



## City of Norman Small Business & Non-Profit Relief Grant Application

The City of Norman Small Business and Non-profit Relief Grant is intended to assist local small businesses and organizations that suffered due to the unforeseen circumstances brought about by the COVID-19 pandemic. On December 1, 2020, the Norman City Council allocated \$1M dollars of the City's CARES Act reimbursement to establish this program. The program will award grants up to \$10,000 to eligible entities.

Applications will be accepted beginning December 4, 2020 through December 28, 2020 and will be considered based on the information provided via this application. All applications submitted within the application window will be reviewed. Application for assistance is not a guarantee of funding.

Submit completed applications in one of the following methods. Additional supporting documentation may be requested before awards are distributed. Please do not include additional materials at this time:

- Deliver to the City Manager's office at 201 West Gray by 5:00 p.m. on Monday, December 28, 2020.
- Mail to 201 West Gray, Norman, OK, 73069 (c/o City Manager's office). Applications must be postmarked by December 28, 2020.

For questions, please call (405) 366-5257 or email [sara.kaplan@normanok.gov](mailto:sara.kaplan@normanok.gov).

### QUALIFYING BUSINESSES:

In order to qualify for City of Norman's Small Business Relief Grant, you must meet all of the following requirements below. Please initial after each statement to self-assess your organization's eligibility for funding:

- ✓ My organization is located in the city limits of Norman and is locally owned and locally managed.
- ✓ My organization employs 35 or fewer full-time equivalent employees.
- ✓ My organization is current on all required licensing (varies by type) to legally operate in the City of Norman and is current on City of Norman permit fees and utility payments. If not, grant proceeds may be utilized to bring the organization current before the balance of the proceeds will be released.
- ✓ My organization is engaged in activities deemed legal in the State of Oklahoma.
- ✓ My organization is not a church or religious organization.
- ✓ My organization is not a public or private school.
- ✓ My organization is not a government entity or the office of an elected official.
- ✓ My organization is not a lending institution.
- ✓ My organization is not engaged in political or lobbying activities.
- ✓ My organization did not have outstanding business-related liens, judgements, tax liens, pending bankruptcy proceeding prior to March 13, 2020. A past record of bankruptcy or other financial proceedings does not preclude an organization from applying.

If the above statements are true, please proceed with completing the full application.



**PART 1: GENERAL INFORMATION**

1. Legal Name of Organization:
2. Physical Address of Organization:
3. Please list all business owners, their title and ownership percentages. Please list the primary contact for your business as Owner #1, as this is whom we will contact for additional information. Non-profit organizations should list their Executive Director and/or Board Officers. If necessary, you may attach an additional page.

	Full Name and Title	Ownership Percentage
Owner #1		
Owner #2		
Owner #3		
Owner #4		

4. Telephone Number:
5. Primary Contact Email:
6. Organization Structure:
  - Independent Contractor
  - Sole Proprietor
  - General Partnership
  - Limited Partnership (LP)
  - Corporation (C-Corp)
  - Subchapter S (S-Corp)
  - Limited Liability Corp (LLC)
  - Non-profit
  - Other:
7. Description of revenue generating activity performed by organization:



8. Number of employees. Please complete the table to indicate the number of employees you had prior to the COVID-19 emergency declaration and have currently. Include business owner(s) in the count if you work in the business on a weekly basis.

	Number of employees as of payroll date prior to March 13, 2020	Number of employees as of most recent payroll date.
Full-time Employees (30 hours or more per week)		
Part-time Employees (less than 30 hours per week)		

9. Is your business currently in operation?

- Yes
- No, we have closed due to COVID-19 (since March 13, 2020)
- Not yet, organization in start-up stage or postponed opening due to COVID-19

10. Did your organization invest in new technology, equipment, training or infrastructure in response to COVID-19?

- Yes. Please indicate approximate amount spent:
- Not yet, but will be implemented if funding is awarded
- No



## PART 2: PRIORITY RANKING

The following criteria will be used to rank all applications. As available funding is limited, awards will go first to those with highest needs who were not eligible or able to receive other funding.

11. Is your business at least 51% owned by one or more of the following minority groups? Or for a non-profit, is the executive leadership at least 51% comprised of one or more of the following minority groups. Please check all that apply.

- No
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Veteran-Owned
- Women-Owned
- Other

12. Was your organization subject to mandatory restrictions on capacity during the City of Norman Healthier at Home plan (for example restaurants, bar, personal care, entertainment venue, etc.)?

- YES
- NO

13. Did your organization experience a significant loss of revenue in 2020 due to COVID-19 compared to the same period in the prior year? Supporting documentation may be requested.

- YES, please also indicate the approximate loss in revenue.
  - Decreased by more than 75%
  - Decreased by 51-75%
  - Decreased by 26-50%
  - Decreased by less than 26%
- NO

14. Is your organizations located in or directly adjacent to lower income Census Block Groups with <80% Median Household Income (see attached map)?

- YES
- NO



15. Did you apply for and/or receive funding or assistance from any other sources related to COVID-19 relief? Please check all that apply and list amount received.

Program	Status	Funding Amount
Payroll Protection Program (PPP)	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Economic Injury Disaster Loan (EIDL)	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Traditional SBA loan	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Line of credit or loan from lending institution	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Oklahoma Manufacturing Reboot Program	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Oklahoma Bounce Back Program	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Oklahoma Business Relief Program	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	
Other grants or funding received as a result of COVID-19	<input type="checkbox"/> Applied, funding granted <input type="checkbox"/> Applied, funding denied <input type="checkbox"/> Did not apply or not eligible	

16. Did your organization receive any mortgage assistance or rent abatement for your business location due to the COVID-19 pandemic? Please describe and provide an approximate dollar amount.



17. FOR NEW OR START-UP ORGANIZATIONS ONLY:

Is your organization in the “start-up” stage or been in operation less than one year? Did your organization open in 2020 and/or was your opening delayed due to COVID-19? Was your business concept or organization created as direct response to COVID-19? Does your new organization fulfill a problem resulting from the COVID-19?

Please describe. Enter n/a if this does not apply.

18. Did your business location lose power during the October 2020 ice storm event?

YES, Approximate number of days without power?

NO

By signing below, I certify that all information provided is current and accurate. I certify that any false information, omissions, or misrepresentation fact may result in rejection of this application for funding.

**NAME OF ENTITY:**

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

(Seal)

ATTEST:

\_\_\_\_\_  
Corporate Secretary

Highlighted areas indicate lower income Census Block Groups.

