



WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM

**Applications for the West Central Wisconsin
Microenterprise Grant Program will only be
accepted by e-mail during the Application
Acceptance Period beginning at 12:00 p.m. on
Tuesday, June 1, 2021 and ending at 12:00 p.m. on
Tuesday, June 15, 2021.**

**Applications submitted prior to 12:00 p.m. on June 1, 2021
will not be accepted.**

Only complete applications submitted during the Application Acceptance Period to microgrant@wcvrpc.org with all required attachments will be considered for a grant. If you need assistance with application submittal, please contact your respective county economic development corporation.

Barron County Economic Development Corporation (715) 637-6871
Chippewa County Economic Development Corporation (715) 723-7150
Clark County Economic Development Corporation (715) 255-9100
Dunn County Economic Development Corporation (715) 232-4009
Eau Claire Area Economic Development Corporation (715) 471-6142
Polk County Economic Development Corporation (715) 405-3400
St. Croix County Economic Development Corporation (715) 381-4383

Please contact Tobi LeMahieu at 715-836-2918 ext. 19 or tlemahieu@wcvrpc.org with any questions prior to the Application Acceptance Period.

This program is funded by a Community Development Block Grant through the Wisconsin Department of Administration, Division of Energy, Housing & Community Resources.



WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM

Program Description

West Central Wisconsin Regional Planning Commission (WCWRPC) is the regional administrator of the West Central Wisconsin Microenterprise Grant Program. The Microenterprise Grant Program provides \$5,000 grants to eligible businesses negatively impacted by the COVID-19 pandemic.

Eligibility

To qualify for a \$5,000 grant, a business must be:

- Small; defined as five or fewer employees including the owner(s). All employees, regardless of full-time or part-time status, are included in the employee count.
- Located in West Central Wisconsin – inclusive of businesses located in the counties of Barron, Chippewa, Clark, Dunn, Eau Claire (*excluding the City of Eau Claire*), Polk, and St. Croix.
- Established prior to February 5, 2020 (the date of the first confirmed COVID-19 case in Wisconsin).
- Owned by a person(s) of qualifying income. If there are multiple owners of the business, the majority (51% or more) of the owners must meet the income eligibility requirements. For example, if there are two owners of the business, both owners must meet the income eligibility requirements. Qualifying incomes are shown by County in the table on the next page.

Additional eligibility requirements:

- Only one grant allowed per family.
- Only one grant allowed per business.
- Business owner(s) must be current on income and property taxes.

Eligible Use of Funds

Grant funds must reimburse working capital needs resulting from the COVID-19 pandemic. Examples include:

- Operating expenses such as payroll, rent, mortgage, insurance, utilities, inventory, professional fees, and COVID-19 related expenses such as protective equipment

Fines and fees are not eligible uses of the grant funds.

Applicant must furnish documentation equal to or more than \$5,000 to show how grant funds have been spent on working capital needs related to the pandemic. Documentation can include recent payroll reports, paid invoices/receipts from protective equipment or professional fees, mortgage/rent/tax statements, etc. since the pandemic began on February 5, 2020.

Funds cannot be used to duplicate benefits – funds cannot be used to pay the expenses for which a business has already received federal, state, or local sources of grant or loan forgiveness funding.

QUALIFYING INCOME TABLE

To qualify for a Microenterprise Grant, a business must be owned by a person(s) of qualifying income. If there are multiple owners of the business, the majority (51% or more) of the owners must meet the income eligibility requirements. To determine eligibility, please do the following for each business owner.

1. In the table below, locate the County where the business is located.
2. In the appropriate county table, locate the number of persons in the owner's family. "Family" means all related persons in a household.
3. Determine whether the owner's family income, using gross income, is within the qualifying income range. If the majority of the business owners have family incomes within the qualifying income range, the business is an eligible Microenterprise Grant applicant.

Income Eligibility by County – Refer to the County in which your business is located.								
Barron County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$40,250	\$0 - \$46,000	\$0 - \$51,750	\$0 - \$57,450	\$0 - \$62,050	\$0 - \$66,650	\$0 - \$71,250	\$0 - \$75,850
Chippewa County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$44,800	\$0 - \$51,200	\$0 - \$57,600	\$0 - \$64,000	\$0 - \$69,150	\$0 - \$74,250	\$0 - \$79,400	\$0 - \$84,500
Clark County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$40,250	\$0 - \$46,000	\$0 - \$51,750	\$0 - \$57,450	\$0 - \$62,050	\$0 - \$66,650	\$0 - \$71,250	\$0 - \$75,850
Dunn County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$41,350	\$0 - \$47,250	\$0 - \$53,150	\$0 - \$59,050	\$0 - \$63,800	\$0 - \$68,500	\$0 - \$73,250	\$0 - \$77,950
Eau Claire County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$44,800	\$0 - \$51,200	\$0 - \$57,600	\$0 - \$64,000	\$0 - \$69,150	\$0 - \$74,250	\$0 - \$79,400	\$0 - \$84,500
Polk County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$40,250	\$0 - \$46,000	\$0 - \$51,750	\$0 - \$57,450	\$0 - \$62,050	\$0 - \$66,650	\$0 - \$71,250	\$0 - \$75,850
St. Croix County								
Persons in Family								
	1	2	3	4	5	6	7	8+
Qualifying Income Range	\$0 - \$55,950	\$0 - \$63,950	\$0 - \$71,950	\$0 - \$79,900	\$0 - \$86,300	\$0 - \$92,700	\$0 - \$99,100	\$0 - \$105,500

Ineligible Businesses

Ineligible entities include units of government and businesses primarily engaged in any of the following North American Industry Classification System (NAICS) codes beginning with:

- 111 - Crop Production
- 112 - Animal Production or Aquaculture
- 531 - Lessors of Real Estate
- 813 - Nonprofit Organization

Application Timeline

- Program Marketing Period: May 1 – May 31, 2021
- Application Acceptance Period: June 1 – June 15, 2021
- Application Review: June 16 – June 30, 2021
- Disbursement Request Submitted to State of WI: July 2021
- Award Announcements & Anticipated Grant Disbursement: By August 15, 2021

Application Timeline & Procedures

Interested, eligible businesses must submit a completed, signed Microenterprise Grant Program Application and all required attachments to the West Central Wisconsin Regional Planning Commission via email to: microgrant@wcrpc.org. Please note the maximum attachment size is 10MB. If an email and attachments exceed the allowable size, please send multiple emails.

Applications will only be accepted by email during the Application Acceptance Period beginning at 12:00 p.m. on Tuesday, June 1, 2021 and ending at 12:00 p.m. on Tuesday, June 15, 2021; applications will be accepted on a first-come, first-served basis depending on the demand. If not all grant funds are committed during the initial Application Acceptance Period, another round of grant applications may be accepted in 2021.

Submit the following application and all required attachments (in one or more PDF files) to the West Central Wisconsin Regional Planning Commission via e-mail to: microgrant@wcrpc.org

For assistance completing the application materials or submitting the application/attachments, please contact the appropriate County Economic Development Corporation. For questions on the application please contact Tobi LeMahieu at 715.836.2918 ext. 19 or tlemahieu@wcrpc.org

**WEST CENTRAL WISCONSIN
MICROENTERPRISE GRANT PROGRAM APPLICATION**

SECTION I-BUSINESS INFORMATION			
Legal Entity: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Legal Name:			
Mailing Address:			
City, State, Zip:			County:
FEIN ((Federal Employee Identification Number –Tax ID):		NAICS Code:	
Date Established:		State of Organization (Per Articles of Incorporation/Organization):	
Employee Count (including owner(s):		Full-time:	Part-time:
Website URL:			
Phone:		Email:	
Briefly describe the business including products/services, locations, and customers:			

SECTION II- PRIMARY OWNER CONTACT	
Primary Business Owner:	Title:
Email:	Office Phone:
Cell Phone:	Mailing Address:
City, State, Zip:	

SECTION III- BUSINESS OWNERSHIP			
List All Owners:			
Name	Ownership %	Phone	Email
How many years has the business been under current ownership?			

SECTION IV- BUSINESS OWNER(S) INCOME CERTIFICATION	
<p>Each business owner listed in Section III will need to complete and sign a business owner self-certification form found on pages 7-13. Please locate the form for the <u>county where the business is located</u> and follow the instructions on the form.</p>	
<p>All business owner(s) identified in Section III have completed and signed a business owner self-certification form for the county where the business is located. Yes No</p>	
<p>All signed business owner self-certification forms will need to be attached to the application form.</p>	

WEST CENTRAL WISCONSIN
MICROENTERPRISE GRANT PROGRAM APPLICATION

SECTION V- COVID-19 IMPACT	
Describe how the COVID-19 pandemic has impacted your business (attach documentation if available):	

SECTION VI- GRANT REQUEST	
Please detail how you intend to use the grant dollars. Attach documentation.	
Rent/Mortgage Expense:	\$
Operating Costs:	\$
Personal Protective Equipment:	\$
Professional Fees:	\$
Inventory Replacement:	\$
TOTAL (up to \$5,000):	\$

SECTION VII- DOCUMENTATION OF OTHER ASSISTANCE PROVIDED	
Please include any source of government (federal, state, or local) grant assistance and loan forgiveness received by the business during the COVID-19 pandemic. Detail the use of funds and amount received.	
Source and Use of Funds	Amount
1.	\$
2.	\$
3.	\$

SECTION VIII- BUSINESS / OWNER STATUS		
Please Answer the Following Questions (check box that applies):	Yes	No
Are you and your business current on past federal and state income taxes? <i>If no, you are ineligible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you and your business current on property taxes? <i>If no, you are ineligible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is your business currently registered with the Wisconsin Department of Financial Institutions? (This question <u>is not</u> applicable for a business operation that is a Sole Proprietorship.)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IX - ATTACHMENTS		
The following required attachments are provided (check box that applies):	Yes	No
Business Articles of Incorporation or Articles of Organization	<input type="checkbox"/>	<input type="checkbox"/>
For Sole Proprietors only, most recent tax return's Schedule C	<input type="checkbox"/>	<input type="checkbox"/>
If available, documentation of the COVID-19 impact on your business	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of grant uses (i.e. payroll statements, rent/mortgage statements, professional fee invoices, past tax statements, inventory replacement receipts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Completed and signed business owner self-certification forms for all owners of the business	<input type="checkbox"/>	<input type="checkbox"/>

**WEST CENTRAL WISCONSIN
MICROENTERPRISE GRANT PROGRAM APPLICATION**

SECTION X - CERTIFICATION	
By signing below, the applicant(s):	
<ul style="list-style-type: none"> Certifies that to the best of its knowledge and belief, the information being submitted in this application, and accompanying attachments, is true and correct. 	
<ul style="list-style-type: none"> Authorizes the State or any of its duly authorized representatives herein to verify any of the statements below. 	
<ul style="list-style-type: none"> Understands the information provided prior is collected to determine if I/we are eligible to receive assistance under the Wisconsin's Community Development Block Grant – Coronavirus (CDBG-CV) Microenterprise Grant program. 	
<ul style="list-style-type: none"> Understands that unless it qualifies as a trade secret, all information submitted to the West Central Wisconsin Regional Planning Commission is subject to Wisconsin's Open Records Law. 	
<ul style="list-style-type: none"> Understand that providing false statements or information is grounds for termination of Community Development Block Grant assistance and is punishable under federal law. 	
<ul style="list-style-type: none"> Authorize West Central Wisconsin Regional Planning Commission to verify all information provided in this application, if applicable. 	
<ul style="list-style-type: none"> Understand that additional information may be required and may be requested. 	
<ul style="list-style-type: none"> Certifies grant use(s) identified in Section VI and as provided in the documentation requested in Section IX have not been funded with any other sources of funding and are not a duplication of benefits received in Section VII. 	
<ul style="list-style-type: none"> Understand that I/we must repay any assistance received, from any other source, for the same purpose for which the CDBG-CV funds were provided. 	
<ul style="list-style-type: none"> Certifies the business is small (five or fewer employees including the owner(s); and, if employment numbers change, I/we will immediately notify WCWRPC. 	
<ul style="list-style-type: none"> Certifies the business was created before February 5, 2020. 	
All business owners identified in Section III must certify the above and sign this application form.	
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date:
Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	

WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM APPLICATION

BARRON COUNTY

BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) I own a business in Barron County. Yes No [If you responded No, you are using the incorrect form. Please locate the form for the County where your business is located.]

2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	___ \$0 - \$15,100	___ \$15,101 - \$25,150	___ \$25,151 - \$40,250	___ Greater than \$40,250
2	___ \$0 - \$17,420	___ \$17,421 - \$28,750	___ \$28,751 - \$46,000	___ Greater than \$46,000
3	___ \$0 - \$21,960	___ \$21,961 - \$32,350	___ \$32,351 - \$51,750	___ Greater than \$51,750
4	___ \$0 - \$26,500	___ \$26,501 - \$35,900	___ \$35,901 - \$57,450	___ Greater than \$57,450
5	___ \$0 - \$31,040	___ \$31,041 - \$38,800	___ \$38,801 - \$62,050	___ Greater than \$62,050
6	___ \$0 - \$35,580	___ \$35,581 - \$41,650	___ \$41,651 - \$66,650	___ Greater than \$66,650
7	___ \$0 - \$40,120	___ \$40,121 - \$44,550	___ \$44,551 - \$71,250	___ Greater than \$71,250
8 or more	___ \$0 - \$44,660	___ \$44,661 - \$47,400	___ \$47,401 - \$75,850	___ Greater than \$75,850

Source: 2021 HUD low-moderate income level limits for [Barron County](#)

3.) Please check the box(es) that identify your race.

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and African/American
- Other Multi-Racial

4.) Please answer these questions:

- | | | |
|--|-----|----|
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |

I certify that the information provided above is correct to the best of my knowledge.

_____ / /
Printed Name

_____ / /
Signature

_____ / /
Date

WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM APPLICATION

CHIPPEWA COUNTY BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

- 1.) I own a business in Chippewa County. Yes No [If you responded No, you are using the incorrect form. Please locate the form for the County where your business is located.]
- 2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	___ \$0 - \$16,800	___ \$16,801 - \$28,000	___ \$28,001 - \$44,800	___ Greater than \$44,800
2	___ \$0 - \$19,200	___ \$19,201 - \$32,000	___ \$32,001 - \$51,200	___ Greater than \$51,200
3	___ \$0 - \$21,960	___ \$21,961 - \$36,000	___ \$36,001 - \$57,600	___ Greater than \$57,600
4	___ \$0 - \$26,500	___ \$26,501 - \$40,000	___ \$40,001 - \$64,000	___ Greater than \$64,000
5	___ \$0 - \$31,040	___ \$31,041 - \$43,200	___ \$43,201 - \$69,150	___ Greater than \$69,150
6	___ \$0 - \$35,580	___ \$35,581 - \$46,400	___ \$46,401 - \$74,250	___ Greater than \$74,250
7	___ \$0 - \$40,120	___ \$40,121 - \$49,600	___ \$49,601 - \$79,400	___ Greater than \$79,400
8 or more	___ \$0 - \$44,660	___ \$44,661 - \$52,800	___ \$52,801 - \$84,500	___ Greater than \$84,500

Source: 2021 HUD low-moderate income level limits for [Chippewa County](#)

- 3.) Please check the box(es) that identify your race.

Single Race:

- White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
 Asian and White
 Black/African American and White
 American Indian/Alaskan Native and African/American
 Other Multi-Racial

- 4.) Please answer these questions:

Do you consider yourself as being of Hispanic ethnicity?	Yes	No
Are you a female head of household?	Yes	No

I certify that the information provided above is correct to the best of my knowledge.

		/ /
Printed Name	Signature	Date

WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM APPLICATION

CLARK COUNTY BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) I own a business in Clark County. Yes No [If you responded No, you are using the incorrect form. Please locate the form for the County where your business is located.]

2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	___ \$0 - \$15,100	___ \$15,101 - \$25,150	___ \$25,151 - \$40,250	___ Greater than \$40,250
2	___ \$0 - \$17,420	___ \$17,421 - \$28,750	___ \$28,751 - \$46,000	___ Greater than \$46,000
3	___ \$0 - \$21,960	___ \$21,961 - \$32,350	___ \$32,351 - \$51,750	___ Greater than \$51,750
4	___ \$0 - \$26,500	___ \$26,501 - \$35,900	___ \$35,901 - \$57,450	___ Greater than \$57,450
5	___ \$0 - \$31,040	___ \$31,041 - \$38,800	___ \$38,801 - \$62,050	___ Greater than \$62,050
6	___ \$0 - \$35,580	___ \$35,581 - \$41,650	___ \$41,651 - \$66,650	___ Greater than \$66,650
7	___ \$0 - \$40,120	___ \$40,121 - \$44,550	___ \$44,551 - \$71,250	___ Greater than \$71,250
8 or more	___ \$0 - \$44,660	___ \$44,661 - \$47,400	___ \$47,401 - \$75,850	___ Greater than \$75,850

Source: 2021 HUD low-moderate income level limits for [Clark County](#)

3.) Please check the box(es) that identify your race.

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and African/American
- Other Multi-Racial

4.) Please answer these questions:

- Do you consider yourself as being of Hispanic ethnicity? Yes No
- Are you a female head of household? Yes No

I certify that the information provided above is correct to the best of my knowledge.

_____ / ____ / _____
Printed Name Signature Date

**WEST CENTRAL WISCONSIN
MICROENTERPRISE GRANT PROGRAM APPLICATION**

DUNN COUNTY

BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

- 1.) I own a business in Dunn County. Yes No [If you responded No, you are using the incorrect form. Please locate the form for the County where your business is located.]
- 2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	_____ \$0 - \$15,550	_____ \$15,551 - \$25,850	_____ \$25,851 - \$41,350	_____ Greater than \$41,350
2	_____ \$0 - \$17,750	_____ \$17,751 - \$29,550	_____ \$29,551 - \$47,250	_____ Greater than \$47,250
3	_____ \$0 - \$21,960	_____ \$21,961 - \$33,250	_____ \$33,251 - \$53,150	_____ Greater than \$53,150
4	_____ \$0 - \$26,500	_____ \$26,501 - \$36,900	_____ \$36,901 - \$59,050	_____ Greater than \$59,050
5	_____ \$0 - \$31,040	_____ \$31,041 - \$39,900	_____ \$39,901 - \$63,800	_____ Greater than \$63,800
6	_____ \$0 - \$35,580	_____ \$35,581 - \$42,850	_____ \$42,851 - \$68,500	_____ Greater than \$68,500
7	_____ \$0 - \$40,120	_____ \$40,121 - \$45,800	_____ \$45,801 - \$73,250	_____ Greater than \$73,250
8 or more	_____ \$0 - \$44,660	_____ \$44,661 - \$48,750	_____ \$48,751 - \$77,950	_____ Greater than \$77,950

Source: 2021 HUD low-moderate income level limits for [Dunn County](#)

3.) Please check the box(es) that identify your race.

Single Race:

- White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
 Asian and White
 Black/African American and White
 American Indian/Alaskan Native and African/American
 Other Multi-Racial

4.) Please answer these questions:

- Do you consider yourself as being of Hispanic ethnicity? Yes No
Are you a female head of household? Yes No

I certify that the information provided above is correct to the best of my knowledge.

Printed Name

Signature

____/____/____
Date

WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM APPLICATION

EAU CLAIRE COUNTY BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) I own a business in Eau Claire County (outside the City of Eau Claire). Yes No [If you responded No, you are using the incorrect form or are ineligible. City of Eau Claire businesses are ineligible. Please locate the form for the County where your business is located.]

2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	_____ \$0 - \$16,800	_____ \$16,801 - \$28,000	_____ \$28,001 - \$44,800	_____ Greater than \$44,800
2	_____ \$0 - \$19,200	_____ \$19,201 - \$32,000	_____ \$32,001 - \$51,200	_____ Greater than \$51,200
3	_____ \$0 - \$21,960	_____ \$21,961 - \$36,000	_____ \$36,001 - \$57,600	_____ Greater than \$57,600
4	_____ \$0 - \$26,500	_____ \$26,501 - \$40,000	_____ \$40,001 - \$64,000	_____ Greater than \$64,000
5	_____ \$0 - \$31,040	_____ \$31,041 - \$43,200	_____ \$43,201 - \$69,150	_____ Greater than \$69,150
6	_____ \$0 - \$35,580	_____ \$35,581 - \$46,400	_____ \$46,401 - \$74,250	_____ Greater than \$74,250
7	_____ \$0 - \$40,120	_____ \$40,121 - \$49,600	_____ \$49,601 - \$79,400	_____ Greater than \$79,400
8 or more	_____ \$0 - \$44,660	_____ \$44,661 - \$52,800	_____ \$52,801 - \$84,500	_____ Greater than \$84,500

Source: 2021 HUD low-moderate income level limits for [Eau Claire County](#)

3.) Please check the box(es) that identify your race.

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and African/American
- Other Multi-Racial

4.) Please answer these questions:

Do you consider yourself as being of Hispanic ethnicity?	Yes	No
Are you a female head of household?	Yes	No

I certify that the information provided above is correct to the best of my knowledge.

Printed Name

Signature

____/____/____
Date

WEST CENTRAL WISCONSIN MICROENTERPRISE GRANT PROGRAM APPLICATION

POLK COUNTY

BUSINESS OWNER SELF-CERTIFICATION FORM

The West Central Wisconsin Microenterprise Grant Program is being funded through the U.S. Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) program. To determine income-eligibility and meet federal regulations, all applicants for this program are required to provide data on your family income as well as race/ethnicity. This information is reported to HUD and eventually used by the U.S. Congress to measure the effectiveness of the CDBG program. Names and personal information will be kept private, and income and race information is only shared with the federal government anonymously. **This form must be completed and signed for all owners of the business requesting a grant under the Microenterprise Grant program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign and date the form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1.) I own a business in Polk County. Yes No [If you responded No, you are using the incorrect form. Please locate the form for the County where your business is located.]

2.) Please indicate your current family income in the following table. "Family" means all related persons in your household.

Please Circle # of Persons in your Family	FAMILY INCOME CATEGORY			
	Please check your family income in the same row as the number of persons in your family.			
	A	B	C	D
1	_____ \$0 - \$15,100	_____ \$15,101 - \$25,150	_____ \$25,151 - \$40,250	_____ Greater than \$40,250
2	_____ \$0 - \$17,420	_____ \$17,421 - \$28,750	_____ \$28,751 - \$46,000	_____ Greater than \$46,000
3	_____ \$0 - \$21,960	_____ \$21,961 - \$32,350	_____ \$32,351 - \$51,750	_____ Greater than \$51,750
4	_____ \$0 - \$26,500	_____ \$26,501 - \$35,900	_____ \$35,901 - \$57,450	_____ Greater than \$57,450
5	_____ \$0 - \$31,040	_____ \$31,041 - \$38,800	_____ \$38,801 - \$62,050	_____ Greater than \$62,050
6	_____ \$0 - \$35,580	_____ \$35,581 - \$41,650	_____ \$41,651 - \$66,650	_____ Greater than \$66,650
7	_____ \$0 - \$40,120	_____ \$40,121 - \$44,550	_____ \$44,551 - \$71,250	_____ Greater than \$71,250
8 or more	_____ \$0 - \$44,660	_____ \$44,661 - \$47,400	_____ \$47,401 - \$75,850	_____ Greater than \$75,850

Source: 2021 HUD low-moderate income level limits for Polk County

3.) Please check the box(es) that identify your race.

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Racial Identifiers:

- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and African/American
- Other Multi-Racial

4.) Please answer these questions:

- | | | |
|--|-----|----|
| Do you consider yourself as being of Hispanic ethnicity? | Yes | No |
| Are you a female head of household? | Yes | No |

I certify that the information provided above is correct to the best of my knowledge.

		/ /
Printed Name	Signature	Date

