Phone : 978-342-9561 Fax : 978-345-7905 Email : smallb@nvcomm.org

MICRO-ENTERPRISE TECHNICAL ASSISTANCE DOCUMENT CHECKLIST

In order to provide you with technical assistance to start / expand / relocate your business you MUST provide the following documents (if applicable) prior to your appointment.

Last three year's personal tax returns for each business owner (all three are needed if you need
financing/working capital; otherwise, you will only need to provide the current year income tax return)

Last three year's corporate returns if your business is a corporate entity ((all three are needed if you need financing/working capital; otherwise, you will only need to provide the current year income tax return)

Year-to-date Interim Financial Statements for Existing Businesses

Credit Bureau Report for each business owner (only needed if you need financing/working capital)

Copy of Lease if an Existing Business or Proposed Lease if a New Business

Copy of Signed Purchase & Sale Agreement if acquiring a business

Copy of Articles of Organization if a corporate entity

Copy of any relevant Permits/Licenses or copies of applications for such Permits/Licenses

Income Verification Form – For Job Creation for each employee

Income Verification Form – For Job Retention for each employee

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communities^{*}

MICRO-ENTERPRISE TECHNICAL ASSISTANCE INTAKE FORM

Because the services we provide are made available through public funding sources Fitchburg's CDBG Program, Massachusetts Growth Capital Corporation (MGCC), United States Department of Agriculture (USDA) and Gardner's CDBG Program we are asked to keep track of the individuals we serve, the jobs we help to create and the jobs we help to retain. Please complete the attached Job Creation and Job Retention Forms.

Technical Assistance Waiver I agree to hold NEWVUE COMMUNITIES and any third-party representatives harmless against any liability, loss, or damage caused by or arising from the use of any and all information or materials furnished by NEWVUE COMMUNITIES or representative in connection with my participation therein. I further agree to update my business status and job created and retained forms on a regular basis. Client Initials:							
Business Name:							
Phone:	Email:						
Website:							
Owner(s) Name(s):							
Address:(Street)							
(Street)	(Town)	(Zip Code)					
Type of Business:							
Number of employees at time of filling out this form:							
Are you beginning a business due to unemployment? Yes No							
Phase of your business :NewExistin	g						

This institution is an equal opportunity provider and employer.

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Owner Information: Please complete this section for each business owner.

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Residential Address:							
(Street)	(Town)	(Zip Code)					
Alternate Phone: A	Alternate Email:						
Gender:							
Female							
Male							
Other/Non-Confirming							
Race:							
American Indian or Alaskan Native							
Asian							
Asian & White							
Black/African American							
Black/African American & White							
Multi-Racial							
Native Hawaiian/Other Pacific Islande	r						
White							
Ethnicity:							
Hispanic							
Non-Hispanic							
Were you born outside the United States?	YesNo						
Veteran: Yes No							
I identify as LGBTQ+ Yes No							
Number of people in household:	Household income in last	12 months: \$					

This institution is an equal opportunity provider and employer.



Raymond A. Belanger, Jr. Director of Small Business Assistance NewVue Communities 470 Main Street Fitchburg MA 01420

Dear Mr. Belanger,

My company has received assistance through NewVue Communities, funded through Fitchburg's CDBG Program and/or Massachusetts Growth Capital Corporation (MGCC) and/or the United States Department of Agriculture (USDA) and/or Gardner's CDBG Program to either start, continue, expand or stabilize business operations and create/retain jobs, including my own. As a condition of receiving these funds, I have completed forms for each job created/retained (see attached forms). But for this assistance, these jobs would not have been created/retained.

I understand that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing the funds to help create/retain the jobs described on the attached.

This letter, letters ancillary to this letter, 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.

Business Name

Business Owner's Signature

Date_____

Micro-Enterprise Technical Assistance Income Verification Form _____ Job Creation _____ Job Retention

Business: _____ Business Owner: _____

Your company has received assistance through NewVue Communities, funded through Fitchburg's CDBG Program and/or Massachusetts Growth Capital Corporation (MGCC) and/or United States Department of Agriculture (USDA) to create, continue or expand its business operations and create or retain jobs, including your own. As a condition of receiving these funds, we are asking your cooperation in completing this form, which will verify both the job creation and income benefits and/or the percentage of jobs which are held by persons of low or moderate income. Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the funders(s) including the U.S. Department of Housing and Urban Development.

As soon as you have completed the information listed below, you may send it directly to **NewVue Communities**. Thank you for your cooperation and good luck in your position!

Name:	Phone:							
Address:								
(Street)	(Town)	(Zip Code)						
Job Title:	Full-Time Part-Time - hours:							
Race:	Ethnicity:							
American Indian or Alaskan Na	Hispanic							
Asian	Non-Hispanic							
Asian & White								
Black/African American	Female Headed Household?							
Black/African American & Wh	Yes							
Multi-Racial	No							
Native Hawaiian/Other Pacific								
White								
Household Income:				10				
Please CIRCLE below the number of					0			
1 2 3 \$59,400 \$67,900 \$76,400	<u>4</u>	5 \$91,650	6	7	<u>\$</u>			
\$59,400 \$67,900 \$76,400	\$84,850	\$91,030	\$98,450	\$105,250	\$112,050			
Was your total household income during the 12 months <i>before</i> you accepted this job higher or lower than the amount below the number you circled? HigherLower								

I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives. 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.