



# Micro-enterprise Relief Program Application

## Program Summary

The Micro-enterprise Relief Program (MRP) 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. Grant funds must be used within two months of award.

Applications will be accepted on a rolling basis. Funding will be awarded based on a **first come, first eligible, completed application** basis, subject to the availability of funding.

## ELIGIBILITY

\*= required

**\*1. Indicate your for-profit business format. (Nonprofits, liquor, tobacco sales, pawn shops, cannabis stores, real estate sales or rentals, chains, weapons/firearms dealers, lobbyists, adult entertainment and social clubs or owned by someone under the age of 18 are not eligible)**

Sole Proprietor	Partnership	No, Not for Profit
Corporation	LLC	

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

YES, business was in operation prior to January 1, 2019

NO, business was started after January 1, 2019

Date business was established: (i.e Jan 15, 2019) \_\_\_\_\_

**\*3. Do you have 5 or fewer employees on the date of this application (include part time, full time and owner(s)).**

YES, 5 or fewer

NO, 6 or more

**\*4. Do you provide goods/services to multiple clients or customers?**

Yes

No

**\*5. Are you in good standing with the state and the town?**

a) Current with all State and Federal taxes 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

**Income guidelines (2020)**

Number of Persons in Family (Please circle household size)							
	1	2	3	4	5	6	7
Gross income less than 80% AMI	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700

\*6. Are you a low or moderate income (LMI) business owner? (LMI is defined as a family income of less than 80% of the Area Median Income (AMI) based on the number of people in your family. (See chart above for reference.) (Note that income is based on gross annual income for wage earners, and adjusted income for business owners.)

Yes, my family income is below the amount listed for my \_\_\_ person family size

No, my family income is above the amount listed for my \_\_\_ person family size

Not sure.

\*7. List the names of all the business owners. (Family income is needed for all owners. Please indicate name, and whether the owner is income eligible as above. For example: Jane Doe, yes, eligible)

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\*8. Is your business located in one of the following towns: Ashfield, Blandford, Chester, Chesterfield, Cummington, Goshen, Huntington, Middlefield, Montgomery, Plainfield, Williamsburg or Worthington.

Yes

No

**STOP STOP**

**If you answered NO to ANY of the above questions, (other than 5b\*) your business WILL NOT qualify for micro-enterprise assistance.**

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

*\* If you answered NO to question 5b, you will be required to obtain a proper license/registration.*

The following demographic information is requested to assure the Federal government, acting through the Department of Housing and Urban Development, that the Federal Laws prohibiting discrimination against 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**

**1. Does the business qualify as:**

Yes

No

Women Owned business:

Minority Owned business:

LGBTQ owned business

Other minority owned business

**2. Are you a US Veteran?**

Yes

No

**3. Check all that apply:**

I am a single parent

I am 60 years of age or older

I have a disability

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

American Indian / Alaskan Native

Asian

Asian and White

Black / African American

Black / African American and White

Native Hawaiian / Other Pacific Islander

White

Hispanic or Latino

## **APPLICANT: PERSONAL INFORMATION**

\* = required

\*1. Business owners name (authorized signer for business):

\_\_\_\_\_

\*2. Owners Physical Home address: Street: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address: Street: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*3. Business owners email address: \_\_\_\_\_

\*4. Business owners phone number:

Cell \_\_\_\_\_

Landline: \_\_\_\_\_

\*5. Does the business owner currently work for the Town or hold a position on a town board or committee (potential conflict of interest issues)?

No

Yes, I am a \_\_\_\_\_

**BUSINESS INFORMATION**

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

Agriculture

Arts

Construction

Entertainment

Health

Manufacturing

Retail

Restaurant

Other \_\_\_\_\_

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

\_\_\_\_\_

\*3. Business Physical Address: \_\_\_\_\_

\*4. Business Mailing Address: \_\_\_\_\_

\*5. Business Website:

\*6. As of the date of this application, how many people does your business employ?

Employee 1 \_\_\_\_\_

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

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

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

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

Over \$10,000

## FUNDING REQUEST

\*1. If awarded, please indicate the type of items the funds would be used for. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Equipment / tools/ machinery                               | <input type="checkbox"/> Rent, utilities, overhead expense |
| <input type="checkbox"/> Inventory  | <input type="checkbox"/> Materials or supplies             |
| <input type="checkbox"/> Professional services for marketing<br>or website upgrades | <input type="checkbox"/> Other _____                       |

\*2. Please tell us how COVID-19 has impacted your business and how your loss is directly related to COVID-19

\*3. Please provide a description of how the funds would be utilized. Please provide the amount you are requesting and the associated cost estimates per use. Please be sure to request an appropriate amount of funding needed to sustain your business.

\*4. For each item above, please provide details on how the use of funds will prepare/prevent or respond to Covid-19.

## **CERTIFICATIONS**

I certify that I have the authority to apply for this funding on behalf of the business.

I certify that the grant will be used for business purposes only as detailed and not for household expenses, personal or consumer usage.

I certify that my business is in compliance with the US, Commonwealth of Mass. and the Town in which it is located in regard to taxes and reporting of employees.

I certify that I am not currently involved in any litigation regarding my business with either the Town or the State.

I certify that my business has active/valid state and municipal licenses and registrations that are currently required.

I certify that the information contained in this application and in the attached documents (submitted either simultaneously or subsequently) is true and accurate to the best of my knowledge and is provided for the purposes of obtaining a grant. I authorize Hilltown CDC to make inquiries, as needed, to verify accuracy of this information.

I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under the provision of the United States Criminal Code U.S.C Title 18, Section 1001.

I certify under pains and penalties of perjury that the foregoing statements are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **A complete application is considered to include the following:**

This application completed and signed.

2019 Tax returns - business and personal (and other required income verification if needed)

Proof of losses:(preferred:YTD Monthly 2020 Profit and Loss statement (and 2019 PL of same time period if available)

Copies of your 941 forms for the past year if you have employees.

Proof of business registration and litigation status (forms to be provided by HCDC)

Proof of paid real estate taxes (if applicable). (form to be provided by HCDC)

Duplication of Benefits (form provided by HCDC)

### **If awarded funds, additional items will be required:**

W-9 form

DUNS Number: \_\_\_\_\_

(Go to [www.dnb.com/duns-number/get-a-duns.html](http://www.dnb.com/duns-number/get-a-duns.html) or call 866-705-5711 or TTY 866-814-7818 to get a number. No cost associated.)

**Email Bea von Hagke at [beavh@hilltowncdc.org](mailto:beavh@hilltowncdc.org) for questions or to submit an application.**

**Or mail to Hilltown CDC, PO Box 17, Chesterfield, MA 01012**