

# Eligibility

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Case Id: 30007  
Name: SAMPLE - 2020/21  
Address: \*No Address Assigned

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## Eligibility

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This grant program is available to a limited number of businesses that meet specific requirements set by the City of Northampton Small Business Emergency Grant Program and the specific priorities intended to address COVID-19 related business crises. The Program provides grants for machinery, inventory, materials and supplies, equipment and/or consulting services which will allow the existing business to pivot or weather the downturn in business caused by the COVID-19 crisis

**1. Applicants must have 10 or fewer employees (including F/T and P/T), including the owner, at the time of application. Does your business meet this requirement?**

**2. Applicants must be a private for-profit business that is operating within the City of Northampton and has been in operation for at least a year as of March 1, 2020. (Non-profit entities are not eligible for these grant funds.) Does your business meet this requirement?**



**IF YOU ANSWERED 'NO' TO EITHER OF THE ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE SMALL BUSINESS EMERGENCY GRANT PROGRAM.**

**Review the income limits and household size below. (Gross annual income to be calculated/projected from date of application. You need to include your total household income for all members 18+ for the 12-month projection. Business(es) use net business income.)**

Household Size	1	2	3	4	5	6	7	8
Income	\$49,700.00	\$56,800.00	\$63,900.00	\$70,950.00	\$76,650.00	\$82,350.00	\$88,000.00	\$93,700.00

**Based on these income limits, please note whether you will qualify. Check all that apply:**

- The Owner(s) is from a Low/Moderate Income (LMI) Household
- 51% of the business's employees hold Low/Moderate Income (LMI) positions



IF YOU DID NOT CHECK EITHER BOX ABOVE, YOUR BUSINESS WILL NOT QUALIFY FOR THE SMALL BUSINESS EMERGENCY GRANT PROGRAM.

## A. Contact

Completed by dd@valleycdc.com on 4/11/2020 7:16 AM

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**Address:** \*No Address Assigned

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## A. Contact

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Please provide the following information

**A.1. Owner/Authorized Signers Name:**

SAMPLE

**A.5. Alternate Contact Name**

**A.2. Owner Home Address**

Northampton, MA 01060

**A.6. Alternate Contact Title**

**A.3. Owner Telephone**

**A.7. Alternate Contact Phone**

**A.4. Owner Email Address**

dd@valleycdc.com

**A.8. Alternate Contact Email**

## B. Owner LMI Verification

Completed by dd@valleycdc.com on 4/13/2020 8:17 AM

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### B. Owner Low/Moderate Income (LMI) Verification

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Applicants must complete Section B if the Owner of the business qualifies as a Low/Moderate Income (LMI) Household (from eligibility page). If the business qualifies based on 51% of employees being Low/Moderate Income (LMI), you DO NOT need to complete Section B. Rather, businesses that qualify for the program based on 51% of LMI employees should create one household member and name it "Not Applicable" and then mark the step "Complete."

**LMI Business Owners must list all permanent household members, including all annual income for household members 18 years of age or older.**

Total income will be calculated as you fill out boxes below.

<b>1</b>	<b>sample person</b> Age: 60	Gross Pay	\$20,800.00
		<b>Total</b>	<b>\$20,800.00</b>
<b>2</b>	<b>sample person 2</b> Age: 30	Gross Pay	\$31,200.00
		<b>Total</b>	<b>\$31,200.00</b>

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### Household Income Summary

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Income Limits Used	20 HUD	Total Household Income (Monthly)	\$4,333.33
# of Household Members	2	Total Household Income (Annual)	\$52,000.00
Approval Threshold	80.00 %	Asset Interest Income (Annual)	\$0.00
AMI @ Threshold	\$56,800.00	Total Combined Income (Annual)	\$52,000.00
		Percent of AMI	73.24 %

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### AMI Table

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AMI = Average Median Income

Household Size	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 80%	\$49,700.00	\$56,800.00	\$63,900.00	\$70,950.00	\$76,650.00	\$82,350.00	\$88,000.00	\$93,700.00

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Staff Certification

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Applicant Signature

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Co-Applicant Signature



## C. Employees

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### C. Employees

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Applicant Owner(s) must complete Section C ONLY if the business qualifies for the Small Business Emergency Grant Program based on 51% of employees being LMI. You DO NOT need to complete Section C if you as the owner are a LMI household.

#### C.1. Total number of current employees in the business.

#### C.2. Provide a list of current employees, including the owner, officers, full/part time and leased employees.

Employee Name	Employee Job Title	Type of Employee	Annual Wage/Salary	Is this a Low/Moderate Income Employee?
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#### C.3. List all Principals/Owners Owning 20% or More of the Business – Provide Title(s) and Percentage of Ownership:

Principal / Owner Name	Percent of Ownership
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## D. Business Information

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### D. Business Information

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Please provide the following information

D.1. Legal Name of Business

D.2. DBA (Doing Business As)

D.3. Business Address

D.4. What year was the business established?

D.5. Federal Employer Identification Number (FEIN) or Social Security Number

D.6. What is the business tax year (MM/DD - MM/DD)?

D.7. Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?

If "Yes," please explain:

D.8. Does the business qualify as woman owned?

D.9. Does the business qualify as minority owned?

D.10. Please provide a description of your business before the crisis? What are your products or services?

#### DEMOGRAPHICS (PROVIDING THIS INFORMATION IS VOLUNTARY)

Check one:

Man

Woman

Genderqueer/Non-Binary

Prefer not to disclose

Are you a single parent household?

Are you under 25 years of age?

Are you 60 or more years of age?

Do you have a disability?

Are you a U.S. veteran?

Are you unemployed?

Check **one** of the following with which you most closely identify:

White

American Indian/Alaskan Native

Black/African American

D.11. What is your legal entity?

American Indian/Alaskan Native and Black/African American

If other, please explain:

Black African American and White

American Indian/Alaskan Native and White

D.12. What is happening to your business now? Check all that apply.

Asian

Native Hawaiian/Other Pacific Islander

Open full time

Asian and White

Open with limited hours

Other (Multi-Racial)

Laid off employees

In ADDITION to the above categories, do you consider yourself Hispanic?

Limited sales

Selling online

No sales

D.13. Describe what is happening to your business now?

D.14. What were your gross sales for:

January 2020

\$0.00

February 2020

\$0.00

March 2020

\$0.00



## E. Funding Request

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### E. Funding Request

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Please provide the following information

**E.1. If awarded the grant, what will these funds be used for? Check all that apply.**

- Machinery
- Inventory
- Materials or Supplies
- Equipment
- Services or Consultants

**E.2. All expenditures must be reasonable, allowable and necessary for the type of business requesting the funding. Funds under this Program may not be used to reimburse expenses. A grant agreement with the City must be executed before business costs are incurred.**

Specific Funding Use	Amount (\$)
	\$0.00

**E.3. Describe any business changes or improvements (adding products &/or services, developing new strategies and marketing tactics) that you plan to implement using these funds.**

**E.4. How will these grant funds impact your projected sales?**

Amount (\$)

At the end of this application, you will be asked to upload a completed profit and loss statement for 2019 using the template provided or your own Profit and Loss Statement.

**E.5. How much funding are you requesting?**

\$0.00

**E.6. Describe the effect the funds will have on the community at large if any.**

**E.7. Are you creating new jobs or retaining existing jobs, either part time, full time or seasonal? If so how many including the owner?**

	# of Jobs
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You must complete all above sections to move to the SUBMIT screen.

## F. Required Documentation

*No data saved*

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### F. Required Documentation

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Please provide the following information

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#### Documentation

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**2019 Profit and Loss Statement** ([CLICK HERE](#) to download template)

*\*\*No files uploaded*

**Other Supporting Document(s), if needed**

*\*\*No files uploaded*

## Submit

*No data saved*

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## Submit

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- I certify that I have the authority to apply for this grant on behalf of the business described herein.
  
- I understand that should my business be approved for a Small Business Emergency Grant that I will enter into a grant agreement with the City of Northampton.
  
- I certify that the grant will be used for business purposes only as detailed in the grant agreement and not for household, personal, or consumer usage.
  
- I certify that my business is in compliance with the Commonwealth of Massachusetts and the City of Northampton in regard to taxes, reporting of employees and contractors, and withholding and remitting child support. **NOTE:** The City of Northampton has extended dates for payments of personal property, real estate, motor vehicle excise taxes and water and sewer and stormwater utility bills that are due May 1, 2020 until June 1, 2020.
  
- I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
  
- I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

*\*\*Not signed*