



# Instructions

This Report is to be filled and completed based on the total amount of CDBG Grant funds received by the Recipient. Attached to this report is a fillable PDF document, and an agreement form to be initialed, signed, and dated by the grant recipient. Please report Covid expenses only in the Covid-related sections at the end of the attached documents. If you have any questions or need assistance, you may call Siskiyou Economic Development at (530) 842-1638 Monday – Friday from 9am-5pm, or you may email Quintin, [quintin@siskiyoucounty.org](mailto:quintin@siskiyoucounty.org), or Alia, [alia@siskiyoucounty.org](mailto:alia@siskiyoucounty.org), with any questions.

## How to Fill out the Report

CDBG-CV GRANT RECIPIENT REPORT				
Category	One-Time Cost	Cost per Month	Number of Months	Total Cost
<b>Business Operating Expenses</b>				
Rent/Lease/Mortgage (Business Property Only)		\$ 600.00	6	\$ 3,600.00
Utilities (Water, power, broadband, gas)		\$ 200.00	6	\$ 1,200.00
Software/Subscription Services (Square, etc.)		\$ 50.00	6	\$ 300.00
Licensing Fees	\$ 200.00			\$ 200.00
Inventory	\$ 1,000.00			\$ 1,000.00
Advertising/Marketing	\$ 1,000.00			\$ 1,000.00
<b>Total operating expenses</b>				<b>\$ 7,300.00</b>

Enter 1-12 for number of months used and multiply that by the cost per month. Provide a total on the right.

Make sure fixed costs go in the first column, and are separated by category

Subtotal costs for each group of budget categories.

Example 1: How to Fill Report for 6 Months of Costs

### For One-Time Costs:

One-time purchases are non-recurring fixed (or mostly fixed) costs required for a business to remain operational each month (e.g. equipment, furniture, inventory, etc.). Costs will need to be backed up with receipt documentation or proof of payment, and must be an eligible cost that the grant recipient had agreed to before receipt of funds.

#### Example documentation required:

- Receipts or invoices for a purchase, such as set of tables for outdoor dining.
- Proof of payment for a software or license-fee

### For Monthly Costs:

Monthly expenses include recurring fixed (or mostly fixed) costs that a business must pay to remain operating each month. This includes commercial rent/mortgage payments, insurance payments, and utilities. The Grant recipient will state the monthly cost, and how many months you paid. The Grant recipient does not have to provide documentation for every month; a single month will suffice.

#### Example documentation required:

- A signed/dated copy of a lease agreement or mortgage
- A copy of a monthly utility bill from each utility provider (Pacific Power, municipal water, Northland cable, etc.)
- Insurance Premium
- Invoices for services/licensing fees
- Payroll reports/payment receipts (if sole proprietor)



<b>CDBG-CV GRANT RECIPIENT REPORT</b>				
<b>Category</b>	<b>One-Time Cost</b>	<b>Cost per Month</b>	<b>Number of Months</b>	<b>Total Cost</b>
<b>Business Operating Expenses</b>				
Rent/Lease/Mortgage (Business Property Only)	\$	\$		\$
Utilities (Water, power, broadband, gas)	\$	\$		\$
Software/Subscription Services (Square, QuickBooks, etc.)	\$	\$		\$
Licensing Fees	\$	\$		\$
Inventory	\$	\$		\$
Advertising/Marketing	\$	\$		\$
<b>Total operating expenses</b>				\$
<b>Furniture, Fixtures, and Equipment</b>				
Furniture- including Outdoor Tables, Seating, Shading, etc	\$	\$		\$
Fixtures- Signage, Decorations, etc.	\$	\$		\$
Equipment- Appliances, Outdoor Heaters, etc.	\$	\$		\$
<b>Total furniture, fixtures, and equipment</b>				\$
<b>Payroll, Insurance and Benefits</b>				
Payroll + Benefits	\$	\$		\$
Healthcare insurance premiums	\$	\$		\$
Paid Sick/Medical Leave	\$	\$		\$
<b>Total payroll, insurance, and benefits</b>				\$
<b>(Continued on Next Page)</b>				



<b>Costs Related to COVID-19 (Up to March 2020)</b>				
Protective Fixtures- Plexiglass, Safety Signage, etc	\$	\$		\$
Equipment- Masks, Cleaning, Sanitizing, Thermometer, etc	\$	\$		\$
Testing- PCR/Antigen Tests	\$	\$		\$
Expanded Medical Leave (if not incorporated into current premiums)	\$	\$		\$
Employee Training Expenses Related to COVID-19	\$	\$		\$
Cleaning Services	\$	\$		\$
Childcare Costs	\$	\$		\$
<b>Total COVID-19 related costs</b>				\$
<b>Costs Associated with Reopening</b>				
Marketing	\$	\$		\$
Inventory Restock	\$	\$		\$
<b>Total reopening costs</b>				\$
<b>Total</b>				\$
<b>Total Grant Award</b>				\$
<b>Grant Remaining</b>				\$

**Comments: Please provide any additional information that would be helpful for a reviewer:**



# CDBG-CV Microenterprise Grant Recipient Reporting Form

**FOR OFFICIAL USE ONLY**

Original Applicant ID: \_\_\_\_\_

Reviewer: \_\_\_\_\_

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

Revision

Reviewer: \_\_\_\_\_

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

Owner(s) Full Name: \_\_\_\_\_

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

DUNS Number: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_

Date Grant Received: \_\_\_\_\_

Please answer the following question by selecting Y for Yes or N for No

Y / N

<b>Did you receive assistance from the Small Business Development Center throughout the application and use of funds?</b>	<b>Y / N</b>
<b>Did you use any of your grant funds to hire new employees?</b>	<b>Y / N</b>
<b>Were you able to use any grant funds to increase sales?</b>	<b>Y / N</b>
<b>If yes, by how much? (Please fill in an amount)</b>	<b>\$</b>

**By Initialing and Signing Below, You Make the Following Representations and Certifications on Behalf of the Grantee:**

\_\_\_\_\_ 1. The amount of grant funds were used only to cover one or more of the following costs and/or expenses of the Applicant:

- a. employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;
- b. working capital, overhead (including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments)), and/or debt payments (principal and interest) incurred before March 1, 2020;
- c. costs associated with re-opening the Applicant's business operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;
- d. costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses; or
- e. any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs.

\_\_\_\_\_ 2. I understand that if the funds were knowingly used for unauthorized purposes, the City of Dunsmuir may pursue recovery of grant amounts and/or civil or criminal fraud charges.

\_\_\_\_\_ 3. I have submitted to Siskiyou County Economic Development Council the required documentation verifying payroll costs, eligible business mortgage interest payments, business rent or lease payments, business utility payments, and other allowable costs as mentioned before.

\_\_\_\_\_ 4. The information provided in this application and the information provided in all supporting documents and forms is true and correct in all material respects. I understand that knowingly making a false statement will require repayment of grant amounts and/or civil or criminal fraud charges.

\_\_\_\_\_ 5. The tax documents I have submitted to Siskiyou County Economic Development Council are consistent with those the Grantee has submitted/will submit to the IRS and/or state tax or workforce agency. I also understand, acknowledge, and agree that Siskiyou County Economic Development Council can share the tax information with the City of Dunsmuir's authorized representatives, including authorized representatives of the California Department of Housing and Community Development (HCD), for the purpose of ensuring compliance with CDBG requirements and all HCD reviews.



## CDBG-CV Microenterprise Grant Recipient Reporting Form

\_\_\_\_\_ 6. I understand, acknowledge, and agree that Siskiyou County Economic Development Council may request additional information for the purposes of evaluating the Grantee's eligibility grant forgiveness, and that the Grantee's failure to provide information requested by Siskiyou County Economic Development Council may result in a determination that the Grantee was ineligible for the CDBG grant or a denial of the Borrower's loan forgiveness application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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