



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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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) (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: ___ New ___ Existing



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

Residential Address: _____
(Street) (Town) (Zip Code)

Alternate Phone: _____ **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 Islander
- White

Ethnicity:

- Hispanic
- Non-Hispanic

Were you born outside the United States? Yes No

Veteran: Yes No

I identify as LGBTQ+ Yes No

Number of people in household: _____ **Household income in last 12 months:** \$ _____



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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 _____

