

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

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 ar loss, or damage caused by or arising from the use of NEWVUE COMMUNITIES or representative in compdate my business status and job created and retain	of any and all information of onnection with my participation.	r materials furnished by ation therein. I further agree to
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 f	orm:	
Are you beginning a business due to unemploym	nent? Yes No	
Phase of your business: New Existing	g	



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

Residential Address:		
(Street)	(Town)	(Zip Code)
Alternate Phone: A	lternate 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:YesNo		
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		
Business 5 wher s signature		
Data		
Date	_	

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

Business Owner:

Business:

Your company has received assistance through N and/or Massachusetts Growth Capital Corporatio create, continue or expand its business operations receiving these funds, we are asking your cooper income benefits and/or the percentage of jobs wh that this information will remain confidential and funders(s) including the U.S. Department of Hou	on (MGCC) as and create ation in complich are held will be used sing and Url	and/or United So or retain jobs, in pleting this form by persons of led only to meet the	tates Department including your of m, which will yow or moderathe he record keep int.	ent of Agricultu own. As a cond verify both the e income. Pleas sing requiremen	re (USDA) to ition of job creation and se be assured its of the
As soon as you have completed the information I you for your cooperation and good luck in your p		you may send i	t directly to N	ewVue Comm	unities. Thank
Name:	Name:		Phone:		
Address:					
(Street)	(Town)	(Zip Code)			
Job Title:		Full-	Time	Part-Time - l	nours:
Race: American Indian or Alaskan Native Asian Asian & White Black/African American Black/African American & White Multi-Racial Native Hawaiian/Other Pacific Island White Household Income: Please CHECK below the number of peopl 1 2 3		Female Hear	Hispanic		8
\$65,300 \$74,650 \$84,000	\$93,300	\$100,800	\$108,250	\$115,700	\$123,200
Was your total household income during the amount below the number you checked? Pl tax return Higher Lower I hereby certify that the information contained on penalty of law and verifiable by federal government, and related documents entered into in delivered by facsimile, e-mail, or other electronic same force and effect as original signatures.	e 12 months ease use tax this form is ent represent connection	s before you ackable income for accurate and contatives. This agreements agreement that the sagreement is a saccurate and contatives.	complete to the reement, agreement are signe	ob higher or lolline on page 1 best of my knownents ancillary d when a party'	ower than the of your last wledge, under to this signature is
Signature			Date		



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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