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Application for CDBG-CV Microenterprise Grant

Brookfield-Dudley-Leicester-Millbury-North Brookfield-West Brookfield

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 now provide grants up to \$25,000 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. Grant assistance is provided through a one-time payment that must be spent by the recipient within 45 days of issuance.

Eligibility

Please note: Nonprofits, liquor, tobacco sales, pawn shops, cannabis stores, real estate rental or sales, part of a chain, sell weapons or firearms, adult entertainment and social club businesses are not eligible. Business 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 March 10, 2020?

- YES, business was in operation prior to March 10, 2020
- NO, business was started March 10, 2020 or later

*3. Do you have 5 or fewer persons employed on the date of this application? Include all part-time and all full-time employees and all owners. Contract workers receiving 1099s are counted toward the employee limit for the purpose of this program.

YES, 5 or fewer NO, 6 or more

*5. My business is located in and does business in one of the following towns: Brookfield, Dudley, Leicester, Millbury, North Brookfield or West Brookfield

Yes, my business is located in the town of _____

No, my business is not located in any of the above towns.

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

YES NO

*7. 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.) A party to litigation involving the state or municipality YES NO

*8. Owner(s)' Family Income Status (add lines for any additional owners, if needed):

a.) Total Yearly Income of Owner #1's Family (all sources): \$_____

b.) Total Yearly Income of Owner #2's Family (all sources): \$_____

c.) Total Yearly Income of Owner #3's Family (all sources): \$_____

*9. Is the business owner at least the age of 18?

YES NO

STOP

If you answered NO to ANY of the above questions (with the exception of question 7c to which you need to have answered NO), your business will not qualify this for micro-enterprise assistance. Please give us a call at (508) 459-3339 or (508) 459-3331 and we may be able to 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, natural 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 strongly 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 owners name (authorized signer for business):

*2. Owners Physical Home address:

Town:

State:

Zip Code:

Mailing Address (if different):

Town:

State:

Zip Code:

*3. Business owners email address:

*4. Business Owners phone number:

Cell:

Landline:

*5. Does the business owner or a member of the business owner's immediate family currently work for the towns of Brookfield, Dudley, Millbury, Leicester, North Brookfield or West Brookfield 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

*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 (explain below)

*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, including the business owner(s) and any 1099 contractors:

Employee 1/ Business Owner 1

Employee 2/ Business Owner 2

Employee 3

Employee 4

Employee 5

*7. Please indicate the estimated loss of income your business has experienced since March 10, 2020 in comparison to the same period prior to the pandemic

- Less than \$1,000
- Between \$1,000 and \$2,500
- Between \$2,500 and \$5,000
- Between \$5,000 and \$7,500
- Between \$7,500 and \$10,000
- Between \$10,000 and \$15,000
- Between \$15,000 and \$20,000
- Between \$20,000 and \$25,000
- Over \$25,000

Funding Request

Please note: Microenterprise Assistance Program funds may not be used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying. Program funds may be used to pay current expenses or to reimburse previously paid costs incurred since March 10, 2020 but may not be used to reimburse costs that have already been paid by another source of public funds.

*1. Do you have a loss of income (revenue) 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.

- Equipment/ tools/ machinery
- Rent, utilities, overhead expenses
- Inventory
- Professional services
- Material or supplies
- Other: _____

*3. Please tell us how Covid-19 has impacted your business and reduced your business's revenue

*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

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 CMRPC to make inquires, as needed, to verify the accuracy to this information.

By submitting this application, I/we agree to provide regular, progress reports at least quarterly through 12/31/21 (unless otherwise specified) 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

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

- 1. This form completed and signed.
- 2. Income Eligibility Form (one form for each owner)
- 3. Copies of your most recent business and personal (family) tax returns
- 4. Documentation listing all current employees, incl. any IRS 941 forms for the past year
- 5. Copies of state licenses/registrations.
- 6. Documentation/proof of income loss due to Covid-19 (before and after revenue reports, etc.)
- 7. Copies of any alternative assistance received by the business (PPP, SBA, state grants, etc.)
- 8. Duplication of Benefits Form (signed)

Note: Additional documentation will be required in order to fully assess your business for program eligibility. The items listed here are required for initial screening.

Duplication of Benefits Certification for CDBG-CV funds

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I, _____

(Name/title of business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

- A. The Community Development Block Grant-CV Funds, awarded to the city/town of LEICESTER through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:
 1. The Paycheck Protection Program
 2. Unemployment compensation benefits
 3. Insurance claims/proceeds
 4. Federal Emergency Management Agency (FEMA) funds
 5. Small Business Administration funds
 6. Other Federal, State or local funding
 7. Other nonprofit, private sector, or charitable funding.

- B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature and date of:

Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity

For business owners residing in Auburn, Barre, Boylston, Brookfield, Charlton, Clinton, Douglas, Dudley, East Brookfield, Grafton, Holden, Leicester, Millbury, Northborough, Northbridge, North Brookfield, Oakham, Oxford, Paxton, Princeton, Rutland, Shrewsbury, Southbridge Town, Spencer, Sterling, Sturbridge, Sutton, Uxbridge, Webster, Westborough, West Boylston, West Brookfield, Worcester. If your town is not listed, contact CMRPC.

**CMRPC c/o Town of Leicester
Community Development Block Grant Program (CDBG)
Small Business Assistance
Income Eligibility Form**

Please be assured 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 CDBG funds. As soon as you have completed the information listed below, please return it with your application to CMRPC, 1 Mercantile Street, Suite 520, Worcester, MA 01608 or microenterprise@cmrpc.org. Thank you for your cooperation.

Owner Name (print please):	
Owner Address:	
Owner Telephone	

Please click on the circle above the number of people in your family, including yourself:

1	2	3	4	5	6	7	8
54,950	62,800	70,650	78,500	84,800	91,100	97,350	103,650

Was your total family income during the last 12 months higher or lower than the amount below the number you circled?

Please **choose** one: **HIGHER** or **LOWER**

We will ask you to provide documentation of your income via your latest tax return or quarterly tax.

Please provide your family's adjusted gross income from your most recent tax return: _____

Year of Return (2020, 2019, 2018): _____

If you are reporting income from a tax return that is more than a year old, we may request additional information. Some families with recent pandemic-related income reductions may qualify through other documentation - contact CMRPC to discuss.

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.

Name (printed)

Signature

Date