

Cumberland County  
Small Business Economic Assistance Program

# VIRTUAL INFORMATION SESSION

Type your questions into the question box during today's session. Questions will be answered in the order received at the end of the presentation.

Questions can also be emailed to [tvaught@co.cumberland.nc.us](mailto:tvaught@co.cumberland.nc.us)

Email Subject Line:  
"SBEAP Question"

An updated FAQ will be compiled and posted on the County website under American Rescue Plan tab following this session.

*Today's session is being recorded.*

# AGENDA

## PRESENTATION

- ARPA/CSLFRF Overview
- Purpose of Funds
- Approach
- How to Submit an Application
- Application Sections
- Eligible Categories
- Application Review Criteria
- Application Attachments
- Tips for a successful application

## DISCUSSION

- Q&A

## 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
      - Board of County Commissioners allocated \$3.5 Million for Small Business Assistance



# 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

# HOW TO SUBMIT AN APPLICATION

**Address to:**

Cumberland County – SBEAP  
Attn: Tye Vaught, Management Analyst  
PO Box 1829  
Fayetteville, NC 28302

**Deliver to:**

**Cumberland County Courthouse**  
117 Dick Street, 5<sup>th</sup> Floor, Room 507  
Fayetteville, NC 28301

**Email to:**

[tvaught@co.cumberland.nc.us](mailto:tvaught@co.cumberland.nc.us)

**Complete Online:**

<https://pub.co.cumberland.nc.us/Forms/SBEAPA>

**PDF Application located at:**

<https://www.cumberlandcountync.gov/departments/commissioners-group/commissioners/american-rescue-plan/small-business-assistance>

*Paper applications are located at all County Public Library branches*

# APPLICATION SECTIONS

Business  
Information

Business  
Description

Economic Impact

Financial Impact

Proposed Use of  
Funds

Application to  
Other Forms of  
Assistance or  
Funding Sources

Owner Information

Conflicts of Interest

Job Hiring/  
Retention

Acknowledgement  
of Required  
Assurances

Certification



# BUSINESS INFORMATION

BUSINESS INFORMATION		
Business Name:		
DBA Name (if applicable):		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Street Address of Operations (if different):		
City:	State:	Zip Code:
Website:	Other:	
Federal EIN or SSN:	Business Formation Date:	
Business Type: <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other:		
Is the business currently in bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the <u>business</u> ever been subjected to criminal or civil fines and penalties including from County code or regulatory violations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tenancy Information:		
Select which category applies to you:		
<input type="checkbox"/> Building Owner: Attach proof of ownership (e.g., tax bills, title deed, etc.)		
<input type="checkbox"/> Condo Owner: Attach proof of ownership (e.g., copy of condo documents, tax bills, title deed, etc.)		
<input type="checkbox"/> Tenant: Attach terms, length, and expiration date of present lease		
What type of business insurance does your business currently have?		

# BUSINESS DESCRIPTION

## BUSINESS DESCRIPTION

Indicate the nature of the business, types of products/services, and customer profile:

# 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 or not your business had to close.

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

Please describe how your business positively adds to the quality of life in Cumberland County.

# FINANCIAL IMPACT

FINANCIAL IMPACT		
Month	Gross Revenue	Notes (if applicable)
March 3 – March 31, 2021	\$	
April – June 2021	\$	
July – September 2021	\$	
October – December 2021	\$	
Total	\$	
What was the total business' revenue during the same period of the prior year? \$		

# PROPOSED USE OF FUNDS

PROPOSED USE OF FUNDS	
Expense Category	Amount Requested
Payroll (e.g., wages, related taxes, etc.)	\$
Occupancy (e.g., business rent/mortgage, utilities, etc.)	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
<b>Total Amount Requested (maximum amount available: \$50,000)</b>	<b>\$</b>

# APPLICATION TO OTHER FORMS OF ASSISTANCE OR FUNDING SOURCES

APPLICATION TO OTHER FORMS OF ASSISTANCE OR FUNDING SOURCES		
Have you received prior Federal, State, or Local aid related to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount Requested	Request Status [Received, Pending]	Name of Funding Source / Program [SBA Paycheck Protection Program, etc.]
\$		
\$		
\$		
\$		
\$		
\$		

# OWNER INFORMATION

OWNER INFORMATION [List Majority Owner(s) First]		
Owner Name		
Residential Street Address:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Email:	
Age 18 or Older: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Ownership:	Industry Experience (yrs.):
Race:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Single Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	

# CONFLICTS OF INTEREST

## 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 a 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)(l)).



# JOB HIRING / RETENTION

## JOB HIRING / RETENTION

According to program requirements and as a condition of the award, your business 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 business 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.

2021 HUD Income Limits for Cumberland County

Total Persons in the Household	1	2	3	4	5	6	7	8
Annual Income at or below:	33,400	38,200	42,950	47,700	51,550	55,350	59,150	63,000

*Applicant may be required to provide income information on current employees prior to executing a contract.*

Estimated number of FTE jobs to be **created**: \_\_\_\_\_

Estimated number of FTE jobs to be **created for low to moderate income** persons: \_\_\_\_\_

and / or

Estimated number of FTE jobs to be **retained**: \_\_\_\_\_

Estimated number of FTE jobs to be **retained for low to moderate income** persons: \_\_\_\_\_

## ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

### ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration. 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 municipal 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 for-profit business registered in the State of North Carolina in good standing;
- Certification that the business, 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, business, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years;
- Certification that the business 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 company;
- All pending or known litigation/court action(s) have been disclosed in the application; and
- Certification that the business applicant/ business owner 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.

**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 business in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.**

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

# 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/business 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 Small Business Economic Assistance Program if an applicant/business 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.

**Signature of Applicant/Owner:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

# ELIGIBLE CATEGORIES

## Eligible

- Payroll
- Mortgages
- Rent
- Cost associated with mitigation or prevention of COVID-19
- Technical assistance
- Other operating costs

## Non-Eligible

- Pay off non-business debt
- Purchase of personal items
- Finance political activities
- Pay off taxes and fines

# APPLICATION REVIEW CRITERIA

- Is the business located in a Qualified Census Tract (QCT)?
- Do at least 51% of the total employees come from low to moderate income households?
- Will the infusion of funds impact the success of the business?
- Are all owners at least 18 years of age?
- Is there a business bank account open in the business's name?
- Is the business registered and in good standing with the NC Secretary of State?
- Is the business or any of its owners currently in bankruptcy?
- Is the business current on all taxes?
- Is there sufficient general liability insurance coverage?

# APPLICATION REVIEW CRITERIA (cont.)

- Does the business meet the County's definition of a small business (250 employees or less including the owner(s))?
- Was the business in operation on or before March 3, 2021 and still in operation?



Attachment 1: Business Operating Agreement

Attachment 2: Proof of building ownership/ lease

Attachment 3: Most recent Tax Return

Attachment 4: Current payroll information

Attachment 5: Payroll information prior to 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





# QUESTIONS?

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



**CUMBERLAND**  
**COUNTY**

NORTH CAROLINA