

# Program Overview

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Case Id: 30011

Name: BLANK - 2020/21

Address: \*No Address Assigned

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## Program Overview

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Please provide the following information



### PROGRAM OVERVIEW FOR THE AMHERST SMALL BUSINESS COVID RECOVERY PROGRAM (“PROGRAM”)

The Town of Amherst has received \$140,000 in emergency relief funds to support a Microenterprise Assistance Program through federal CARES Act Community Development Block Grant Funding (CDBG-CV).

Emergency relief funds are available to support local small businesses that have been hardest hit by the COVID-19 pandemic. This program is intended to help micro-enterprises (small businesses with 5 or fewer employees (including owner) prevent, prepare for or respond to the impact of COVID on business operations.

A set-aside pool will give priority as defined to small business owners who are of racial/ethnic minority, women, veterans, persons with a disability, or LGBTQ.

Selected Beneficiaries will be awarded a one-time grant up to \$10,000 to address eligible business expenses.

Valley Community Development will act as Contractor and Administrator for the application, review and selection process. Grants will be awarded on a basis of first-come, first-served, first-completed and determined eligible

### ELIGIBILITY OVERVIEW

- Small, locally owned businesses with a physical location in Amherst, Massachusetts that meet all Program requirements for a micro-enterprise (1-5 employees including the owner) that is currently operating and in good standing to continue conducting business.

Household Size	1	2	3	4	5	6	7	8
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Income	\$47,850.0 0	\$54,650.0 0	\$61,500.0 0	\$68,300.0 0	\$73,800.0 0	\$79,250.0 0	\$84,700.0 0	\$90,200.0 0
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- Awarded funds can only be used towards eligible costs as defined by the Program and as specified in the application:
  - Working Capital - Business operating expenses such as rent, utilities and staffing.
  - Safety Equipment and Products
  - Technology and Online Marketing or Sales Services
  - Costs to adapt to a change in business operations
  - Business Advising and Support

*Please note:*

*If you are not eligible for this program, you may still qualify for other Federal and SBA funding programs. Contact your bank/lender directly or SBA at (800) 659-2955.*

*Non-profits are not eligible. 501(c)(3) organizations are by definition “charitable organizations” and receive funding primarily from private donors, member dues, governmental sources and/or lobbying activities rather than by sales of products or services.*

**SOURCE OF FUNDS**

**The Amherst Small Business COVID Recovery Program is funded by CBDG-CV funds made available as part of the CARES Act of 2020 as awarded to Department of Housing and Community Development (DHCD) by the Department of Housing and Urban Development (HUD). Amherst is Subrecipient of the CDBG-CV funds and Valley Community Development acts in the role of Administrator for the Program.**

**Selected and approved applications will be processed by the town of Amherst for direct payment via check to applicants.**

# Eligibility

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## Eligibility

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Please check box for each statement that is true:

### 1. Eligibility of Micro-Enterprise and Business Status

- Business has a physical establishment in Amherst, Massachusetts. Home businesses are eligible.
- Business meets definition of a Micro-enterprise (5 or fewer employees, 1 or more of whom owns the enterprise).
- Business has been registered with town/city, or has bank account showing "dba" of business name; and has been operating prior to January 1, 2019.
- Business must be a for-profit entity (sole proprietorship, partnerships, corporations, or LLCs).
- Business must provide goods or services to multiple clients or customers.
- Business is not:
  - Real estate rentals/sales businesses or Airbnb
  - Owned by persons under age 18
  - Part of a chain (more than two retail locations)
  - Liquor store
  - Weapons/firearms dealer
  - Lobbyists
  - Cannabis-related businesses
  
- Business and owners must be in good standing with the town of Amherst including being current on taxes as applicable. Town staff will verify this before approving final awards.
- Business is currently operating in partial or full capacity (is not permanently closed, out of business, or filed for bankruptcy)
- Business expects to continue operations
- Business suffered financial loss due to consequences of the COVID pandemic since March 10, 2020.
- Financial impact of at least \$2,500 due to the pandemic can be supported by comparing 2019 to 2020 monthly Profit and Loss (Gross Income less Total Expense)
- Application must support loss of income due to COVID that exceeds the amount of the requested grant.



IF YOU DID NOT CHECK BOX FOR ALL ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE GRANT PROGRAM.

2. The business owner must have total Family Income within the low-moderate income (LMI) range shown below. Please determine the number of family members in your household and indicate whether your estimated total Family Income is less than or equal to the amount listed.

Use the amount on Line 7b of your 2019 Federal Tax Return (Form 1040) to compare to the amounts below. If your 2019 income exceeds this amount, but your family income has declined in 2020 so that it would meet the income limits below, your current income will be calculated to determine eligibility.

Eligibility of Family Income

Family Size	1	2	3	4	5	6	7	8
Income Limit	47,850	54,650	61,500	68,300	73,800	79,250	87,700	90,200



YOU MUST BE INCOME ELIGIBLE AT ONE OF THE LEVELS ABOVE TO PROCEED.

### 3. Eligible Uses of Grant Funds

Duplication of Benefits.

*Financial assistance cannot be used from multiple sources for the same purpose. Receipt of any of the funds below does not disqualify an Applicant, however, you will be asked to sign and submit a form to verify that funds from these grants will not be used for expenses already covered by any other programs.*

*Examples: Paycheck Protection Program, Unemployment compensation benefits, Insurance claims/proceeds, Federal Emergency Management Agency (FEMA) funds, Small Business Administration funds or other nonprofit/private sector/charitable funding.*

Applicant’s request for funds is clearly stated and fits within one of the following categories:

1. Working Capital - Business operating expenses such as rent, utilities and staffing.
2. Safety Equipment and Products – Extra costs for PPE, cleaning supplies, safety or other procedures to remain open and provide a healthy and safe atmosphere for employees and customers. Implementation,

monitoring and maintenance of same.

3. Technology and Online Marketing or Sales Services - Software purchases or upgrades, website design, app development, transitioning to e-commerce, online ordering and payment systems and the training that comes with new technology.

4. Costs to adapt to a change in business operations – Examples might be new materials, supplies or inventory related to packaging or handling merchandise, reconfiguration of space to accommodate curbside pick-up, delivery options, outdoor dining added, etc.

5. Business Advising and Support – Expenses related to stabilizing existing business model. This might include capacity building, accounting support, business planning, financial education or training to gain other necessary business skills.

The following types of business costs are NOT eligible:

- Costs already paid by business. Grants can cover costs incurred that are past due, but the program does not allow for reimbursement of expenses already paid.
- Major Equipment Purchases
- Purchase of Real Property
- Construction Activities
- Business Expansion
- Lobbying

**\*\*\* ADMINISTRATOR IS NOT OBLIGATED TO CONSIDER EXCEPTIONS TO THESE DEFINITIONS. ELIGIBLE AND INELIGIBLE USES ARE SUBJECT TO CDBG AND PROGRAM RULES AND DHCD APPROVAL.**



**IF YOU DID NOT CHECK THE BOX ABOVE, YOUR INTENDED USE OF GRANT FUNDS IS NOT ELIGIBLE.**

## A. General Information

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### A. General Information

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Please provide the following information

#### OWNER CONTACT INFORMATION

**A.1. First Name**

**A.2. Last Name**

**A.3. Primary Phone**

**A.4. Primary Email**

**A.5. Business Phone**

**A.6. Legal Name of Business (as shown in Line 1 of W-9)**

**A.7. DBA (as shown in Line 2 of W-9)**

**A.8. Principal Business Address**

**A.9. Business Website Address**

**A.10. Taxpayer ID (TIN) (As shown in Part 1 of W-9)**

**A.11. Mailing Address for Grant check (As shown in Line 5 & 6 of W-9)**

**A.12. DUNS Number (You can apply for a DUNS Number here: (<https://www.dnb.com/duns-number.html>.)**

OR

I have applied or will apply for a DUNS Number.

A.13. When was your business registered/established?

A.14. Industry

A.15. If other, please input below

A.16. Impact of COVID Pandemic My business finances were negatively impacted as follows:

A.17. Estimated Total Loss of Income (March 10, 2020 – October 30, 2020)

A.18. Duplication of Benefits List all federal, state or local government grants, loans or other assistance received since March 1, 2020

Source of Funds (Name of Agency or Program)	Date Received	Amount Received	Use of Funds
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A.19. Business Legal Entity Type (as shown in Line 3 of W-9)

## B. Employees

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### B. Employees

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Please provide the following information

**B.1. Total number of employees prior to March 10, 2020**

**B.2. Total number of employees as of today's date**

**B.3. As of today's date provide a list of employees, including the owner, full/part time, temp or seasonal employees.**

Employee Name	Employee Job Title	Type of Employee	Annual Wage/Salary	Other Info?
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**B.4. 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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## C. Family Income Eligibility

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### C. Family Income Eligibility

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*Applicants please note: Family Definition and Annual Income are subject to verification.*

*All applicants agree to share any requested documents and cooperate with Contractor/Administrator to comply with HUD/CDBG requirements for income calculation and verification procedures to determine household size and income Eligibility using acceptable source documents/third party verification in accordance with*

*Follow the instructions below to list all family members (minors and adults). List each type of income applicable to each family member. Add rows as needed to include all income sources. If your 2019 Federal Tax Return shows a higher income total, you will be contacted by the administrator to calculate your CURRENT income.*

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#### Household Income Summary

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Income Limits Used	2020 HUD
# of Household Members	0
Approval Threshold	80.00 %
AMI @ Threshold	\$90,200.00

Total Household Income (Monthly)	\$0.00
Total Household Income (Annual)	\$0.00
Asset Interest Income (Annual)	\$0.00
Total Combined Income (Annual)	\$0.00
Percent of AMI	

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Staff Certification

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Applicant Signature

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Co-Applicant Signature

## D. Funding Request

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### D. Funding Request

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All expenditures must be reasonable, allowable and necessary for the type of business requesting the funding. Funds can be used for past due expenses, still unpaid, dating back to March 10, 2020.

Printed By: Jane Loechler on 10/31/2020

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**D.1. Description and amount of request:**

Category	Specific Description of expense and how it will prevent, prepare for or respond to COVID	Requested Amount (\$)
Working Capital - Business operating expenses such as rent, utilities and staffing.		
Safety Equipment and Products		
Technology and Online Marketing or Sales Services		
Costs to adapt to a change in business operations		
Business Advising and Support		

**D.2. How will these grant funds help your business operations and projected revenue?**

**D.3. Outcomes**

In the coming year are you expecting to create new jobs or preserve existing jobs, and if so how many (including the owner)?

Job Title	Created or Preserved	FT/ PT/ Seasonal

## E. Demographics

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### E. Demographics

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This data is required for federal program purposes.

#### MINORITY/PRIORITY OWNERSHIP CATEGORIES

E.1. Check all boxes that apply to your business.

- Woman - Owned
- Veteran - Owned
- LGBTQ+ - Owned
- Disability - Owned
- Minority – Owned

**APPLICANTS TAKE NOTE: AT LEAST 51% OF THE BUSINESS MUST BE OWNED, OPERATED AND CONTROLLED BY A U.S. CITIZEN WHO IS A WOMAN, A VETERAN, A PERSON WITH A DISABILITY, A PERSON IDENTIFYING AS LGBTQ+ OR A PERSON WHOSE RACIAL/ETHNIC BACKGROUND IS AT LEAST 25% ASIAN-INDIAN, ASIAN-PACIFIC, BLACK, HISPANIC OR NATIVE AMERICAN BASED ON THE SMALL BUSINESS ADMINISTRATION'S DEFINITION FOR SOCIALLY OR ECONOMICALLY DISADVANTAGED BUSINESS OWNERS.**

E.2. Gender - Check all that apply

- Male
- Female
- Trans
- Choose not to respond

E.3. Are you 60 or more years of age?

E.4. Are you disabled?

E.5. Are you a Veteran?

E.6. Select the race(s) with which you most closely identify

- White
- Black/African American
- Black African American and White
- Asian
- Asian and White
- American Indian/Alaskan Native
- American Indian/Alaskan Native and Black/African American
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander
- Other (Multi-Racial)

E.7. In addition to the above, do you consider yourself Hispanic?

E.8. How did you hear about the grant?

## F. Required Documentation

No data saved

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### F. Required Documentation

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Please provide the following information

**Application must include all documentation listed below in legible form.**

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#### Documentation

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[Statement and self-certification of eligibility for Equal Opportunity Set-aside for minority-owned businesses](#)

**\*This document is only required if you are to be considered for the set aside pool of funds**

\*\*No files uploaded

Registration of your business with town/city or other statement showing "dba" prior to January 1, 2019

**\*Required**

\*\*No files uploaded

Duplication of Benefits form ([CLICK HERE](#) to download form) **\*Required**

\*\*No files uploaded

2019-2020 Profit & Loss Comparison ([CLICK HERE](#) to download PDF or [CLICK HERE](#) for Excel form)

**\*\*Due to COVID impact. \*Required**

\*\*No files uploaded

2019 Business Tax Return (or equivalent) REQUIRED FOR CORPORATION OR LLC.

\*\*No files uploaded

2019 Personal tax return including 1040 and all schedules. **\*Required**

\*\*No files uploaded

Up to 10 (ten) Pictures

Show us your business operations, screen shots of websites, product, customers, etc. **\*Required**

\*\*No files uploaded

Documentation of how grant funds will be used

Past due and unpaid invoices, statements, estimates, quotes, pricelist, etc. **\*Required**

\*\*No files uploaded

Documents to verify income loss (If needed upon request)

Acceptable documents include: Monthly P&L Statements for February-October 2020, OR: bank statements for February-October 2020.

*\*\*No files uploaded*

Additional Documentation to determine Family Income eligibility of owners(s). (If needed upon request)

As requested during review and selection. This may include cooperation of ALL family members to provide documents or verifications to arrive at a statement of Total Anticipated Annual Family Income.

*\*\*No files uploaded*

Other documents to support the eligibility of the Applicant. (If needed upon request)

*\*\*No files uploaded*

# Applicant Certification & Participation Agreement

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## Applicant Certification & Participation Agreement

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

- I certify that I am authorized to submit this application on behalf of the business. Under penalties of perjury, I certify that the information contained in this application is true, complete and accurate to the best of my knowledge.
  
- Valley Community Development and the town of Amherst are authorized to make all inquiries deemed necessary to verify the information contained herein.
  
- I understand that should my business be approved for a Small Business COVID Recovery Grant that I will enter into a grant agreement with the town of Amherst before receiving a check for Grant funds.
  
- If granted the funds I agree to participate in follow-up reporting, interviews, social media follow-up or press requests.
  
- I agree to cooperate with providing any information or documentation requested by Valley Community Development and the Town of Amherst to maintain compliance with the grant program as required by DHCD, the CDBG Program or HUD.
  
- I understand that the Grant will be repayable if I do not follow the terms of the grant agreement, if it is discovered that any information on the application or supporting documentation is found to be untrue, or if the Grant funds are used for unallowable expenses, or failing to provide required Grant documentation.
  
- 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 town of Amherst in regard to taxes, reporting of employees and contractors, and withholding and remitting child support.
  
- 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.

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Applicant Signature

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Date