

# United Way Small Business Program

## 1.0 Introduction

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In response to the economic hardships experienced by small businesses resulting from the COVID-19 pandemic, United Way of Central Texas and the Temple Chamber of Commerce has established a Small Business Grant Program in an effort to retain jobs and stabilize local businesses. This Program provides gap financing for businesses that have lost revenue as a result of social distancing and are at-risk of layoff(s) or closure. The program is funded through the U.S. Department of Housing and Urban Development's Community Development Block Grant – Coronavirus (CDBG-CV) funds. The primary Community Development Block Grant National Objective of assistance to low- and -moderate income persons will be achieved by retaining jobs held by low to moderate income persons and providing assistance to microenterprises with low to moderate income owners.

The program will use \$90,000 of CDBG-CV funds to provide grants of up to \$5,000 to businesses with up to fifty (50) full time equivalent employees at the time of application, or up to five (5) full time equivalent employees with a low to moderate income owner. The business must demonstrate a loss of gross revenue as a result of the COVID-19 pandemic to be considered for funding.

Applications will be accepted from July 23, 2020 at 3:00 PM through August 6, 2020 at 11:59 PM on the United Way website. Due to the anticipated number of submissions and limited funding, applications will be processed by an evaluation committee composed of United Way, Temple Chamber of Commerce, and City of Temple staff.

## 2.0 Program Requirements

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### 2.1 TERMS

Funds are provided as a grant. Repayment is only required if grant agreement is violated or United Way determines duplication of benefits has occurred (see section 2.4).

- Maximum request: \$5,000
- Minimum request: \$1,000
- Business to provide project report to United Way within three months of disbursement of grant funds.

### 2.2 PROGRAM SERVICE AREA

Financing under this Program is available to eligible for-profit businesses located within the City of Temple jurisdictional boundaries. The location of the business will consider the place of business administration and registration address.

### 2.3 FUNDING SOURCE

The Small Business Grant Program is funded through CDBG-CV funds provided by the United States Department of Housing and Urban Development (HUD) to the City of Temple under the CARES Act. As such, these funds have Federal requirements, as described below. Applications will be accepted until August 6, 2020 at 11:59 PM.

## **2.4 DUPLICATION OF BENEFITS**

Businesses may not receive federally subsidized disaster assistance that duplicates any part of their disaster loss covered by insurance or another source, such as the Small Business Administration (SBA) or the Federal Emergency Management Agency (FEMA). Applicants for United Way grant funds under the Small Business Grant Program must disclose any funds applied for or received from these sources or other federal assistance programs. It is in United Way's sole discretion to determine if funds received from any of these sources constitutes a duplication of benefits. Grants under this program will be provided in an amount not to exceed the level of need. If a duplication of benefits determination is made after United Way funds have been disbursed, the amount of funds that were determined to be duplicative must be repaid to United Way.

## **2.5 ELIGIBLE APPLICANTS**

- For-profit businesses with up to 50 employees at the time of application submission may apply. Business must meet one of the following two criteria:
  1. Small business with 50 or fewer employees that can demonstrate at least one FTE job would be lost without the grant funds and must retain at least one FTE job (or two part-time jobs that equal a full time employee) for a low- to moderate -income person (to be evaluated after three months); or
  2. Microenterprise (5 or fewer employees, including the owner) that is owned by a low- to moderate -income individual and can demonstrate potential business closure or layoffs without the grant funds.
- Eligible applicants must be located in Temple and operate out of a physical location within Temple city limits. Physical location includes a 'brick and mortar' structure. This will be verified through a review of the Secretary of State's Franchise Tax Account Status or Certificate of Formation, or tax documents, as applicable.
- Business must have experienced a loss of gross revenue due to the COVID-19 pandemic.
- Business must have been operating for a minimum of one year from the date the application is due and can demonstrate financial stability prior to COVID-19.
- Under Community Development Block Grant program requirements, all recipients of Community Development Block Grant funds must be eligible to work in the United States. This includes employees of a business owner benefiting from the funds (retained jobs) as well as the business owner (funding recipient).
- Owner must be 18 years or older.
- Owner has or will have a valid SS #, EIN, DUNS, and Business Bank Account.
- Owner/Applicant is not currently in bankruptcy and has not filed bankruptcy in the past 12 months.
- Owner/Applicant is current with property taxes and no City liens, or has a payment plan in place with County and/or City as of April 30, 2020.

## **2.6 INELIGIBLE APPLICANTS**

- Nonprofit organizations are not eligible businesses under CDBG regulations and will not be considered for funding.
- Other ineligible businesses include payday and title loan businesses, franchises not locally owned, national/regional chain businesses not locally owned, businesses exclusively residential, hotels or motels not locally owned, financial/lending institutions, or home-based businesses operating without appropriate zoning and/or permits.

*Due to limited funding, only one application is allowed per business owner.*

## **2.7 ELIGIBLE USE OF FUNDS**

Grant money may only be used for the operating expenses of the awarded business. The operating expenses are defined as the day-to-day trading operations of the business, such as payroll, rent, utilities, Personal Protective Equipment (PPE), insurance, and inventory expenses. The grant money can also be utilized for the purchase of cleaning supplies and other items required to operate their business in accordance with the minimum standard health protocols.

## **2.8 INELIGIBLE USE OF FUNDS**

Funds under this Program may not be used to:

- Reimburse expenses incurred prior to March 30, 2020
- Pay off non-business debt, such as personal credit cards for purchases not associated with the business or pay other expenses not associated with the business
- Pay off taxes and fines
- Finance political activities as defined at 24 CFR 570.207(a)(3)
- Finance explicitly religious activities including activities that involve overt religious content such as worship, religious instruction, or proselytization
- Construction/physical alteration of building
- Home office expenses
- Purchase equipment, including IT systems

## **2.9 JOB RETENTION**

Businesses that participate in this program are required to retain at least one job held by an individual that is a member of a low- to moderate -income household for three months from the date of acceptance into the program. Job retention is defined as total full-time equivalent positions retained at 40 hours per week, or any combination of part-time positions combining for 40 hours per week, including owners. If the position is expected to turn over within three months, the business must take reasonable steps to make the position available to low- to moderate -income persons.

### Job Retention Exception

A business with five or less employees whose owner is themselves low- to moderate -income is considered a microenterprise. Microenterprises are not subject to the above job retention requirement previously discussed.

## 3.0 Program Details

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### 3.1 GENERAL CREDIT REQUIREMENTS

Outstanding debts from municipal citations, child support, taxes owed to federal and state agencies, and delinquent property taxes do not disqualify applicants, if proof of formal payment arrangement is provided.

### 3.2 OTHER REQUIREMENTS OF CDBG-CV GRANTS

Grant Applicants must:

- Provide a valid DUNS number prior to contract execution. Registration for a DUNS number is required by HUD. This is a free service and should be completed as soon as possible for any business who intends to apply for this grant. Register here: <https://www.dnb.com/duns-number/get-a-duns.html>
- Have an active account in the System for Award Management (SAM). Registration in SAM is required by HUD. This is a free service and should be completed as soon as possible for any business who intends to apply for this grant. Register here: <https://www.sam.gov/>

### 3.3 PROGRAM ADMINISTRATION

United Way will:

- Originate Small Business Grant funds
- Market the Small Business Grant program and promote enrollment dates
- Accept and process applications
- Complete Income Eligibility qualification and document number of employees retained
- Collect third party documentation from applicant of job loss/business closure (if not for the grant assistance)
- Review and underwrite application requests
- Ensure timely disbursement of funds
- Maintain agreement documents and fiscal records
- Administer CDBG funding used for this program
- Ensure compliance with program guidelines as they relate to the funding source

### 3.4 GRANT TERMS AND CONDITIONS

Financial assistance from the program is designed to keep businesses operational and retain jobs. Terms and conditions are determined by material submitted in the application.

- Grant – the funding is in the form of a grant. Businesses that don't qualify as a microenterprise must be able to provide evidence (in the form of payroll records) of job retentions for at least three months, otherwise the funds must be repaid to United Way. Microenterprises will report on status of business after three months.
- Amount – up to \$5,000 of grant funds. The grant funds are only available for jobs that will be retained as a result of these funds or HUD-defined microenterprises with low- to moderate -income owners. Grant amounts are sized based on fixed monthly operating expenses and will be the lessor of \$5,000 or two times the average monthly payroll and operating expenses from January to March 2020. Total grant award will not exceed \$5000.
- Allow United Way to collect certain income and demographic data from applicants and their employees.
- Allow the United Way to collect third-party documentation such as financial information that demonstrates the potential business closure or layoffs

## **4.0 Program Operations and Grant Processing**

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### **4.1 PROGRAM MARKETING AND OUTREACH**

Program marketing will be conducted by United Way and will affirmatively target women and minority-owned enterprises. Examples of marketing include media coverage through press release, information listed on the [www.wearetemplestrong.com](http://www.wearetemplestrong.com) website, social media, collateral, and other types of marketing efforts.

### **4.2 EQUAL OPPORTUNITY COMPLIANCE**

The Small Business Grant Program will be implemented in a manner consistent with United Way's commitment to State and Federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV funds on the basis of his or her religion, age, race, color, ancestry, national origin, sex, marital status, familial status, disability, sexual orientation, gender identity, veteran status or other arbitrary cause.

### **4.3 APPLICANT CONFIDENTIALITY**

Generally, application materials are subject to public disclosure. However, Texas state law allows for certain personal and financial information to be withheld from disclosure in order to protect the privacy of the applicants. All personal and business financial information will be kept confidential to the extent permitted by law. Files for assisted businesses will be kept in locked, secured storage units.

### **4.4 GRANT CLOSING PROCESS**

Upon successful completion of application process, United Way staff will prepare for the grant closing by preparing the grant closing documents. United Way will disburse funds to the business when the grant agreement is executed. Within 90 days of grant agreement execution, the business must provide a report of all expenses paid using grant funds, in accordance with the scope of work in the agreement.

### **4.5 APPLICATION SUBMISSION AND SELECTION**

Applications will be processed by an evaluation committee composed of United Way, Temple Chamber

of Commerce, and City of Temple staff. All completed, eligible applications submitted between July 23, 2020 at 3:00 PM through August 5, 2020 at 11:59 PM on the United Way website will be considered by the evaluation committee. After a business is selected by the evaluation committee, United Way staff will contact the businessowner to verify eligibility and collect documentation. Being selected by the evaluation committee is not a guarantee of funding as other criteria may need to be met. Grant agreements will be executed for applicants approved through this process until funding is exhausted.

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**Contracts for approved grant applications will be drafted by United Way staff and circulated for signatures to the applicant.**  
**Appendix A**

**2020 HUD MODERATE INCOME LIMITS**

Persons in Family	1	2	3	4	5	6	7	8
80% Area Median Income Limit	\$35,800	\$40,900	\$46,000	\$51,100	\$55,200	\$59,300	\$63,400	\$67,500

\*Effective July 1, 2020

The moderate income (80%) limit, based on family income, will be used to determine compliance with the requirements for job retention and income of microenterprise owners.

**UNITED WAY OF CENTRAL TEXAS**  
**COVID-19 Community Relief Fund**  
***Application for Assistance – Small Business***

**PURPOSE:** To add value to the community by responding to the needs of small business impacted by the COVID-19 crisis. CDBG-CV funds will provide grants of up to \$5,000 to small businesses with up to fifty (50) full time equivalent employees at the time of application, or microenterprise businesses with up to five (5) employees with a low -to moderate -income owner. Businesses must demonstrate a loss of gross revenue of 25% or more as a result of the COVID-19 pandemic to be considered for funding.

**TERM and DISBURSEMENT:** Any funds that have not been spent by end of term must be returned within thirty (30) days. Funds will be disbursed upon receipt of this signed acknowledgement. Funds are only available for a one-time disbursement. Must provide a report of the use of funds on a quarterly basis. Business must have been in operation for 1 year or more and have less than 50 full time equivalent employees.

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Website: \_\_\_\_\_

**BUSINESS TYPE:**

LLC       Partnership       Sole Proprietor       Other

DUNS No. \_\_\_\_\_ Federal EIN: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Is Business Minority-Owned?  Y  N

*Note: A minority owned business is defined as being a woman, ethnic minority, or veteran owned; or an economically disadvantaged small business enterprise (51%)*

Staffing levels as of date of application:

Total Number of Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Number of Low- to Moderate-Income Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Has business been subject to criminal or civil fines or penalties including from city code or regulatory violations?  Y  N

Business Description:

**OWNER INFORMATION:**

Owner Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Percent Ownership:

Currently in Bankruptcy:  Y  N

Please summarize industry experience:

Click or tap here to enter text.

Owner Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Percent Ownership:

Currently in Bankruptcy:  Y  N

Please summarize industry experience:

Click or tap here to enter text.



(Please list additional owner information on a separate page if necessary.)

A Microenterprise Businesses is defined as having 5 or fewer employees including the owner. The owner must also be considered a low- to moderate -income individual. An owner applying as a low -to moderate -income household will be required to complete the following:

*Note: A household is defined as a family or unrelated group that shares expenses and operation of a living unit. A person paying a sublet or rent is not a household member.*

Number of People in Household:

Total Household Income:

(Will need to provide income documentation for all household members)

**Funding Sources (Duplication of Benefits):**

List all secured or requested funding within the last 12months. Include bank loan request, Paycheck Protection Program (PPP), SBL Economic Injury Disaster Loan (EIDL), or other Federal, State, or other government entities funding.

Funding Source	Amount Applied for or Awarded	Date Applied For	Date Awarded	Purpose of funds

*(Receipt of the funds mentioned above do not automatically disqualify you from receiving this grant, however, those funds must be expended first before any additional funds are disbursed.)*

**ASSISTANCE REQUEST DETAILS:**

Has your business experience at least at 25% decline in revenue since March 30, 2020?  Yes  No

(If no, your business is not eligible for funding under this program)

Provide a description of how your business has been affected by COVID-19 restrictions including, but not limited to, any reduction in staff, furloughs, lay-offs or closures.

Click here to enter text.

Between March 30, 2020 and the date of your Application, has your businesses been closed due to COVID-19 restrictions?  Yes  No

What is your current business situation? Are you currently open/operational?  Yes  No

If open, have the hours of operation been reduced?  Yes  No

If Yes, provide an explanation.

Click here to enter text.

Amount Requested:

Provide a description of how CDBG-CV funds will be used, including how they will impact your business operations.

Click or tap here to enter text.

Clearly and concisely describe how quantifiable outcomes will be measured, e.g. number of low- to moderate-income employees retained or rehired, number of new hires, and/or increased hours for eligible employees.

Click or tap here to enter text.

Do you anticipate that your business will be operational 6 months following award of this funding?

Yes  No

(If no, please note that you will be required to sign a contract stating that by accepting program funding, your business will remain operational for at least 6 months following award.)

**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 United Way. 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 (please print): \_\_\_\_\_

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

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

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

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

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

**There is no obligation by the City of Temple, Temple Chamber of Commerce or United Way to fund a submitted application. All funding considerations are subject to the availability of statutory guidance from the U.S. Department of Housing and Urban Development.**

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Please submit the following documents with application:**

1. Completed Application
2. 2018 Business Tax Returns
3. 2019 Business Tax Returns or December 31, 2019 Internally- Prepared Financials (Profit & Loss may substitute for this)
4. 2020 Earnings Statement
5. List of 2020 Account Receivables, Account Payables, and Balance Sheet
6. Weekly/Monthly Payroll Documentation (January 2020 - June 2020)
7. Employee Income Certification Forms for those listed for use of program funds
8. Organizational Chart
9. Ownership Documents - Any person having an ownership interest in the company of 20% or more must complete this application
10. Proof of Business Insurance
11. Duplication of Benefits Affidavit - Business has applied for other financial assistance such as Paycheck Protection Program (PPP) or SBA Economic Injury Disaster Loan (EIDL).
12. SAMS
13. Total Business Entity Budget
14. Conflict of Interest (if applicable)

**NOTE-** Staff will follow-up with applicants for required additional information and documents after application submission, including income self-certification forms for all employees.

**Email completed application to: [covidrelief@uwct.org](mailto:covidrelief@uwct.org)**

**HUD INCOME LIMITS (2020)**

These limits are effective as of July 1, 2020. These maximum income numbers must be demonstrated for the retention of jobs held by low- and moderate-income persons.

Household Size	Maximum Income to be Eligible
1	35,800
2	40,900
3	46,000
4	51,100
5	55,200
6	59,300
7	63,400

## APPENDIX A- For Microenterprise Business Owner Income Documentation Certification

**INCOME** is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

**Please fill out household composition and income chart below:**

Name	Relation to Applicant	Date of Birth	Age	Gender	Ethnicity- Hispanic (Y/N)	Race- select number below	Receives Income (Y/N)	Type of Income	Monthly Amount Earned

Race—select one (1) and place number in section above.  
 11 White 12 Black/African American 13 Asian 14 American Indian/Alaska Native 15 Native Hawaiian / Other Pacific Islander 16 American Indian/Alaska Native & White 17 Asian & White 18 Black/African American & White 19 American Indian/Alaska Native & Black/African/American 20 Other Multi-Racial

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Name (please print): \_\_\_\_\_  
 Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Name (please print): \_\_\_\_\_  
 Title (please print): \_\_\_\_\_

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## APPENDIX B – Employee Income Certifications

\_\_\_\_\_ (Business Name) is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Community Development Block Grant (CDBG) Program. To meet federal regulations, \_\_\_\_\_ (Business Name) is required to collect statistical data on your family income, race/ethnicity, and employment status. You must certify to United Way the previous 12 months of household income. To assist the business in meeting this requirement, please provide the information as request below.

### Employee Information

Full Name: \_\_\_\_\_ Last Four of SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employer Information

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Manager: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Income Information

Annual gross income (total of all members) = \$ \_\_\_\_\_

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  Date Hired: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Beneficiary Data:

Race: Please select one

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi Racial

Ethnicity -- Hispanic or Latino:  Yes  No

### Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## APPENDIX C - Duplication of Benefits Affidavit

As part of the Small Business Grant Program application process, the Duplication of Benefits (DOB) Affidavit is required to assist applicants of this funding in verifying all funding a business has received for COVID-19 related losses in order to eliminate any duplication of benefits.

### **Government, Bank and Other Funding Sources Duplication of Benefits Affidavit**

This section identifies any sources of funds that the business has received as a result of the CARES Act, other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please indicate below the amount allocated to your business from any and all funding sources.

Source of Funds #1

Lender/Grant Provider Name	
Purpose	
Amount	
Type of Assistance	

Source of Funds #2

Lender/Grant Provider Name	
Purpose	
Amount	
Type of Assistance	

Source of Funds #2

Lender/Grant Provider Name	
Purpose	
Amount	
Type of Assistance	

Signature(s) By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

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

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

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

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

## APPENDIX D - Other CDBG-CV Related Certifications

**Overall Benefit:** The business entity certifies that the CDBG-CV funds awarded by the City of Temple through United Way will be used only for the benefit of employees affected by COVID-19 and that those receiving the benefit are low- to moderate-income employees.

**Debarred List:** I am aware that United Way will verify that the business entity and any principles are not on the Suspended or Debarred List.

**Environmental Review:** I am aware that all CDBG-CV projects/programs must pass all applicable environmental reviews.

**Income Certifications:** I am aware that I must provide affidavits of income for all employees retained or rehired by use of the CDBG-CV funds upon funding award.

**Compliance with Anti-discrimination laws:** The programs funded in part or totally by CDBG-CV will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act (42 USC 3601-3619, and implementing regulations, as amended.

**Affirmatively Furthering Fair Housing:** The business entity will take appropriate actions when applicable to overcome the effects of any impediments identified through the City of Temple Analysis of Impediments to Fair Housing Choice and the City of Temple Fair Housing Plan, and maintain records reflecting the actions taken.

**Compliance with Laws:** The business entity will comply with all applicable local, state and federal laws.

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

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

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

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

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

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

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## APPENDIX E - Conflict of Interest Certification

**APPLICANT(S) STATEMENT:**

I hereby declare that any person(s) employed by United Way or the City of Temple, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. Please include in your disclosure any interest which you know of. An example of a direct interest would be a United Way or City of Temple employee, City of Temple Council Member, United Way Board Member, who would be paid to perform services under this proposal. An example of indirect interest would be a United Way or City of Temple employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known. I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.).

**Disclosed Conflict of Interests:**

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

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

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

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

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

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

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