

**CITY OF BERLIN**  
**COVID-19 MIRCORENTERPISE BUSINESS GRANT APPLICATION**

BUSINESS INFORMATION		
Name of Business:		
Business Address:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	
FEIN:	DUNS:	
Current number of employees at time of application:		
Is the business owner or entity delinquent on Municipal or County Property taxes or Water Utility Bill?		
Business Type:            LLC    Partnership    Sole Proprietor            Other:		

OWNER INFORMATION		
Owner Name(s)		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

PROPOSED USES OF FUNDS	
Amount of Request	USE
\$	Payroll Expenses
\$	PPE
\$	Utilities
\$	Rent/ Mortgage
\$	Other:
\$	<b>Total Grant Request (up to \$2,500)</b>

**EMERGENCY NEED**

Please specify below how your business has been impacted by COVID-19 and the need for the funding assistance. Provide proof of expenditures such as revenue impact, PPE, payroll expenses.

**APPLICANT STATEMENT:** I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of Berlin, or the US Department of Housing and Urban Development. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

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

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

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

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

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

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

Submit copies of documents if applicable:	
	Microenterprise Business Grant Application
	Appendix A (Documentation of Other Assistance Received)
	Appendix B (Owner(s) Self-Certification form)
	Appendix C (Employee(s) Self-Certification Form) (if needed)
	Proof of expenditures

**Applications are due Monday July 12th at noon.**

**Return completed applications to City Hall located at 108 N. Capron Street.**

**If you have questions reach out to Lindsey Kemnitz at [lkemnitz@cityofberlin.net](mailto:lkemnitz@cityofberlin.net) or 920-361-5156**

# Appendix A



COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS MICROENTERPRISE PROGRAM  
 BUREAU OF COMMUNITY DEVELOPMENT  
 101 EAST WILSON STREET  
 MADISON, WISCONSIN, 53707

## **Documentation of Other Assistance Received**

(Please include the source of assistance, what the assistance was used for and dollar amount received)

1.	\$
2.	\$
3.	\$

**APPLICANT CERTIFICATION:** Certify that all the information in the certification above is true, to the best of your knowledge. By signing this certification to verify the information contained, the applicant authorizes the State or any of its duly authorized representatives herein to verify any of the statements below.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for the disaster.  
 I/We hereby certify that all the information provided herein is true and correct.  
 I/We understand that providing false statements or information is grounds for termination of CDBG assistance and is punishable under federal law.  
 I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application.  
 I/We understand that additional information will likely be required for moving forward with the CDBG-CV program.  
 I/We understand that I must repay any assistance received, from any other source, for the same purpose for which the CDBG-CV funds were provided

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Co-Applicant:</b>	<b>Date</b>

**Warning:**  
 Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

## Instructions

### Documentation of Other Assistance Received

Assistance provided under the State of Wisconsin's Community Development Block Grant – Coronavirus (CDBG-CV) Program may not exceed an unmet need. All CDBG-CV microenterprise applicants are required list all other sources of financial assistance received (local, state, federal, and private sources) since the start of the pandemic. Each applicant must complete the Documentation of Other Assistance Received form.





# Appendix C

## 2021 GREEN LAKE COUNTY STATE OF WISCONSIN

### CORONAVIRUS (CV) GRANT PROGRAM MICROENTERPRISE EMPLOYEE SELF CERTIFICATION

UGLG Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Dear Employee:

**(Enter Business name)** is collecting the following information as a result of participating in the U.S. Housing and Urban Development's (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, **(Enter Business Name)** is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. **It is only through your cooperation that your community can benefit from this federal program.**

#### **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 your current individual income in the following table..**

	INDIVIDUAL INCOME CATEGORY			
	Please check your individual income (not including income of other household members).			
	A	B	C	D
	_____ \$0 - \$15,100	_____ \$15,101 - \$25,150	_____ \$25,151 - \$40,250	_____ Greater than \$40,250

Source: 2021 HUD low-moderate income level limits for [Green Lake 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 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

# Appendix C

2021 WAUSHARA COUNTY

STATE OF WISCONSIN

CORONAVIRUS (CV) GRANT PROGRAM

MICROENTERPRISE EMPLOYEE SELF CERTIFICATION

UGLG Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Dear Employee:

**(Enter Business name)** is collecting the following information as a result of participating in the U.S. Housing and Urban Development's (HUD) Coronavirus (CV) Grant microenterprise program. To meet federal regulations, **(Enter Business Name)** is required to collect statistical data on your individual income and race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CV Grant microenterprise program. Your name and personal information will be kept private, and your income, race and ethnicity information only shared with the federal government anonymously. **It is only through your cooperation that your community can benefit from this federal program.**

## 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 your current individual income in the following table..

	INDIVIDUAL INCOME CATEGORY			
	Please check your individual income (not including income of other household members).			
	A	B	C	D
	_____ \$0 - \$15,100	_____ \$15,101 - \$25,150	_____ \$25,151 - \$40,250	_____ Greater than \$40,250

Source: 2021 HUD low-moderate income level limits for [Waushara 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 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