

# Small Business Grant Program

Palmview CommUNITY Assistance Recovery Economic Stimulus Center

**Palmview CARES Center**

105 E Veterans Blvd, Suite D

Palmview TX 78572

956.432.0319

[palmviewcarescenter@cityofpalmview.us](mailto:palmviewcarescenter@cityofpalmview.us)

CITY OF PALMVIEW  
TEXAS



## We Are In This Together

Stay Safe ● Stay Home

July 21, 2020

Contents

- 1. Background ..... 3
- 2. Policies ..... 3
  - A. Purpose ..... 3
  - B. Eligibility..... 3
  - C. Expenditures ..... 4
  - D. Amounts ..... 4
  - E. Prioritization ..... 4
  - F. Business Entity Background ..... 4
  - G. Administration ..... 4
- 3. Procedures ..... 6
  - A. Applications ..... 6
  - B. Documentation..... 6
  - C. Assistance ..... 6
  - D. Schedule ..... 7
- 4. Attachments..... 8
  - A. Small Business Grant Program Application ..... 9
  - B. Voluntary Release of Image for Publication ..... 13
  - C. Nepotism Charts ..... 14

**Small Business Grant Program  
Palmview CARES Center  
City of Palmview  
July 21, 2020**

1. Background

The [County of Hidalgo](#) has provided the City of Palmview federal CARES Act funds from which the City is utilizing to establish a Palmview CommUNITY Assistance Recovery Economic Stimulus (CARES) Center in response to the Coronavirus Disease 2019 (COVID-19) pandemic. The City has established this Small Business Grant Program as part of this initiative, and capitalized it at \$100,000.

2. Policies

On June 24, 2020, the City Council has adopted the following policies and procedures for this program. The City reserves the right to make changes without notice.

A. Purpose

The purpose of the Small Business Grant Program (SBGP) is to provide temporary, short-term financial assistance to small businesses located in Palmview, Texas for their operating expenses during the COVID-19 pandemic.

B. Eligibility

*Program Requirements*

Any Business Entity satisfying the following eligibility requirements may qualify for a grant:

Date of Existence:	Before January 1, 2020
Location:	Within Palmview corporate limits
Maximum Employees:	20
Maximum Annual Net Revenues:	\$100,000

However, the following Business Entities are not eligible for this program: 1) Corporate Franchises; 2) Not for profit corporations; nor 3) Residential rentals.

*Business Entity Requirements*

Business Entities will be screened to determine they are not violating any laws regarding: 1) federal/state eligibility; 2) criminally liable; 3) felonies of moral turpitude; 4) nepotism; and 5) conflicts of interest. Business Entities doing so are ineligible for consideration of a grant award.

### C. Expenditures

Grant proceeds may be used for the following eligible operating expenses: employee payroll; mortgage or rental lease payments; utilities; and other eligible expenses.

Funds may not be used for: 1) capital expenditures; 2) expansion of existing operations; nor 3) personal purposes.

### D. Amounts

The City may award \$100,000 in grants to small businesses as follows:

Grant Type	Annual Net Revenues	Maximum Award
Micro	\$0-49,999	\$1,500
Middle	\$50,000-75,000	\$3,000
Maximum	\$75,000-100,000	\$5,000

Business entities only may receive one (1) award under this program.

### E. Prioritization

The following criteria will be used to prioritize grant fund awards:

1. Non-essential businesses adversely affected by the pandemic.
2. Businesses which previously have not received any COVID-19 assistance.
3. Businesses demonstrating substantial loss of net revenues due to pandemic.

Remaining funds, if any, may be used for essential businesses adversely affected by the pandemic and/or Business Entities which have received COVID-19 funds previously. Awards will be made on a regular periodic bases as recommended by administrator (ie, the Community Outreach Coordinator) and determined by the City Manager.

### F. Business Entity Background

The authorized representative of the Business Entity must certify in good faith as to the “Business Entity/Owner Background” qualifications itemized in the Application below.

### G. Administration

#### Definitions

- **Business Entity:** All forms of commercial enterprises such as: sole proprietorships, partnerships, and corporations (private and public). Business Entities that operate the following are not eligible for this program: 1) Franchisees; 2) Not for profit corporations; nor 3) Residential rentals such as duplexes, four-plexes, apartment complexes or other multi-family housing.
- **Non-Essential Business:** As defined by the Texas Governor’s Office Executive Order GA-14, and subsequent applicable revisions.

- Owner: Any individual owning ten percent (10.0%) or more of the equity of the Business Entity.

### *Selection*

The Palmview CARES administrator (ie, the Community Outreach Coordinator) shall evaluate applications for program compliance. The Outreach Coordinator shall make award recommendations to the City Manager based on the program eligibility, prioritization and on a first-come-first-serve basis. City Manager shall review and award program grants.

### *Indemnification*

The awardee or Business Entity agrees to, indemnify and hold harmless the City, its officers, elected or appointed officials, employees, agents and volunteers from and against any and all claims, damages, losses, expenses, fines, penalties, judgments, demands and defense costs (including, without limitation, actual, direct, out-of-pocket costs and expenses and amounts paid in compromise or settlement and reasonable outside legal fees arising from litigation of every nature or liability of any kind or nature including civil, criminal, administrative or investigative) arising out of or in connection with the this grant program. The Business Entity or awardee will conduct all defenses at its sole cost. By accepting any money from the City of Palmview the Business Entity or awardee hereby acknowledges this clause and knowingly accept any liability and hold harmless the City of Palmview.

### *Authority*

The City Manager shall have final authority in the administration of this program. Any ambiguity in policies or procedures shall be reviewed by the consultant for interpretation, with a recommendation forwarded to the City Manager for his adjudication.

### 3. Procedures

#### A. Applications

Applications are available at [Palmview CARES Center](#), [Palmview City Hall](#), Palmview Municipal Development District (PMDD) offices and [online](#). Eligible Business Entities must complete, sign, and submit applications and supporting documentation to the Palmview City Hall or via [palmviewcaresbusiness@cityofpalmview.us](mailto:palmviewcaresbusiness@cityofpalmview.us). **Incomplete applications will not be processed.**

#### B. Documentation

Business Entities must submit the following as part of the application process. The Business Entity's name should appear on all documents: [Attached]

1. Small Business Grant Program Application \_\_\_\_\_
2. Government-issued, photo identification (eg, driver's license, passport) \_\_\_\_\_
3. IRS FEIN for incorporated business, or Social Security Card for individual \_\_\_\_\_
4. Bank statements and/or Profit and Loss Statement (Best month for 2019 and worst month for 2020) \_\_\_\_\_
5. Federal Income Tax Return for 2019 \_\_\_\_\_
6. Voided Business Entity Check (optional) \_\_\_\_\_
7. One or more of the following, depending on proposed use of grant funds:
  - a. Monthly Payroll Report(s) \_\_\_\_\_
  - b. Mortgage document or Rental Lease Agreement \_\_\_\_\_
  - c. Utility bill(s) \_\_\_\_\_

Completed applications and corresponding documentation must be submitted in person to the Palmview City Hall or via [palmviewcaresbusiness@cityofpalmview.us](mailto:palmviewcaresbusiness@cityofpalmview.us). Date and time of submittals will be documented.

**Business Entities must answer all questions in application. Incomplete applications (with or without proper documentation) will be rejected, and are ineligible for funding.** Business Entities may resubmit a completed application. All submitted documents become the property of the City and will not be returned.

#### C. Assistance

Staff assistance will be available during regular office hours to answer questions or complete applications. This assistance is available via telephone or email:

**Palmview CARES Center**  
105 E Veterans Blvd Suite D  
Palmview TX 78572  
956.432.0319  
[palmviewcaresbusiness@cityofpalmview.us](mailto:palmviewcaresbusiness@cityofpalmview.us)

#### D. Schedule

Applications will be accepted on a first-come-first-serve basis. The program will operate on the following schedule:

Activity	Start Date	End Date	Duration (Days)
Council Program Approval	June 24	June 24	1
Program Promotion	June 24	Continuing	
Staff Training	July 10	Continuing	2
Applications Available	July 21	Continuing	
Evaluate Applications & Award Funds	July 24	Continuing	1
Palmview CARES Center Opens	July 27	July 27	1

This schedule is subject to change without notice. Please check with the Palmview CARES Center.

#### 4. Attachments



A. Small Business Grant Program Application

**1. Contact & Program Information**

The authorized representative of the Business Entity shall enter completely the following information as required. Information should be based on ordinary operations in 2019:

Business Contact Info		Business Info	
Legal Name		Business Type	Choose an item.
Street Address		Date Established	7/22/2020
City, State Zip		Total Employees	Choose an item.
Business Phone		Monthly Payroll	\$
Business email		Net Annual Revenues	\$
		FEIN	

Applicant Contact Info		Financial Info	
Legal Name		Requested Amount	\$
Street Address		Requested Purpose	Choose an item.
City, State Zip		Bank Account Name	
App. Phone		Bank Name	
App. email		Routing Number	
Social Security Number (SSN)		Account Number	

**2. Program Narratives**

Brief description how business was negatively affected by pandemic:


Brief description how business intends to use funds:


Additional information, if needed:


### 3. Eligibility & Prioritization Disclosures

By initialing below, the authorized representative of the Business Entity affirmatively certifies in good faith as follows:

- \_\_\_\_\_ a. The Business Entity was in operation before January 1, 2020.
- \_\_\_\_\_ b. The Business Entity's principal place of business (ie, address) is within the City of Palmview, Texas.
- \_\_\_\_\_ c. The Business Entity had no more than 20 employees for whom it paid salaries and payroll taxes, or paid independent contractors.
- \_\_\_\_\_ d. The Business Entity's annual net revenues are no more than \$100,000.
- \_\_\_\_\_ e. The Business Entity is a non-essential business adversely affected by the pandemic.
- \_\_\_\_\_ f. The Business Entity and/or any Owner received no federal or state small business COVID-19 financial assistance after January 1, 2020? If yes, provide details on Additional Information section above.
- \_\_\_\_\_ g. The Business Entity has demonstrated substantial loss of net revenues due to COVID-19 pandemic.

#### 4. Program Guarantees & Authorizations

By initialing below, the authorized representative of the Business Entity affirmatively certifies in good faith as follows:

- \_\_\_\_\_ a. I acknowledge that the City may confirm the eligible grant amount using required documents submitted.
- \_\_\_\_\_ b. I understand, acknowledge and agree that the City can share any tax information that I have provided with the appropriate federal and state governmental agencies, for the purpose of program compliance and reviews.
- \_\_\_\_\_ c. I acknowledge that I will provide proper documentation as requested by the City to assure the fund will be utilized in a proper/eligible manner. The Business Entity and/or I will provide to the City documentation verifying the number of Full-Time Equivalent (FTE) employees on the Business Entity's payroll as well as payroll costs, covered mortgage payments, covered rent payments, covered utilities and/or other relevant information for the eight-week period following award of this grant.
- \_\_\_\_\_ d. The current economic uncertainty makes this grant request necessary to support the continuing operations. Grant funds will be used exclusively to: 1) retain existing workers; 2) make mortgage or rental lease payments; 3) utility payments; or 4) other eligible small business related expenses. Grant funds will not be used for personal expenses. If the funds are knowingly used for unauthorized purposes, the City may hold Business entity and/or Owners joint and severally legally liable.
- \_\_\_\_\_ e. I will comply, whenever applicable, with state and municipal ethics laws, including disclosures of nepotism, conflicts of interest and other related requirements.
- \_\_\_\_\_ f. All or some documentation associated with this application may become public and Business Entities should not assume any right of confidentiality in any information disclosed as part of this application.

## 5. Business Entity/Owner Background

The authorized representative of the Business Entity certifies in good faith as follows:

If **YES**, CHECK BOX. If **NO**, leave blank.

- The Business Entity or any Owner is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency.
- Any Owner is subject to an indictment or criminal information regarding theft or embezzlement, or other means by which formal criminal charges are brought in any jurisdiction.
- An Owner has within the last five (5) years, for any felony of moral turpitude: 1) been convicted; 2) pleaded guilty; or 3) pleaded nolo contendere.
- An Owner has a relationships to an elected or appointed municipal officers as defined by Texas Government Code, Chapter 573 and/or the City's [municipal charter](#)?
- The Business Entity or an Owner has a Conflicts of Interest as per the Texas Local Government Code, Chapters 173, 176 and/or the City's [municipal charter](#)?

## 6. Certifications and Authorizations

By signing below, the Business Entity and/or Owner make the following representations, authorizations, and certifications:

I certify that:

- I am the authorized representative of the above referenced Business Entity.
- I have read the statements included in this application, and I understand them.
- The information I have provided in this application and all supporting documents and forms is true and accurate in all material respects.
- I understand that knowingly making a false statement to obtain grant funds may be punishable under the law.
- For Applicants who are Owners: I authorize the City to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for this program.
- Upon being awarded grant monies (if awarded) I ensure I will follow all federal, state and City of Palmview guidelines and procedure to ensure all monies are spent legally.

**X**

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Print Legal Name:

Title & Date:

B. Voluntary Release of Image for Publication

I authorize City of Palmview (Grantee) to film, photograph, and record my likeness, voice, and any other form of my identity (Recording), and grant Grantee an irrevocable, transferable, sublicenseable, royalty-free right and license to create, reproduce, alter, modify, publish, publicly perform, publicly display, distribute, sell, assign, transfer, exhibit, create derivative works of, and use my voice, likeness, and any other form of my identity in any manner (including without limitation advertising, promotion, merchandising, and other commercial purposes) or form, including without limitation all video, audio, digital, and print formats and any other media now known or hereafter created, including without limitation use via computer, the internet, films, DVDs, video tapes, audio tapes, digital audio files, digital image files, photographs, prints, copies, facsimiles, and electronically captured images thereof, without limitation as to method of reproduction or exhibit and without any territorial or time restrictions.

Further, I hereby relinquish, give, transfer, and assign to Grantee all right, title, copyright, and interest I may have in the finished product contemplated by this Release, agree that any and all materials created by or on behalf of Grantee are the property of Grantee, and I waive any right of review or inspection. I agree that no other material needs to be submitted to me for any further approval, and Grantee shall be without liability to me or any person for any distortion or illusionary effect resulting from the publication or dissemination of any likeness, audio recording, or other indicia of my identity.

I further release the City and any of its agents, employees and customers, and their officers, agents and employees, and those acting pursuant to their authority, from any and all liability associated with my execution of this Publicity Release or from the use of the Recording of my name, likeness and/or voice, or other form of my identity, described above, and from all claims of every kind on account of such use.

I state further that: (a) I am of legal age and capacity; (b) I acknowledge that nothing herein requires Grantee to use my likeness as described herein or elsewhere; (c) I acknowledge that no compensation or consideration will be provided to me for the rights and releases granted herein, other than the potential publicity; (d) I have read, or have had read to me, this release and agreement and have had the opportunity to ask questions before its execution, and I am fully familiar with and understand its contents; and (e) I hereby irrevocably release Grantee from any and all liability based upon, arising out of or in any way related to this release and agreement or the exercise of the rights granted herein.

Recording Date(s): \_\_\_\_\_

**X**

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

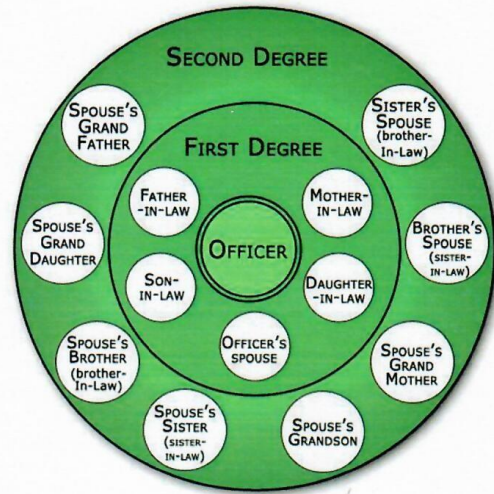
Title & Date:

C. Nepotism Charts

The chart below shows

- **Affinity Kinship** (relationship by marriage)
- **Consanguinity Kinship** (relationship by blood)

**AFFINITY KINSHIP**  
Relationship by Marriage



**CONSANGUINITY KINSHIP**  
Relationship by Blood

