



Application for CDBG-CV Microenterprise Grant

Program Summary

The Microenterprise Grant Program is designed to assist businesses with 5 or fewer employees (including the owner/s) that have been negatively impacted due to circumstances related to the COVID-19 pandemic. The program will provide one-time grants up to \$10,000 for business owners who need financial assistance to support business operational costs in order to keep the business sustainable. Applications will be accepted on a rolling basis. Funding will be awarded based on a first come, first eligible, fully completed application basis, subject to the availability of funding.

Eligibility

Please note the following ineligible business types: Nonprofits, liquor stores, tobacco sales, pawn shops, cannabis-related businesses, real estate rental or sales businesses, businesses that are part of a chain, weapons or firearms dealers, adult entertainment and social club businesses. Businesses owned by persons under the age of 18 are not eligible.

*= required

*1. Indicate your for-profit business structure

- Sole Proprietor
- LLC
- Partnership
- Corporation

*2. Was your business in operation prior to January 1, 2019?

- YES, business was in operation prior to January 1, 2019
- NO, business was started after January 1, 2019

*3. Do you have 5 or fewer persons employed on the date of this application (include all part time, all full time employees and all owners)

YES, 5 or fewer NO, 6 or more

*4. My business is located in the town of Warren

YES NO

*5. Do you provide goods/services to multiple clients or customers?

YES NO

*6. Are you in good standing with the state and town?

a.) Current with all taxes due through 3/1/2020? YES NO

b.) Active valid state licenses/registrations or town registrations YES NO

c.) Not a party to litigation involving the state or municipality YES NO

*7. Income status:

a.) Income of Owner #1:

b.) Income of Owner #2:

c.) Income of Owner #3:

*8. Is the business owner over the age of 18?

YES NO

STOP

If you answered NO to ANY of the above questions, your business will not qualify this for micro-enterprise assistance. Please give us a call at (413) 967 3001 and we can help you find other resources that may be available to your business.

If you did not answer no to any of the questions, please continue to the next page.

The information regarding race, national origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Demographic Information

Please attach one page for each business owner

1. Does the business qualify as:

Women-owned business YES NO

Minority-owned business YES NO

2. Check all that apply:

I am a US veteran

I am a female head of household

I am 60 years of age or older

I have a disability

3. Check one of the following that best applies to you:

White

Black / African American

Asian

American Indian / Alaskan Native

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native and White

American Indian / Alaskan Native and Black/ African American

Other

Hispanic or Latino

Applicant: Personal Information

Please attach 1 page for each business owner

*=required

*1. Business Owner's name (authorized signer for business):

*2. Owner's Physical Home address:

Street:

Town: Zip Code:

Mailing Address (if different):

Street:

Town: Zip Code:

*3. Business Owner's email address:

*4. Business Owner's phone number:

Cell:

Landline:

*5. Does the business owner, or a member of the business owner's immediate family, currently work for the town of Warren or hold a position on a town board or committee (potential conflict of interest issues)?

No

Yes, I am a _____ in the town of _____

6. Person completing this form:

Name:

Email:

Phone:

Business Information

*=required

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

Agriculture/Aquaculture

Arts

Construction

Entertainment

Health

Hotel/Motel

Manufacturing

Restaurant

Retail

Service

Other

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

*3. Business Physical Address:

*4. Business Mailing Address:

*5. Business Phone Number and Website:

Phone:

Website:

*6. Please list all current employees of the business, including the business owners:

Employee/ Business Owner 1

Employee/ Business Owner 2

Employee 3

Employee 4

Employee 5

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

Less than \$1,000

Between \$1,000 - \$2,500

Between \$2,500 - \$5,000

Between \$5,000 - \$7,500

Between \$7,500 - \$10,000

Over \$10,000

Funding Request

*=required

Please note: Microenterprise Assistance Program funds may not be used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying.

*1. Do you have a loss of income equal to or greater than the requested assistance due to covid-19?

Yes No

If yes, you must provide documentation/proof of loss due to covid-19

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

Check all that apply.

- Small equipment/ tools
- Rent, utilities, overhead expenses
- Inventory
- Professional services
- Material or supplies
- Other

*3. Please tell us how Covid-19 has impacted your business:

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

*5. What is the amount you are requesting? 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. Please tell us what impact(s), if any, you predict if you receive a grant:

*Fill out table, if you feel you can; if not it can be completed later with QVCDC staff assistance.

Grant → Purpose	Rent	Staffing	Utilities	Technical Assistance	Other Working Capital	Other
Impacts ↓	Please check any boxes below where a grant purpose will result in an impact					
Help keep the business operational						
Add staff or staff hours						
Save Jobs						
Other						
Other						
Other						
Other						

Required Certifications:

I/we, _____ certify that the information on this application and in 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 Quaboag Valley CDC to make inquiries, as needed, to verify the accuracy of this information.

By submitting this application, I/we agree to provide regular progress reports at least quarterly through 2021 and to follow all rules governing this funding under the CARES Act of 2020.

I/we understand that the program requires the funds to be used appropriately and as discussed or they may be retracted.

Signature _____ Date _____ Title/Position _____

Signature _____ Date _____ Title/Position _____

Signature _____ Date _____ Title/Position _____

Thank You! In order for your application to be complete, please include:

- 1. This form completed and signed.
- 2. Income Eligibility Form
- 3. Copies of your most recent business and personal federal tax returns
- 4. Copies of your forms 941 for the past year, if you have employees
- 5. Copies of state licenses/registrations.
- 6. Documentation/proof of income loss due to Covid-19.
- 7. Copy of alternative source of funding and terms, if applicable.
- 8. Duplication of Benefits Form

*Note: Additional documentation may be required in order to fully assess your business and its needs.