

CITY OF FRAMINGHAM
COVID-19 EMERGENCY SMALL BUSINESS GRANT PROGRAM

INTRODUCTION:

The City of Framingham (City) has established the COVID-19 Emergency Small Business Grant to assist in the stabilization of existing small businesses within the City of Framingham that have had significant business disruption due to the impact of COVID-19. These grant funds will assist small business in the City of Framingham to cover wages, rent, loss of inventory, and other fixed costs.

ELIGIBLE APPLICANTS:

- Have a physical establishment within the City of Framingham.
- The business owner must be low- to moderate-income (see income thresholds below).
- Have experienced a loss of revenue of 50% or more due to COVID-19 since March 10th.
- Have less than \$2,000,000 in gross annual receipts.
- Have no outstanding tax liens or legal judgements.

INELIGIBLE APPLICANTS:

Ineligible applicants include, but are not necessarily limited to independent contractors, check cashing agencies, gun shops, pawn shops, liquor stores, adult entertainment businesses, and dollar stores. Ineligible applicants also include franchisees of national or regional chain businesses.

The City reserves the right to reject any application that is incomplete or does not meet the Program Requirements in the sole opinion of the Planning and Community Development Division. In addition, the City may decide on a case-by-case basis to reject any application that does not meet and advance the goals of this Program.

APPROVED USES OF FUNDS:

Employee payroll costs, loss of inventory, rent, other fixed costs. Other costs may be considered on a case-by-case basis.

FUNDING SOURCE:

Funding for this program will be provided through the City's Community Development Block Grant (CDBG) funds, which are allocated by the United States Department of Housing and Urban Development (HUD).

AMOUNT OF FUNDING:

\$10,000 maximum per business with demonstrated costs greater than or equal to the amount requested.

REQUIRED SUBMISSIONS:

1. Completed application form (enclosed).
2. Copies of the 2018 business and personal tax returns for all owners/principals with a 20% or greater ownership interest in the business.
 - a. If business does not have tax returns for 2018 because they are a new business, personal tax returns will be sufficient.
3. Demonstrate that the COVID-19 outbreak has caused at least a 50% decrease in revenue.
 - a. Documentation could include bank statements, profit & loss statements, etc.
4. Completed IRS W-9 form.

COMPLIANCE WITH FEDERAL FUNDS, LAWS, AND REGULATIONS:

Applicants must comply with all applicable laws.

HUD ELIGIBILITY REQUIREMENT:

The CDBG Funding Pool for this program is based upon the HUD eligibility of Special Economic Development Activities under 24 CFR 570.203(b). In order to be eligible for CDBG funding, each applicant **must qualify as a low- to moderate-income individual as defined below:**

FY 2019 Income Limit	Persons in Household							
	1	2	3	4	5	6	7	8
Low/Mod Income	\$62,450	\$71,400	\$80,300	\$89,200	\$96,350	\$103,500	\$110,650	\$117,750

CONTACT INFORMATION:

For further information pertaining to this program or to obtain an application, please contact the Planning and Community Development Division at communitydevelopment@framinghamma.gov.

**City of Framingham
COVID-19 Emergency Business Grant Program Application**

First Name: _____ **Last Name:** _____

Home Address: _____
Street

City State Zip Code

Business Name: _____

Business Address: _____
Street

City State Zip Code

Phone Number(s): _____

E-Mail Address: _____

Business Organization Type: Sole Proprietor Limited Liability Company
 Corporation Partnership

Ownership/Management:

Name	% Interest Owned	Title

Please provide a brief narrative of the impact COVID-19 has had on your business:

Years in Business: _____

Years at Present Address: _____

Type of Business: _____

Average Gross Annual Receipts: \$ _____

Please indicated the square footage of the occupied space: _____

Amount of Personal Funds Invested in the Business to Date: \$ _____

Grant Amount Requested: \$ _____

Present Number of Employees: _____ **Full-Time:** _____ **Part-Time:** _____

Jobs Expected to be Retained as a Result of this Grant (Please designate Full Time or Part Time):

Full-Time: _____ **Part-Time:** _____

Lease Expiration Date: _____ **Monthly Rent:** _____

Use of Funds: Please describe how the COVID-19 Small Business Resiliency Grant will be used to help your small business retain employees and keep your business operating during this challenging time?

Use: _____

\$:

Total \$: _____

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Economic Injury Disaster Loan, Massachusetts Small Business Recovery Loan Fund, etc.)? Would you like to receive further information on other available funding?

While we understand that there is uncertainty, the City of Framingham hopes that businesses receiving a grant award will successfully persevere through the COVID-19 State of Emergency. Please describe your plans and ability to persevere to the best of your ability:

Please describe the economic and/or community benefits your business creates for the City of Framingham:

Please continue to next page.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**CITY OF FRAMINGHAM, MASSACHUSETTS
INCOME CERTIFICATION FORM FOR ALL CDBG PROGRAMS**

THIS SECTION IS TO BE COMPLETED BY APPLICANT

To the applicant: The City of Framingham is providing you assistance through funds from the United States Department of Housing and Urban Development (HUD). Federal requirements ask that the following information be supplied to the City. This information will be kept on hand at the Community Development Department for possible review by Federal agencies and will be kept confidential and not for public distribution. Your cooperation in the completion of this form is appreciated.

NOTE: The following information is subject to verification by government officials.

Are you a resident of the City of Framingham? Yes No

What is your current residential address?

Please check the number of people in your family, including yourself:

1 2 3 4 5 6 7 8
\$62,450 \$71,400 \$80,300 \$89,200 \$96,350 \$103,500 \$110,650 \$117,750

(FY 2019)

Is your total family income for the last 12 months **less than or equal to** the amount indicated for the size of your family? (Please be sure to include all sources of family income)

Yes No

For reporting purposes only, please answer the following questions:

Sex: Male Female

Handicapped: Yes No

Single Family Head of Household: Yes No

Please identify the appropriate racial and ethnic category below:

American Indian/Alaskan Native

American Indian/Alaskan Native & Black/African American

Asian

Asian/Hispanic

Black/African American

Black/African American & White

Black/Hispanic

Native Hawaiian

Other Pacific Islander

White

White/Hispanic

Other Multi-Racial

I certify that the above information, to the best of my knowledge is accurate and true.

Business Name

Authorized Representative

Title

Date

Application / Eligibility Checklist:

- I confirm that my business is located within the City of Framingham and the business maintains all proper licenses and permits for operation.
- I certify that my revenue has declined by 50% or more as a result of COVID-19 since March 10th.
- I certify that the average annual gross receipts of the business is less than \$2,000,000
- I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest.
- I have attached a completed IRS W-9 Form.
- I agree to provide documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable.
- I agree to document and report the economic impact as a result of this grant, including but not limited to, jobs retained, increased sales, participation in other relief programs.
- Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the City of Framingham and I am current with all local, state, and federal taxes.
- I certify that I am authorized to submit this application and execute a grant agreement on behalf of the business entity listed.
- I certify that submitting this application in accordance with the below instructions constitutes an electronic signature

SUBMISSION INSTRUCTIONS

BY EMAIL:

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be sent via email to communitydevelopment@framinghamma.gov

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email communitydevelopment@framinghamma.gov and someone will assist you.

The City of Framingham does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable. Direct inquiries to: City Hall Human Resources, SDE@framinghamma.gov