



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

September 20, 2023

Meeting date:

Department:

Community Services

Title

Chamber Small Business Support Program Establishment

Agenda Planning Date: 9/7/23 Management Update/Work Session Date: 8/24/23 Audio/Visual aids

Time Required 10 Contact: Kelli Weese Phone: 503-589-3277

Requested Action:

Consider a resolution establishing the Chamber Small Business Support Program (CSBSP)

Issue, Description & Background:

The proposed Chamber Small Business Support Program (CSBSP) will provide support funding for projects / programs to support small businesses in Marion County.

Financial Impacts:

The FY 23-24 Marion County Economic Development Lottery Program funding allocates \$70,000 for the program.

Impacts to Department & External Agencies:

Program implementation would require the department to review grant applications and prepare grant awards during one to two application periods each year.

List of attachments:

1. Resolution to establish program 2. Program Guidelines and Application

Presenter:

Kelli Weese, Economic Development Program Manager, AIC

Department Head Signature:

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**BEFORE THE BOARD OF COMMISSIONERS  
FOR MARION COUNTY, OREGON**

In the matter of establishing the Chamber )  
Small Business Support Program for the )  
benefit of the small businesses, residents, )  
and the economic development of Marion )  
County )

**RESOLUTION NO. \_\_\_\_\_**

This matter came before the Marion County Board of Commissioners at a regular public meeting on September 20, 2023, concerning the formation of the Chamber Small Business Support Program; and

WHEREAS, The Marion County Community Services Department’s Economic Development Program is charged with supporting Marion County’s Economic Development efforts; and

WHEREAS, The Marion County Economic Development program supports efforts that serve to create a healthy economic environment for residents and businesses to grow and thrive; and

WHEREAS, The Marion County Board of Commissioner’s recognize that unique issues effect small businesses at the local level and are often best addressed best with local expertise such as Chambers of Commerce; and

WHEREAS, the Chamber Small Business Support Program Criteria and Instructions (Exhibit A) provides a method and process for distributing funding necessary to meet local Marion County’s small business priorities and needs.

BE IT RESOLVED that the Marion County Board of Commissioners establishes the Chamber Small Business Support Program, as shown in the attached Chamber Small Business Support Program Criteria and Instructions.

DATED this 20th day of September 2023.

MARION COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner



## Chamber Small Business Support Program (CSBSP) Criteria & Instructions

### **Section 1: Chamber Small Business Support Program (CSBSP) Purpose**

Chamber Small Business Support Program (CSBSP) funds provide grant funding to meet local Marion County small business priorities and needs through funding support to Marion County Chambers of Commerce. Funds are available to Chambers of Commerce operating within Marion County who are members of the Oregon State Chamber of Commerce. Projects or programs funded by the program must meet the following objectives:

1. Alignment with Marion County's Economic Development Strategy goals.
2. Alignment with ORS 461.540 & 285B.410 including any of the following public purposes:
  - a. Creating Jobs in Marion County;
  - b. Furthering economic development in Marion County;
3. Supporting small business projects and programs, including but not limited to job placement support, business sector development, community beautification and business façade improvement, destination development, trainings for business owners, workforce development, or other programs that can be justified as small business support.

**\*\*Note:** Funds are not permitted to be utilized for expenses the Chamber incurs through its normal business operations, including but not limited to expenses related to overhead costs.

### **Section 2: Chamber Small Business Support Program (CSBSP) Award Amounts**

Chamber Small Business Support Program (CSBSP) funds are awarded pending funding availability. Awards will be made up to \$10,000 per award cycle.

### **Section 3: Chamber Small Business Support Program (CSBSP) Award Cycles**

Chamber Small Business Support Program (CSBSP) funds are awarded as funds are available in two application cycles:

- **First Application Period:** Application period opens between September – November
- **Second Application Period:** Should additional funds be available, Marion County may open the funding for a second round. Should this occur, the application period will open between February – April.

#### **Section 4: Chamber Small Business Support Program (CSBSP) Criteria**

The following criteria shall be used to evaluate program applications:

1. The applicant must be a Chamber of Commerce operating in Marion County and have membership with the Oregon State Chamber of Commerce.
2. The project or program must directly benefit the small businesses of Marion County.
3. The project or program must meet the requirements of ORS 461.540.
  - a. Creating jobs,
  - b. Furthering Economic Development by...
    - i. Providing services or financial assistance to for-profit or non-profit businesses,
    - ii. Providing services or financial assistance to businesses or industry associations to promote, expand or prevent the decline of their businesses,
    - iii. Providing services or financial assistance for facilities, physical environments or development projects, as defined in ORS 285B.410, that benefit the Marion County economy.
4. The program is meeting a small business community need / issue or providing a new opportunity.
5. The project or program must have demonstrated community buy in through community partnerships, letters of support, secure funding sources, or other methods.
6. The project or program must have completed a CSBSP Form submitted through the Marion County Community Services Department as outlined in Section 6.

#### **Section 5: Chamber Small Business Support Program (CSBSP) Award Reporting**

Chambers awarded funds under the Chamber Small Business Support Program (CSBSP) will be required to complete two sets of reports as outlined below.

1. Mid-Project / Program Report: The Chamber shall submit a written report within six months of receipt of award. This report should be made near the halfway point of the project / program. This report shall contain the following:
  - a. A budget narrative describing the use of the funds including revenues & expenditures which are specifically applicable to the program / project.
  - b. Activity report detailing establishment and progress on the project / program
  - c. Any changes or significant challenges to the project / program.
  - d. If available, quotes or narratives from impacted participants of the project / program
  - e. If CSBSP funds are being used as part of grant matching funds, a narrative about the project that the grant is funding can be used.
2. Grant Funding Completion Report: The Chamber shall prepare a written project / program completion report within 10 months of receipt of award, and appear before the Marion County Board of Commissioners at a regularly scheduled meeting or work session to present a short report (no more than 10 minutes) on the results of the project / program. The report and presentation shall include the information required for the Mid-Project / Program report (see section 1 above) as well as:
  - a. Narrative on the success of the project / program including how the project / program supported the small businesses in your community.

## Section 6: Chamber Small Business Support Program (CSBSP) Instructions

Requests for Chamber Small Business Support Program (CSBSP) must be submitted through the Marion County Community Services Department through submittal of a CSBSP form as outlined below.

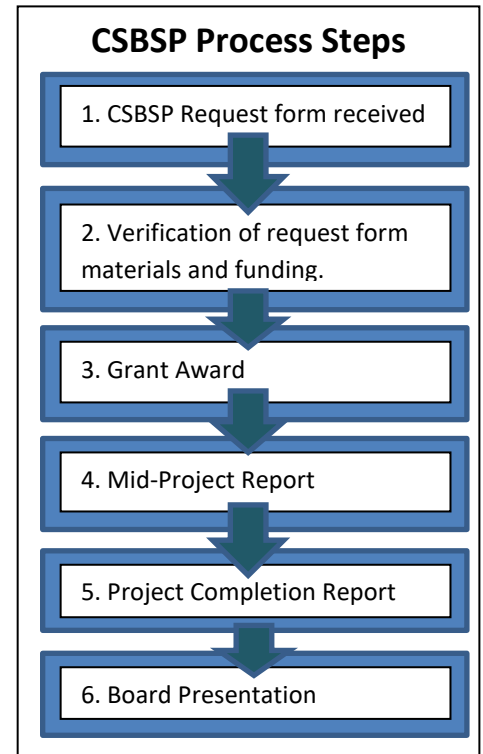
### Submission Instructions

1. Submit the information listed below to Community Services.
  - a. Completed CSBSP Request Form
  - b. Oregon State Chamber of Commerce (OSCC) membership
  - c. Budget Narrative
  - d. Supplemental Materials
2. Email requests to:
  - a. To: [communityservices@co.marion.or.us](mailto:communityservices@co.marion.or.us)
  - b. Cc: Kelli Weese [kweese@co.marion.or.us](mailto:kweese@co.marion.or.us)
3. Once application and supplemental materials are received, staff will review the application materials. Upon funding availability, Marion County will award grants to qualified applicants as shown in the process steps to the right.

### CSBSP Form Instructions

1. **Chamber Name** – The organization requesting funding.
2. **Executive Officer Name** – The highest-ranking executive in the organization, with responsibility for making decisions.
3. **Contact Person / Title** – The name and title of the person in overall charge of the planning and execution of the project or program of which the funding is requested.
4. **Project / Program Name** – Name to distinguish the project or program from other requests.
5. **Purpose of Funding Request** – Short narrative outlining the project / program and use of funds including identified issue being solved, and the general scope of work for the project / program. For example:

*The Chamber plans to host classes to our business community on how to prepare loan applications. We anticipate the program will be attended by 15 businesses. At the end of the classes, we will host a meet and greet with a local banker to help connect businesses in need of funding with local banks. Our goal is to have 10 businesses receive loans after training.*
6. **Indication of ORS 461.540 requirements** – Check any and all boxes of which you feel your project meets and explain why.
7. **Total Project / Program Cost** – Provide an estimate of the total project or program cost. The funding award will be based on the actual project or program costs. Payment may be made in either an upfront or reimbursement basis pending organization needs and county decision and may include timelines or other deliverables.
8. **Amount Requested** – Provide a figure of the total amount of funds requested to complete the project or program. The program offers awards of up to \$10,000 per award cycle. If these funds are for grant matching funds, include a copy of the grant application.
9. **Geographic Area(s) Served** – Provide a list of all counties, cities, and / or unincorporated areas benefitting or intended to benefit from this investment.
10. **Other Partners** – Provide a list of other organizations participating in the project or program.
11. **Project or Program Start Date/ End Date** – Provide an estimated timeline of when the project or program will start and be completed.



### Questions/Information

For questions or additional information, please contact Community Services via phone at 503-588-7975 or email at [communityservices@co.marion.or.us](mailto:communityservices@co.marion.or.us).



**Chamber Small Business Support Program (CSBSP)  
Request Form**

<b>Chamber Name:</b>			
<b>Executive Officer Name:</b>		<b>Contact Person / Title:</b> <i>(If different from Executive Officer):</i>	
<b>Address:</b> <i>(Principal Administrative Office)</i>		<b>Mailing Address:</b> <i>(if different)</i>	
<b>Contact Email:</b>		<b>Contact Phone Number:</b>	

<b>Project / Program Name:</b>			
<b>Purpose of Funding Request:</b>			
<b>Please indicate how the project / program meets ORS 461.540 requirements.</b>	<input type="checkbox"/> Create Jobs	<input type="checkbox"/> Further Economic Development	<b>Explain:</b>
<b>Total Project / Program Cost:</b>		<b>Amount Requested:</b>	
<b>Geographic Area(s) Served:</b>			
<b>Other Partners:</b>			
<b>Project or Program Start Date:</b>		<b>Project or Program End Date:</b>	

<b>Additional Submittal Information</b>			
Proof of Oregon State Chamber of Commerce (OSCC) membership	<input type="checkbox"/>	Budget Narrative - <i>Examples: Outlining project / program's costs by category including personnel services, materials &amp; equipment</i>	Supplemental Materials - <i>Examples: Project / program description, maps, etc.; Letter(s) of support; or other information that helps to describe the purpose and need of the program funds)</i>

<b>Name of Applicant:</b>		<b>Signature:</b>	
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