

# South Jordan Payroll Support Program Application

## *About the Payroll Support Grants*

The South Jordan Payroll Support Grant program uses \$110,000 in federal funds to help the City's small businesses during the COVID-19 pandemic. Application materials are available now and may be prepared ahead of the application window opening. Before submitting verify that you have all materials by consulting the list at <https://www.sjc.utah.gov/finance/community-development-block-grant/small-business-grants/>.

Round one will be open from 8 a.m. Monday, May 11 to 11:59 p.m. Saturday, May 16, for Utah headquartered businesses with a South Jordan location. Preference will be given to applicants whose headquarters are in South Jordan. If funds remain, a second round of applications will be available for any business with a South Jordan location.

Grants do not need to be repaid but must be used to pay qualified low- and moderate-income employees. Each employee must certify his or her household size and household income on a form to be submitted by the business.

1 Grant Request Amount:

\$\_\_\_\_\_ (Request must be between \$5,000 and \$20,000)

2 Business Legal Name:

\_\_\_\_\_

DBA or Tradename (if applicable):

\_\_\_\_\_

3 TIN (EIN, SSN):

\_\_\_\_\_

4 Check one:

Sole proprietor    Corporation    LLC

Partnership    501-c-3    Other \_\_\_\_\_

5 Physical Address of South Jordan Location:

\_\_\_\_\_

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

6 Mailing Address:    Check if same as business address

\_\_\_\_\_

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

7 Business Phone:

\_\_\_\_\_

8 Website:

\_\_\_\_\_

9 Physical Address of Business Headquarters:    Check if same as business address

\_\_\_\_\_

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

10 Business Ownership (list owners with 20% or more ownership, attach a second sheet if needed):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
% ownership: \_\_\_\_\_ % ownership: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

11 Person to contact on matters involving this application:

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

Title: \_\_\_\_\_ Email: \_\_\_\_\_ 12 Total #

full time employees: \_\_\_\_\_

13 Total # part time employees: \_\_\_\_\_

14 Brief Organization Description:

15

Describe the business's fiscal stress or disrupted operations that would cause you to eliminate low- or moderate-income jobs without grant funding. This may include, but is not limited to:

Notices from tenants closing operations and not paying rent caused by loss of income.

Notice of inability to pay rent or make loan payments due to reduced sales or suspended operations.

Increased costs related to COVID-19 prevention measures.

Notice of disrupted supply network leading to a shortage of critical inventory or materials.

Other circumstances subject to review on a case-by-case basis.

16 Describe the financial strength of the business before the crisis.

17 How is the business following safety protocols to protect employees and the general public?

18 Has the business applied for or received prior federal or state assistance related to COVID-19?  
(ex. Federal Paycheck Protection Program, Federal SBA Express Bridge Loans, Economic Injury  
Disaster Loan, Utah Small Business Bridge Loan Program, SBA Debt Relief)

\_\_\_\_\_ No      \_\_\_\_\_ Yes      Type: \_\_\_\_\_

Amount: \_\_\_\_\_

If receiving other funds, submit your  
award letters from those programs  
with your application.

Received?: \_\_\_\_\_

\_\_\_\_\_

If you have received other assistance, please describe how that funding is being used and provide specific dollar amounts describing your remaining need that would be supported by this grant.

19 Demonstrate that funds will be used to pay for low- and moderate-income employees by submitting all of the following for each employee that will be assisted. You will also need to submit a certification form for each employee verifying their income. See webpage to download.

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

Part Time

Full Time

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

Job Duties: \_\_\_\_\_

Percentage of time spent working at the South Jordan location of the business: \_\_\_\_\_

Wages: \_\_\_\_\_

Name: \_\_\_\_\_ Part Time Full Time

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

Job Duties: \_\_\_\_\_

Percentage of time spent working at the South Jordan location of the business: \_\_\_\_\_

Wages: \_\_\_\_\_

Name: \_\_\_\_\_ Part Time Full Time

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

Job Duties: \_\_\_\_\_

Percentage of time spent working at the South Jordan location of the business: \_\_\_\_\_

Wages: \_\_\_\_\_

Name: \_\_\_\_\_ Part Time Full Time

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

Job Duties: \_\_\_\_\_

Percentage of time spent working at the South Jordan location of the business: \_\_\_\_\_

Wages: \_\_\_\_\_

20 Describe how you will use the grant funds to continue paying the employees listed above, including a breakdown of the grant amount and how much would go to each employee over what time period. Also describe how you will continue to provide work for the employees listed above.

21 Certifications and Authorizations:

*I agree that if awarded, I will use the grant to pay the low- and moderate-income employees indicated in my*

*application and that I will submit paycheck stubs showing these payments to the City within one week of payment being made. I agree that I have not knowingly provided any false information in my application and that if I am found to have submitted false information, all funds must be repaid. I agree that if any of the grant funds awarded to me are found to be used outside the parameters of the grant, I will return such funds within 30 days of request of the funds by the City.*

Signature of Authorized Representative:

\_\_\_\_\_

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

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

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

Office Use
Date Received: _____
Time Received: _____
Received by: _____
<input type="checkbox"/> Approved
<input type="checkbox"/> Refused (more information requested)
<input type="checkbox"/> Denied (see comments)