

Athol, Phillipston, Templeton & Winchendon COVID-19 Microenterprise Business Assistance Grant

Program Summary

The COVID-19 Microenterprise Business Assistance Grant is designed to assist for-profit businesses, with 5 or fewer employees (including the owner/s), that have been negatively impacted by circumstances related to the COVID-19 pandemic. The program will provide grant funding proportional to documented COVID-19 losses up to \$25,000 to income-eligible business owner(s) to support businesses, located within the participating municipalities, with operational costs to keep the business sustainable. Applications will be accepted on a rolling basis and funding will be awarded based on a first come, first eligible, completed application basis, subject to the availability of funding. Funding may be released as reimbursements for expenses paid since the date of application, payments towards outstanding invoices, or reimbursement of expenses incurred after 3/10/20 but before the date of application that were not paid with assistance from other COVID-19 relief programs. Funds must be used within 4 months of signing a grant agreement. The participating municipalities have engaged NewVue Communities to manage applications and disburse funding for this program. Program funding is provided through the Massachusetts Department of Housing and Community Development from the federal COVID-19 Community Development Block Grant (CDBG).

If you wish to submit a completed application, please include the following:

- This form completed and signed.
- 2020 Federal Tax Return, – business and personal with all schedules. If you have not yet filed your 2020 Federal return(s), provide a copy of your Federal 2019 business and personal returns as well as documentation of your 2020 Federal extension filing.
- Copies of your 941 form filings for 2019 and 2020, if you have employees
- Copies of state licenses/registrations.

***If there is more than 1 business owner, a Federal Data and an Applicant Personal Information sheet must be filled out for each owner. Additional copies of these pages are available to download.**

Additional documentation may be requested once your application is reviewed.

	2019 Adjusted Gross Income	Number of persons in family						
	<i>Town</i>	1	2	3	4	5	6	7
Income Limit	Athol & Phillipston	\$49,500	\$56,600	\$63,650	\$70,700	\$76,400	\$82,050	\$87,700
	Winchendon & Templeton inc. Baldwinville	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700

If your 2019 income exceeded the income guidelines you may alternatively qualify using the gross income of all household members for the 8 weeks prior to your application. Please fill out the attached Family Income Form to determine your 8 week gross income.

	2020 family income	Number of persons in family						
	<i>Town</i>	1	2	3	4	5	6	7
Did you make less than this 8 weeks prior to date of application?	Athol & Phillipston	\$7,615	\$8,708	\$9,792	\$10,877	\$11,754	\$12,623	\$13,492
	Winchendon & Templeton inc. Baldwinville	\$7,362	\$8,408	\$9,462	\$10,508	\$11,354	\$12,192	\$13,031

Family income from all owners is needed.

- a.) Business owner #1 Name: _____
- Yes, my family income is below one of the amounts listed for my ___ person family size
 - No, my family income is above both the amounts listed for my ___ person family size
 - Not sure
- b.) Business owner #2 Name: _____
- Yes, my family income is below one of the amounts listed for my ___ person family size
 - No, my family income is above both the amounts listed for my ___ person family size
 - Not sure
- c.) Business owner #3 Name: _____
- Yes, my family income is below one of the amounts listed for my ___ person family size
 - No, my family income is above both the amounts listed for my ___ person family size
 - Not sure

If you answered NO to any of the above questions, your business may not qualify for this microenterprise assistance program; however there may be other resources available to you. Please contact NewVue Communities for additional information, 978-342-9561.

If you answered YES to All of the above questions, please continue to the next page.

Federal Data

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested by the Department of Housing and Urban Development. This information is used to assess who program funds are benefitting and to ensure compliance with Federal Laws prohibiting discrimination against program applicants based on race, color, national origin, religion, sex, familial status, age and disability. Program beneficiaries are defined as business owners and their family members. **Please complete 1 sheet for each business owner family**

	Owner	Family member 1	Family member 2	Family member 3	Family member 4	Family member 5	Family member 6
Owner # _____							
Age – Enter ages in boxes below							
Gender - Check the box that best classifies each member of the family							
Female							
Male							
Other							
HUD Questions - Check all that apply for each member of the family							
I am a single mother with children under 18 in the home							
I have a disability							
I identify as LGQT							
I am a US veteran							
Race – Check the box that best classifies each member of the family							
White							
Black/African American							
Asian							
American Indian/Alaskan Native							
Native Hawaiian/Other Pacific Islander							
American Indian/Alaskan Native and White							
Asian and White							
Black/African American and White							
American Indian/Alaskan Native and Black/African American							
Other							
Ethnicity – Check the box that best classifies each member of the family							
Hispanic							
Not Hispanic							

Applicant Personal Information

Please complete 1 sheet for each business owner

Owner # _____

*= required

***1. Business owners name (authorized signer for business):**

***2. Owners address**

a.) Home address

(Street) (Town) (Zip Code)

b.) Mailing address (if different)

(Street) (Town) (Zip Code)

***3. Business owners email address:**

***4. Business owners phone number**

Cell: _____ Landline: _____

***5. Conflict of interest**

a.) Are you or any member of your household a municipal Employee? Yes No

b.) Are you or any member of your household appointed or elected to any local offices or committees? Yes No

c.) Are you or any member of your household employed as a consultant or agent to the community? Yes No

d.) Are you or any member of your household employed by an agency that administers Community Development Block Grants in Athol or another community? Yes No

e.) If yes to any question above, what is your position: _____
Department: _____

Business Information

*= required

***1. Check the type of business that best fits your business**

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Arts | <input type="checkbox"/> Health |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Service | <input type="checkbox"/> Other |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Construction | |

***2. Business Legal Name, DBA (Doing Business As)**

***3. Business address**

a.) Physical address

(Street) (Town) (Zip Code)

b.) Mailing address (if different)

(Street) (Town) (Zip Code)

***4. Business Phone Number and Website**

Phone: _____ Website: _____

***5. Number of employees**

a.) As of the date of this application, how many people does your business employ?

- 1 2 3 4 5

b.) Please list all employees including all owners.

Employee 1 _____

Employee 2 _____

Employee 3 _____

Employee 4 _____

Employee 5 _____

***7. Please indicate the estimated loss your business has experienced since March 10, 2020.**

- | | |
|--|--|
| <input type="checkbox"/> Less than \$1,000 | <input type="checkbox"/> Between \$5,000 - \$7,500 |
| <input type="checkbox"/> Between \$1,000 - \$2,500 | <input type="checkbox"/> Between \$7,500 - 10,000 |
| <input type="checkbox"/> Between 2,500 - \$5,000 | <input type="checkbox"/> Over \$10,000 |

Funding Request

***1. What is the amount you are requesting?** (Your request can only be equal to or greater to your documented COVID-19 loss.)

***2. If awarded, please indicate the type of items the funds would be used for. Check all that apply**

- Payment of payroll
- Payment of rent, mortgage or utilities
- Acquisition of inventory, materials or supplies
- Equipment
- Payment for professional services (technical assistance, marketing, bookkeeping, and others)

***3. Please tell us how COVID 19 has impacted your business. And how the loss is directly related to COVID19.**

***4. Please provide a description of how the funds would be utilized in the above identified areas.**

***5. Explain the expense of each item identified above, including cost estimates if available.**

***6. What is the anticipated timeline for the expenditure of these funds?**

***7. Have you received any other funding due to COVID 19?**

a.) Check all that apply.

	Applied	Received	Amount Received	Denied
Payroll Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Emergency Injury Disaster Loan	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Unemployment/Pandemic	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Unemployment Assistance				
SBA Loan Payments on 504, &a or Microloan	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

b.) What were the above funds used for?

c.) Attach a copy of award and terms of any of the above funding sources received

Certifications

All business owners authorized signatories must sign.

- I/we certify that I/we have the authority to apply for this funding on behalf of the business.
- I/we understand that the program requires the funds to be used appropriately and as discussed or they may be retracted. I/we agree to provide progress reports on the use of funds and to follow all rules governing this funding under the CARES Act of 2020.
- I/we certify that my/our business is in compliance with the regulations of the Commonwealth of Massachusetts and the Town.
- I/we certify that I/we have not received assistance from other sources for expenses claimed in this application. I understand that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.
- I/we certify, under the pains and penalties of perjury, that the information on this application and in the attached documents is true and accurate to the best of my/our knowledge and is provided for the purpose of obtaining a grant. I/we authorize NewVue Communities, Inc. to make inquiries, as needed, to verify the accuracy to this information.

Signature*: _____

Date: _____

Signature*: _____

Date: _____

Signature*: _____

Date: _____

***ELECTRONIC SIGNATURES:** This agreement, agreements ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by facsimile, e-mail, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.

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- c.) Copies of your 941 form filings for 2019 and 2020, if you have employees
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Additional documentation may be requested once your application is reviewed.

To submit your application upload all documents to the secure portal at <https://newvuecommunities.leapfile.net> or mail to NewVue Communities, Inc., 470 Main Street Fitchburg, MA 01420

Please contact the Small Business team at NewVue Communities at 978-342-9561 or email smallb@nvcomm.org with any questions.