



ABOUT THE EMPOWERMENT ZONE RESOURCES

The purpose of the Empowerment Zone program is to incentivize economic development and job creation in some economically distressed urban and rural areas through tax incentives and grants. Philadelphia Empowerment Zone grants are made available through an endowment, the Neighborhood Funding Stream. The goal of the Neighborhood Funding Stream is to perpetually support for economic development activity within the three designated Empowerment Zone neighborhoods.

ABOUT THE BUSINESS ASSISTANCE GRANT

The purpose of the Business Assistance Grant is to assist expansion efforts of commercial and industrial business located in the North Central Empowerment Zone. This grant can be used by exisiting or start-up businesses located within the North Central Empowerment Zone or moving into the North Central Empowerment Zone. The program reimburses businesses up \$25,000 of eligible improvements. Applications will be accepted and reviewed on a rolling basis until funds are exhausted. Eligible applicants will be businesses that meet many of the following targets:

- Provide goods and services that are accessible to individuals with low/moderate incomes (commercial businesses);
- Facilitate and encourage job creation and investment in low/moderate income communities
- Strengthen commercial corridors within the NCEZ (Girard Ave., Broad Street, Cecil B Moore Ave., Germantown Ave., Lehigh Ave.)

APPLICATION PROCESS

Step One – Is your project eligible?

- 1. Business occupying a commercial or industrial property must be located within the North Central Empowerment Zone (map on page 7).
- 2. Meet your Empowerment Zone Neighborhood Manager, Sara Lepori, at your building.
- 3. Discuss expansion efforts and how they meet the goals of the grant applications

Step Two – Apply

- 1. Send your application and required documentation by email to <a>Sara.Lepori@phila.gov or by mail to: Sara Lepori, Commerce Department, 1515 Arch Street, 12th floor, Philadelphia, PA 19102.
- Applications will be reviewed for completeness, responsiveness to application and impact. Application review usually takes 4 weeks. Incomplete applications will not be considered. You MUST wait for approval before beginning work.

Step Four – Begin work

- 1. Receive approval letter then sign and return W-9 and Reimbursement Requirements forms
- 2. Hire your contractor(s) for approved work and place orders for approved equipment
- 3. Obtain applicable permits
- 4. Approved applicants have up to twelve (12) months to complete proposed improvements.
- 5. If you who wish to change your project from what was approved you must contact the Commerce Department. You may be required to submit a revised proposal for review and approval.

Step Five – Receive funds

- 1. Submit completion documents:
- 2. Copies of final invoices showing payment in full
- 3. Proof of payment in the form of copies of cancelled checks (front & back), credit card statements, or money orders. If you pay your contractor in cash we will be unable to reimburse you.
- 4. Copies of any required permits
- 5. Color photographs of the completed work



Department of Commerce, 1515 Arch Street, 12th Floor, Philadelphia, PA 19102 215-683-2045 Sara.Lepori@phila.gov





PART 1 - APPLICANT INFORMATION

| Address of Property Being Improved | | | | |
|--|---------------|-------------------------|--------------------|--|
| Commercial Corridor | | | | |
| | | | | |
| Applicant Name (person or company applying for rebate) | | | | |
| Applicant's Mailing Address (if differen | t than above) | | ZIP Code | |
| Contact Person & Title | | | | |
| Contact Phone # | | | | |
| | | | | |
| PART 2—BUSINESS INFORMATION | | | | |
| Name of Business in Property Being Im | proved | | | |
| Type of Business | | Num | ber of Employees | |
| Applicant Commercial Activities License | e # | EIN or SSN | | |
| Business Income and Recipts Tax # | | DUNS #* | | |
| Are you a certified**:MBE | WBE DBE | | | |
| Number of existing Full Time Equivalent Jobs | | Estimated number of FTE | jobs to be created | |
| Legal Name of Property Owner | | | | |

PART 3 – PROPOSAL

Please provide a written request (no more than two (2) pages) containing the following information:

- A. Statement of how the business meets geographic eligibility requirements (i.e. located within the America Street Empowerment Zone; number of clients served or employed that reside within the American Street Empowerment Zone boundaries). See attached map.
- B. Description of the business and how the proposed project meets one or more of the program goals mentioned on page 1.
- C. Description of project timeline;
- D. Information about other sources of funding that have been committed or solicited to support the proposed improvement project.

APPLICANTS MAY NOT PURCHASE EQUIPMENT UNTIL A WRITTEN APPROVAL LETTER FROM THE CITY OF PHILADELPHIA IS RECEIVED

^{*}To get a DUNS number if you do not have one, go to http://fedgov.dnb.com/webform and follow the onscreen instructions

^{**}Business owned and controlled by minority (MBE), women (WBE), or disabled persons (DBE).





PART 4 – BUSINESS EXPANSION COSTS

Use this form to itemize costs of the improvements planned for your business. You must also attach the estimates from your selected contractor(s) and the estimates from <u>at least</u> one additional contractor for each improvement type proposed below.

CONSTRUCTION COSTS – these costs are eligible for up to 50% re-imbursement

| Improvement Type | Total Cost | Your Selected Contractor/Vendor | Commercial Activity License Number |
|------------------|------------|---------------------------------|---------------------------------------|
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| TOTAL COST | \$ | | |







PART 5– APPLICATION ATTACHMENTS

Please attach the following:

- Completed project budget with estimates (separation of equipment/material and labor costs required). Two estimates are required. We recommend you secure at least three bids. All applicants must seek proposals from businesses owned and controlled by minority persons (MBEs), women (WBEs) or disabled persons (DSBEs) as described below. Equipment estimates MUST include the model numbers of the units.
- 2. Two years Financial Statements showing business revenues and expenditures. If business is a start up, two years of personal income statements can be submitted.
- 3. A Business Plan for the expanding business
- 4. Letter from building owner (if different from applicant) granting permission for the proposed work.

Additional Program and Eligibility Requirements

• Projects will be evaluated based on a variety of criteria, including but not limited to the following priorities:

- * Ability to meet one or more of the program goals mentioned on page 1;
- Financial feasibility of the business expansion; and
- Equity investment from the applicant which matches or exceeds the grant amount.

• <u>Applications submitted after work has begun will not be considered</u>. Commercial or industrial property must be occupied by a business and located within the American Street Empowerment Zone boundaries (see map).

• The business occupying the improved space must be expanding, by either: Opening a new location with upgraded equipment/materials; or making improvements to an existing location in order to expand services or business activities by upgrading equipment/materials.

• Projects must make eligible improvements. Please be aware that grant funds will only pay for equipment and material costs. Labor costs will not be covered. Examples of eligible improvements include: commercial kitchen equipment, manufacturing machinery, security systems, telephone systems, point-of-sale equipment, kitchen equipment, computer ordering systems, lighting, HVAC equipment, refrigeration units.

• *Economic Opportunity:* While there are no projected ranges for Minority/Women/Disabled-owned Business Enterprise (M/W/SDBE) participation, vendors are prohibited from discriminating against M/W/DSBE firms in the performance of this grant. NOTE: Potential M/W/DSBE project participants can be found in the City of Philadelphia's Office of Economic Opportunity Registry of Certified Firms. <u>http://www.phila.mwdsbe.com</u>

• Improvements to buildings occupied by or owned by franchises, churches, schools, colleges and universities, government offices, and elected officials are not eligible.





PART 6 - CERTIFICATION FOR COMPLIANCE WITH FEDERAL, STATE & LOCAL REQUIREMENTS

I certify that:

- 1. The information contained here is accurate.
- 2. The business and property owner(s) are current with all City obligations, including but not limited to taxes, licenses, water revenue billings etc, as well as any assessments due to Business/Neighborhood Improvement Districts or Special Services Districts. All permits, licenses, environmental and historical requirements associated with the above work will be complied with.
- 3. I have read and will comply with the requirements outlined in the Business Expansion Grant Program Guidelines.
- 4. I understand that Federal Prevailing Wage Rate Requirements may apply to this project (I will be notified in advance by the City if they do) and I agree to work with the City Labor Standards Compliance officer in implementing those wage rates, when applicable, with the contractors I have selected. The Philadelphia Department of Commerce is not liable for any legal actions due to the neglect of such compliance.
- 5. I certify to make "best and good faith efforts" to include businesses owned and controlled by minority persons (MBEs), women (WBEs) and disabled persons (DSBEs) in the project. Potential M/W/DSBE project participants can be found in the City of Philadelphia's Office of Economic Opportunity Directory of Certified Firms (Contact OEO at 215-686-6232 or review the online directory at http://www.phila.gov/mbec/directory.asp) or the Pennsylvania Unified Certification Program's Directory of Disadvantaged Business Enterprises (http://www.paucp.com).

APPLICANT OR DESIGNATED REPRESENTATIVE

| Name | Title |
|-----------|-------|
| Signature | Date |

Submit your completed application to Sara Lepori, <u>Sara.Lepori@phila.gov</u>, or mail to Sara Lepori, Phila Commerce Dept, 1515 Arch St, 12th Fl, Phila, PA 19102. You will receive a notification by e-mail when your applicaiton is received. <u>Application guestions can be directed to Sara Lepori at Sara.Lepori@phila.gov or 215-683-2045</u>







PART 7: COMPLETED AND SIGNED BY APPLICANT OR AUTHORIZED REPRESENTATIVE CITY OF PHILADELPHIA TAX AND REGULATORY STATUS AND CLEARANCE STATEMENT FOR APPLICANTS

THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE

This form must be completed and returned with Applicant's proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

| Applicant Name | | |
|--|--|--|
| Contact Name and Title | | |
| Street Address | | |
| City, State, Zip Code | | |
| Phone Number | | |
| Federal Employer Identification Number or | | |
| Social Security Number: | | |
| Philadelphia Business Income and Receipts | | |
| Tax Account Number (f/k/a Business Privi- | | |
| lege Tax) (if none, state "none") [*] | | |
| Commercial Activity License Number (f/k/a | | |
| Business Privilege License) (if none, state | | |
| "none")* | | |

_____ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in The Philadelphia Code.

_____ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City's tax and other regulatory requirements.

Authorized Signature

Date

Print Name and Title

¹ You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City's Business Services website located at <u>http://business.phila.gov/Pages/Home.aspx</u>. Click on "Register" or "Register Now" to register your business.







PART 8: CHECKLIST

- □ PART 1: Applicant Information (Page 2)
- □ PART 2: Business Information (Page 2)
- D PART 3: Proposal
- □ PART 4: Business Expansion Costs Worksheet (Page 3)
- □ PART 5: Attachment of a minimum of two Contractor and Equipment Estimates, including evidence that applicant sought quotes from MBE, WBE and /or DBE businesses.
- D PART 5: Two years of Financial Statements showing revenue and expenditures
- □ PART 5: Business Plan
- □ PART 5: Letter of support from property owner (if applicable)
- □ PART 6: Certification for Compliance with Federal, State and Local Requirement (Page 5)
- □ PART 7: City of Philadelphia Tax and Regulatory Status and Clearance Statement for Applicants (Page 6)
- □ PART 8: Checklist (Page 7)







Map of North Central Empowerment Zone



