



**Community Development Block Grant COVID-19 (CDBG-CV)  
Microenterprise Assistance Program**

**THIS DOCUMENT IS FOR REVIEW PURPOSES ONLY**

**DO NOT FILL OUT / SUBMIT THIS APPLICATION.**

**APPLICATIONS WILL ONLY BE ACCEPTED  
THROUGH THE ONLINE PORTAL.**

## Eligibility Form

1) Your Business Name:

### Eligibility Questions:

- 2) Is your business physically located in one of the following cities/towns: Ashland, Beverly, Burlington, Canton, Concord, Dedham, Essex, Lexington, Manchester by the Sea, Marlborough, Melrose, Milton, Natick, North Reading, Norwood, Randolph, Reading, Sharon, Southborough, Stoneham, Watertown, Winchester, Woburn?
- 3) In which city/town is your business located?
- 4) How many business owners are there?
- 5) Is the HOME address of the business owner listed in one of the following cities or towns?
- 6) Pursuant to the U.S. Department of Housing and Urban Development (HUD) guidelines, the business owner(s) must have family incomes falling within the low-moderate income (LMI) ranges: Is the business owner's current total HOUSEHOLD income less than or equal to the amount listed? Please determine the number of family members in your household and ensure that your current total household income is less than or equal to the amount listed. These household incomes can take into consideration the loss of income due to the crisis. (Definition of Family: All related by blood, marriage or adoption living in the same household.)

#### Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area

- 1-member household earning up to \$67,400
- 2-member household earning up to \$77,000
- 3-member household earning up to \$86,650
- 4-member household earning up to \$96,250
- 5-member household earning up to \$103,950
- 6-member household earning up to \$111,650
- 7-member household earning up to \$119,350
- 8-member household earning up to \$127,050
- My household earnings are greater than the amount listed.
- I'm unsure.

OR

#### Eastern Worcester County, MA HUD Metro FMR Area

- 1-member household earning up to \$54,950
- 2-member household earning up to \$62,800
- 3-member household earning up to \$70,650
- 4-member household earning up to \$78,500
- 5-member household earning up to \$84,800
- 6-member household earning up to \$91,100
- 7-member household earning up to \$97,350
- 8-member household earning up to \$103,650
- My household earnings are greater than the amount listed.
- I'm unsure.

If the hometown of the business owner was not listed, please use the U.S. Department of Housing and Urban Development's (HUD) Income Limits Documentation System to determine your eligibility.

Please click here:

[https://www.huduser.gov/portal/datasets/il/il2020/select\\_geography.odn](https://www.huduser.gov/portal/datasets/il/il2020/select_geography.odn)

- 1) Please click the button labeled "Click Here for FY 2020 IL Documentation"
- 2) From the list provided, select the state that the business owner lives in.
- 3) From the list provided, select the county that the business owner lives in.
- 4) Click "View County Calculations".

Q: Is the business owner's current total HOUSEHOLD income less than or equal to the amount listed under the "Low (80%) Income Limits" FY2020 Income Limit Category?

- Yes - Household earnings are less than or equal to the amount listed.
- No - Household earnings are greater than the amount listed.
- I'm unsure.

*Run through above set of questions (5-8) with appropriate number of additional owners)*

- 7) Does your business have 5 or less employees as of today (full-time equivalent, including owners)?
- 8) Is your business a for-profit entity?
- 9) Which entity type is your business?
  - Corporation
  - Limited Liability Company (LLC)
  - Partnership
  - Sole Proprietorship
- 10) Does your business provide goods or services to multiple clients or customers?
- 11) Were your business finances negatively impacted by COVID-19?
- 12) Is your business currently in operation?
- 13) Was your business legally established as of January 1, 2019?
- 14) Will this grant be used for any expenses already reimbursed or paid by other aid? This grant cannot duplicate/replace any other funds, and/or any funds from the following sources: The Paycheck Protection Program, Unemployment compensation benefits, Insurance claims/proceeds, Federal Emergency Management Agency (FEMA) funds, Small Business Administration funds, Other Federal/State/local funding, Other nonprofit/private sector/charitable funding.
- 15) Do you plan on using this grant to cover any of the following working capital costs:
  - Major Equipment Purchases
  - Purchase of Real Property
  - Construction Activities
  - Business Expansion
  - Lobbying
  - None of the Above
- 16) Is your business any of the following:
  - Real Estate Rentals / Sales Business
  - Business Owned By Persons Under Age 18
  - Chain Business
  - Liquor Store

- Weapons / Firearms Dealer
- Lobbyist
- Cannabis-Related Business
- None of the Above

17) Is your business current on all taxes due through March 1, 2020?

18) Are your businesses state licenses/registrations that are required to operate active and valid?

19) Is your business a party to litigation involving the Commonwealth or municipality you operate in?

*If applicant is determined to be eligible based on their answers to the above set of questions, they will be prompted to move on to completing the application.*

## Application

### Business Information:

- 2) Legal Name of Business:
- 3) DBA (Doing Business As) (if applicable):
- 4) DUNS Number:  
*\*You can look up your DUNS Number here: <https://www.dnb.com/duns-number.html>. If you do not yet have one, you can put in an expedited request for a number by specifying that you are applying for a government grant. Contact <https://fedgov.dnb.com/webform/> or by phone at 866-705-5711.*
- 5) Business Address:
- 6) Business Phone Number:
- 7) Business Website (if applicable):
- 8) When was your business registered/established?
- 9) Industry:
- 10) How many employees (full-time equivalent, including owner) did you have on March 10, 2020 (the date in which Governor Baker declared a state of emergency due to COVID-19)?<sup>1</sup>
- 11) How many employees do you have today (full-time equivalent, including owners)?
- 12) Which of the following apply to your business? (Check all that apply)
  - Minority-Owned
  - Woman-Owned
  - Veteran-Owned
  - Disability-Owned Business
  - LGBTQ+-Owned
  - Other Minority Status
  - Not Applicable
  - Prefer Not To Say

### Owner(s) Information:

- 13) Business Owner's Legal Name:
- 14) Business Owner's Social Security Number:
- 15) Business Owner's Home Address:
- 16) Business Owner's Phone Number:
- 17) Business Owner's Email Address:
- 18) Business Owner's Gender:
- 19) Business Owner's Race / Ethnicity:
- 20) Do you own 100% of the business?
- 20A) If no, how many other owners are there?
- 20B) *(Run through above set of questions with appropriate number of additional owners)*

### Estimated Adverse Economic Impact

- 21) Is your business currently in operation?
- 22) Is your brick and mortar store currently closed?

### Conflicts of Interest & Other Funding Sources:

- 23) Have you received additional COVID-19 financial aid from any of the following sources? (Including but not limited to funding from the CARES Act) (Check all that apply)

- State or Local Public Aid
- Other Federal Aid
- None

25B) *If applicant answers any of the above, except “none”, the following question will appear: How are funds from additional aid being used? (Including but not limited to funding from the CARES Act) (Check all that apply)*

- Payroll / Benefits to Support and Retain Employees
- Rent for Leased Property
- Mortgage Payments for Owned Property
- Utilities
- Accounts Payable / Operating Expenses
- Inventory
- Other (If other, please describe)

24) Is the applicant or co-applicant one or more of the following?

- A candidate or public official or foreign political official
- An immediate family member of a political official
- A business entity formed by or for the benefit of any public official
- A member of a local board or committee (including interim committees appointed during the crisis)
- Received or expected to receive, a financial interest or benefit from a CDBG-related activity or contract
- Has an immediate family member, who receive or expected to receive, a financial interest or benefit from a CDBG-related activity or contract
- Not applicable

*Answering these questions will not disqualify your business from grant funding but may just require more paperwork.*

### **Working Capital Plan:**

25) Grant Amount Request:

*The maximum grant amount a business can apply for is \$10,000 but MGCC reserves the right to award less than the amount requested.*

26) How will this grant be used to assist your business?

27) How did you hear about this grant opportunity?

### **File Upload:**

Documentation Required:

- A copy of your complete 2019 Federal Business Tax Return. If your tax return is on extension, 2018 will be accepted.
- A copy of complete 2019 Federal Personal Tax Returns for each business owner with a 20% or greater ownership interest in the business. If your tax return is on extension, 2018 will be accepted.
- A copy of your License to Operate/Business License/Professional Certification, if applicable
- Completed IRS W-9 Form
- A copy of your Certificate of Good Standing
- A copy of your Lease or Mortgage Bill
- If you received any state, local or federal COVID-19 financial aid, please provide documentation
- Documentation to demonstrate that the COVID-19 pandemic has caused a loss of income equal to or greater than the requested assistance

## Duplication of Benefits Certification for CDBG-CV Funds:

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I hereby certify that:

- The Community Development Block Grant-CV Funds, awarded to the city/town in which my business operates through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:
    - 1) The Paycheck Protection Program
    - 2) Unemployment compensation benefits
    - 3) Insurance claims/proceeds
    - 4) Federal Emergency Management Agency (FEMA) funds
    - 5) Small Business Administration funds
    - 6) Other Federal, State or local funding
    - 7) Other nonprofit, private sector, or charitable funding.
  - Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.
- ✓ I have read and understand the above statement.

Signature of Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity (Please type your full name here):

Date:

## **Certification & Submission:**

By checking the below box and submitting, the submitter certifies to the best of their knowledge and belief that the information contained on this application is true and complete. Your municipality has the right to terminate any agreement under the CDBG-CV Microenterprise Assistance Program if a submitter is found to provide untruthful information. Additionally, if the submitter is found to provide untruthful information, the CDBG-CV Microenterprise Assistance Program grant recipient with whom they are affiliated may be required to pay back the full grant amount to their municipality.

I certify that:

- My business is physically located within one of following cities/towns: Ashland, Beverly, Burlington, Canton, Concord, Dedham, Essex, Lexington, Manchester by the Sea, Marlborough, Melrose, Milton, Natick, North Reading, Norwood, Randolph, Reading, Sharon, Southborough, Stoneham, Watertown, Winchester or Woburn; and
  - My business has suffered a loss of income equal to or greater than requested assistance due to COVID-19; and
  - My business is a for-profit entity with 5 or fewer full-time equivalent employees providing goods or services to multiple clients or customers currently in operation and has been established prior to January 1, 2019; and
  - I will not use grant funds from this program for any expenses already reimbursed or paid by other sources of financial assistance; and
  - It is my intention to stay open or reopen; and
  - 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; and
  - 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/town in which my business is located, and I am current with all local, state and federal taxes; and
  - I am an individual authorized to submit this application and execute a grant agreement on behalf of the business entity listed; and
  - The above information, to the best of my knowledge is accurate and true.
- ✓ I have read and understand the above statement.

Signature of Applicant (Please type your full name here):

Date:

(SUBMIT)