



COVID-19 Community Development Block Grant (CDBG-CV)

APPLICATION FOR SMALL BUSINESS RECOVERY FUNDING
PROGRAM YEAR 46 (2020 - 2021)

For Office Use Only

Section A. Applicant Information

Business Name/DBA: _____ Application _____
Date: _____

Business Address: _____
Street Address (must have a physical location in Waltham) Unit #

City State ZIP Code

Applicant Name: _____
First (Given) Last (Family)

Applicant Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Business Phone: _____ Email: _____

Business Website: _____ Mobile Phone: _____

Are you a US citizen? ☐ Yes ☐ No If not, are you authorized to work in the US? ☐ Yes ☐ No

Section B. Business Information

Business Structure: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company
☐ Corporation ☐ Other: _____

Business Type: ☐ Personal Services ☐ Retail ☐ Professional Services
☐ Food/Restaurant ☐ Other: _____

Do you have a DUNS Number? ☐ Yes ☐ No (If grant is awarded, the business MUST obtain a DUNS Number as it is required for federal assistance)

Does the business have a diversity certification in Massachusetts? ☐ Minority (MBE) ☐ Women (WBE) ☐ Other: _____
☐ No ☐ No

Number of Years in Business? _____

Do you own the space occupied by the business? ☐ Yes ☐ No

Business Tenancy: Do you rent the space occupied by the business? ☐ Yes ☐ No
If yes, include copy of the lease in your application.

Square Footage: _____ Lease Expiration: _____

	<u>Owner Name</u>	<u>Title</u>	<u>Ownership Percentage</u>
Business Ownership:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Section C1. Detailed Activity Information – Program Eligibility

Community Development Block Grant funds can be used to support microenterprises as well as provide financial assistance to small businesses. Please indicate below which category is best suited for your business (select one):

Microenterprise:

- ☐ Financial assistance, technical assistance, or general support services to microenterprises. A microenterprise is a business with five or fewer employees, including the owner(s). The owner(s) must be a member of a LMI household (see Program Guidelines for help).

Job Retention:

- ☐ Financial assistance to private, for-profit businesses. The business will retain at least one permanent job, (computed on a full-time-equivalent basis). If the business furloughed employees and plans to keep all or some of those employees on the payroll, count that as job retention. There must be sufficient evidence that the job(s) would have been lost without the CDBG assistance. At least 51% of the jobs retained must be for LMI persons (see Program Guidelines for help).

Job Creation:

- ☐ Financial assistance to private, for-profit businesses. The business will create at least one permanent job(s), (computed on a full-time-equivalent basis). If the business laid off employees and plans to rehire all or some of those employees, count that as job creation. At least 51% of the jobs created must be for LMI persons (see Program Guidelines for help).

Section C2. Detailed Activity Information – Employee Information

	<u>Prior to March 1, 2020</u>	<u>As of Date of Application</u>
No. of Full-Time Employees:	_____	_____
No. of Part-Time Employees:	_____	_____
Total No. of FTE Employees:	_____	_____

The numbers in the last row should be calculated on a full-time equivalent basis (avg. # hrs per week/40 - e.g. two 20-hour part-time jobs = 1 full-time equivalent (FTE) job).

For small businesses that will create or retain at least one job (microenterprises excluded), how many permanent jobs are projected to be retained or created? Enter only for retention or creation:

No. of FTE Jobs to be **retained**: _____

No. of FTE Jobs to be **created**: _____

FTE **LMI** Jobs to be **retained**: _____

FTE **LMI** Jobs to be **created**: _____

Section C3. Detailed Activity Information – Revenue and Operations Information

Prior to March 1, 2020

As of Date of Application

Average Monthly Revenue: \$ _____ \$ _____

As of the date of this application's submission, is the business still open? ☐ Yes ☐ No

Detail below how the business' operations have been affected by the COVID-19 pandemic, including payroll hardships and/or layoffs as well as revenue loss. Please attach supporting documentation that details the financial hardships due to the pandemic.

Recovery: Specify below the business' strategy to recover from this crisis and regain financial vitality.

Community Impact: Describe below the economic and/or community benefits your business creates for the City of Waltham and its residents.

Section C4. Detailed Activity Information – Grant Request

Proposed Use of Grant Funds: Describe below how the COVID-19 Small Business Recovery Grant will be used to help your business to operate as well as retain or create jobs during this challenging time. Please list specific uses for the funds. Grant amounts are \$10,000 for microenterprises and \$15,000 for business with 6-20 FTE employees.

Please list the proposed uses of funds below. The business does not need to request funds in all categories.

Use of Grant Funds	Dollar Amount	Backup Documentation
Commercial Rent/Mortgage <small>(at least 50% of total)</small>	\$ _____	_____
Employee Wages	\$ _____	_____
Utilities	\$ _____	_____
Inventory Loss	\$ _____	_____
Insurance	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____
Total Grant Request:	\$ _____	

Other resources: This program is targeted toward smaller businesses that may have limited access to capital, and is not intended to compete with other financial resources. Has the business and/or the owner applied for/been denied/or has plans to apply for any other COVID-19 financial assistance programs (SBA Economic Injury Disaster Loan [EIDL], SBA Payroll Protection Program [PPP], Massachusetts Small Business Recovery Loan Fund, bank loans, etc.)? ☐ Yes ☐ No

If yes, please list the financial resources/programs the business has accessed/tried to access and explain the status of the applications.

Section D. Checklist

The following materials must be provided in the order listed below within a single application package. Incomplete, illegible, and missing materials will negatively affect the rating and ranking of the application and may result in disqualification.

- ☐ Completed IRS W-9 Form
- ☐ 2019 Business Tax Return
- ☐ Certificate of Authority - Corporate
- ☐ Income Self-Certification (one per owner; if not a microenterprise, check here: ☐ N/A)
- ☐ Documentation of COVID-19-related hardship (50% loss of revenue – 2 P&L statements or equivalent for comparison)
- ☐ Financial documentation for use of grant funds (commercial lease/mortgage statement, utilities, other payables)
- ☐ MA-WR1 Form for quarters ending 12/31/2019, 3/31/2020, and 6/30/2020
- ☐ Payroll Records to document current number of employees (one week in January or February 2020, one week in April 2020, and one week in August 2020)

Section E. Conflict of Interest Disclosure

True False

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I/my business has <u>not</u> had any business dealings with the City of Waltham in the past 2 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | No immediate family member of mine works/has worked for the City of Waltham in a regular ongoing employee/employer relationship during the past two years. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am <u>not</u> related to any elected or appointed members of the City of Waltham government, its boards and/or commissions. |
| <input type="checkbox"/> | <input type="checkbox"/> | I/my business has no conflict of interest with the City of Waltham. |

For any statements above that you have attested to being false, please disclose the potential conflict of interest. Note: Having information to disclose does not automatically preclude program eligibility.

Section F. Statement of Assurances

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that my business is located within the City of Waltham and the business maintains all proper licenses and permits for operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that my revenue has declined by 50% or more as a result of COVID-19 since March 10, 2020. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree to submit a final report no later than Wednesday, December 30, 2020 that documents the economic impact of the grant funds on the business, actual use of funds, jobs retained/created, and revenue changes. |
| <input type="checkbox"/> | <input type="checkbox"/> | I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the City of Waltham and I am current with all local, state, and federal taxes, pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b). |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that I am authorized to submit this application and execute a grant agreement on behalf of the business entity listed. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I must submit documentation for job creation or job retention no later than Wednesday, December 30, 2020. |

I/we certify that all information contained in this application and all supporting documentation is true and complete. I/we made no misrepresentation, nor did I/we omit any pertinent information. I/we fully understand that it is a federal crime, punishable by fine or imprisonment, or both to knowingly make any false statements when applying for federal assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq. Upon request, I/we agree to provide additional documentation to the City.

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____