All pending or known litigation/court action(s) have been disclosed in the application; and
- Certification that the organization applicant/organization will use the requested funds, if awarded, in the manner through which it has requested them in the attached application. Cumberland County reserves the right to exercise all legal authority available to it to recapture the awarded funds should the funding be used in a manner other than that which was presented in this application.



# CERTIFICATION

## Certification

The undersigned hereby represents and certifies to the best of their knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project(s). The undersigned further understands that any false statement in this application may disqualify the applicant/organization from participation in the program. I/We also understand that this is a formal application for financial assistance. I/We understand that additional information (e.g., tax filings, bank account statements, etc.) may be requested. Verifications may be obtained from other sources.

The undersigned understands that no funding amount will be distributed until the County of Cumberland has issued a notice of award or notice to proceed. The undersigned agrees to promptly inform Cumberland County of any changes in the program which may occur. The County of Cumberland has the right to terminate any agreement under the Nonprofit Fiscal Recovery Assistance Program if an applicant/organization is found to be in violation of any conditions set forth in the application guidelines.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

**Application Approval and Signature: The signatory declares that the undersigned is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.**

**Authorized Representative Name \***

**Title of Authorize Representative \***



# ELIGIBLE CATEGORIES

## Eligible

- Payroll
- Mortgages
- Rent
- Utilities

## Non-Eligible

- Any purpose other than reimbursement of payroll and occupancy expenses.



# APPLICATION REVIEW CRITERIA

- Does the organization employ LMI FTE positions paying less than or equal to \$37,350?
- Will the infusion of funds impact the long-term success of the business?
- Are all owners at least 18 years of age?
- Does the organization carry sufficient general liability insurance?
- Has the organization been in operation on or before March 3, 2021?



# TIPS FOR A SUCCESSFUL APPLICATION

- Start early
- Be a good storyteller
- Focus more on solutions than problems.
- Double check your numbers
- Pay attention to detail
- Be prompt and responsive
- Make good use of your waiting time



# CONTRACT SCOPE OF WORK

## ATTACHMENT 1 - SCOPE OF WORK

### LEGAL BUSINESS NAME

(LEGAL BUSINESS NAME) has operated (DBA if applicable) in Cumberland County since (YEAR). The business (describes the nature of the business). Contractor will use the funds set forth in the Contract Budget for the described purposes to continue its business operations at (operating address), and maintain or create the employment of the low to moderate-income employees set forth in the Employment Requirements.

### Contract Budget:

Payroll	\$ 30,000.00 = \$ 2,500 month
Occupancy	\$ 10,000.00 = \$ 833.33 month
<b>Total Contract Award</b>	<b>\$ 40,000.00</b>

### Employment Requirements:

3 full-time equivalent low to moderate income employees to be retained.  
3 full-time equivalent low to moderate income employees to be hired. = 6 LMI FTEs

### Proration and Schedule of Payments:

- (1) One-half of the reimbursement requests for payroll and occupancy expenses shall be apportioned and paid throughout the year that the existing LMI employees are retained.
- (2) One-sixth of reimbursement requests for payroll and occupancy expenses shall be apportioned and paid throughout the year that each new LMI employee is employed.
- (3) The total reimbursement for occupancy expenses shall not exceed \$6,666.66 for each LMI employee, apportioned over the twelve months that each is employed.

$$\$ 40,000 / 6 \text{ LMI FTEs} = \$ 6,666.66 / 12 \text{ months} = \$ 555.55$$



# QUESTIONS?

<https://www.cumberlandcountync.gov/ARP>





**CUMBERLAND**  
**COUNTY**

NORTH CAROLINA