



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

**THIS DOCUMENT IS FOR REVIEW PURPOSES ONLY**

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

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

## **CDBG-CV Microenterprise Assistance Program, Round II**

### **PROGRAM OVERVIEW:**

Massachusetts Growth Capital Corporation (MGCC) will be administering funds from the Community Development Block Grant COVID-19 (CDBG-CV) program to 23 municipalities for microenterprise assistance.

These special CDBG-CV funds were appropriated through the CARES Act of 2020 and are being awarded to Department of Housing and Community Development (DHCD) by the Department of Housing and Urban Development (HUD).

CDBG-CV Microenterprise Assistance grant funding will support qualifying microenterprises adversely impacted by COVID-19, giving priority to minority status owned business (Minority, Women, Veteran, Disability, LBGQT+).

### **GRANT PROGRAM TIMELINE:**

- 10/02/2020 at 9:00 AM – Application opens.
- 10/23/2020 at 5:00 PM – Application closes.

### **APPLICATION SUBMISSION INSTRUCTIONS:**

Your application must be filled out and submitted along with attachments as stated in “Required Documentation” electronically through MGCC’s online platform (<https://massgcc.submittable.com/submit>). Hard copies or electronic copies submitted in any other way, such as mailed in or emailed, will not be considered.

### **APPLICANT ELIGIBILITY:**

- Business must have a physical establishment 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 or Woburn.
- Business must be a microenterprise (a commercial enterprise that has 5 or fewer employees, 1 or more of whom owns the enterprise).
- Business owner(s) must qualify under the Low-Moderate Income (LMI) Limited Clientele national objective criteria. All owners of the business must earn an annual income equal to or less than 80% of the Area Median Income (AMI) based on family size.
- 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 must be able to document a loss of income equal to or greater than requested assistance due to COVID-19.
- Business must be currently in operation and have been established prior to 1/1/2019.
- Business must be in good standing with the state and city/town:
  - Business must be current on all taxes due through 3/1/2020; and
  - Have active and valid state licenses/registrations, if applicable; and
  - Not a party to litigation involving the Commonwealth or municipality you operate in.
- Ineligible businesses:
  - Real estate rentals/sales businesses;
  - Businesses owned by persons under age 18;
  - Businesses that are chains;
  - Liquor stores;
  - Weapons/firearms dealers;
  - Lobbyists; or
  - Cannabis-related businesses.

**AMOUNT OF FUNDING:**

Up to \$10,000 per business with demonstrated costs greater than or equal to the amount requested. Grants may be requested in increments of \$5,000, \$7,500 or \$10,000.

**APPROVED USE OF FUNDS:**

Funds may be used for working capital to cover business costs, such as rent, staffing, utilities, technical assistance, general support and stabilization of the business. Funds may also be used for purchasing personal protection equipment (PPE).

**NON-APPROVED USE OF FUNDS:**

Microenterprise Assistance grant funds may not be used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying.

**FUNDING SOURCE:**

Funding for this program will be provided through your town/city's CDBG-CV funds, which are allocated by DHCD.

**AWARD PROCESS:**

After the application period closes, Massachusetts Growth Capital Corporation (MGCC) will review all applications to determine eligibility. All eligible applicants will be reviewed by their respective city/town in which their business is located for final recommendations, confirming that they are up to date on their taxes and certifications. MGCC will award and disburse grants based upon eligibility criteria and city/town determinations.

**REQUIRED DOCUMENTATION:**

Please be prepared to provide the following for your application. All documents should be signed as required:

- [DUNS Number](#) (You can look up your DUNS Number by following the link. If you do not yet have one, you can put in a free, expedited request for a number (24-hour turnaround) by specifying that you are applying for a government grant. Use the Self-Service Portal link: [www.dnb.com/govtduns](http://www.dnb.com/govtduns) and choose "Federal Government Contractors or Grantees DUNS Number Support".)
- 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 Return for each business owner. 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 and Signed IRS [W-9 Form](#)
- If your business is a LLC, Partnership or Corporation: A copy of your Certificate of Good Standing from the Secretary of State, **not from the Department of Revenue** (A Certificate of Good Standing from the Department of Revenue is not required.) If you need to request a Certificate of Good Standing, click here: <https://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>.
- If your business is a Sole Proprietorship: A copy of your Business Certificate (DBA) from your city/town
- A copy of your Lease or Mortgage Bill
- If your business has 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: Provide a brief description (100-word limit).
- A copy of the invoice(s) for expenses you wish to use these grant funds to cover. If it is for a future expense, please describe in detail what that expense will be (in 1-2 sentences) and expect to submit proof that the expense was paid within 45 days of receiving your grant award.
- If you used 2020 projected total household income to determine LMI, please provide the following income verification:
  - Wages or distributions paid to the owner for most recent 8-week period
  - Wages or other income & pay stubs for most recent 8-week period
  - Wages or other income

- Pay stubs for most recent 8-week period for every member of your household age 18+ working for an employer
- Unemployment verification letter & pay stubs for most recent 8-week period of unemployment benefits
- Benefit statement, verification letter or periodic statement for: Public Assistance, Child Support, VA, Unemployment, Social Security, SSI, disability and each pension/investment income source stating the amount and frequency of benefit (All that apply)
- 2 months of any/all checking and savings accounts for every member of your household age 18+ working for an employer

**COMPLIANCE WITH FEDERAL FUNDS, LAWS AND REGULATIONS:**

Applicants must comply with all applicable laws.

**FREQUENTLY ASKED QUESTIONS (FAQ's):** [Click Here](#)

**TECHNICAL SUPPORT: CONTACT SUBMITTABLE**

Website: [submittable.com/contact](http://submittable.com/contact)

**OTHER QUESTIONS: CONTACT MGCC**

Email: [grants@massgcc.com](mailto:grants@massgcc.com)

Please use the subject line “CDBG-CV Microenterprise Assistance Program”

## 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) Pursuant to the U.S. Department of Housing and Urban Development (HUD) guidelines, the business owner(s) must have a household income falling within the low-moderate income (LMI) ranges. You can determine eligibility based off either your 2019 federal Personal Tax Return or 2020 Projected Total Household Income. Which would you like to use to determine LMI eligibility?
  - 2019 Federal Person Tax Return
  - 2020 Projected Total Household Income

#### A. 2019 Federal Person Tax Return

Q1. Is the HOME address of the business owner listed in one of the following cities or towns? (List of 124 cities/towns)

Q2. Is the business owner's total HOUSEHOLD income on their 2019 federal personal tax return less than or equal to the amount listed? Please determine the number of family members in your household and ensure that your total household income is less than or equal to the amount listed. (Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such a group includes, but is not limited to: A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family), an elderly family, a near-elderly family, a disabled family, a displaced family, and the remaining member of a tenant family.)

#### 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 total HOUSEHOLD income on their 2019 federal personal tax return 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.

(Cont...)

B. 2020 Projections

Q1. Household Income\* Verification for 2020: If you believe you qualify for LMI in 2020, please complete this worksheet to determine your household's 2020 total projected income.

<b><u>Calculate Total Household Income* from 1/1/20 - 9/30/20</u></b>	<b><u>\$(Numerical values only)</u></b>	<b><u>Examples of income documents that must be submitted</u></b>
Owner's Wages from business applying for grant	\$0	Wages or distributions paid to the owner for most recent 8-week period
Owner's Wages from other sources	\$0	Wages or other income & pay stubs for most recent 8-week period
Wages from other household members age 18+	\$0	Wages or other income & pay stubs for most recent 8-week period for every member of your household age 18+ working for an employer
Unemployment Insurance all household members age 18+	\$0	Unemployment verification letter & pay stubs for most recent 8-week period of Unemployment Benefits
Other Sources of income for all household members age 18+	\$0	<b>Benefit statements</b> for Public Assistance, Child Support, VA, Unemployment, Social Security, SSI, disability and verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits
<b>Sub- Total (January 1 to September 30, 2020)</b>	<b>\$0</b>	
<b><u>Calculate Projected Household Income* for remainder of 2020 (10/01/20 - 12/31/20) - This must be consistent with 2020 income sources</u></b>		
Wages from business applying for grant	\$0	Project your wages for the next 3 months
Wages from other sources	\$0	Project your wages from other sources for the next 3 months
Wages from Other household members age 18+	\$0	Project wages or other income for every member of your household age 18+ working for an employer
Unemployment Insurance all household members age 18+	\$0	Project unemployment benefits for every member of your household age 18+ working for an employer
Other Sources of income for all household members age 18+	\$0	Based on your Benefit statements, project other sources of income. This would include: Public Assistance, Child Support, VA, Unemployment, Social Security, SSI, disability and verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits
<b>Projected Sub total (October 1 to December 31, 2020)</b>	<b>\$0</b>	
<b>Total projected Household Income* for 2020</b>	<b>\$0</b>	

*Attachments must be included and are not limited to the above information for all household members age 18+.*

*\*Household Income: Defined as any family member living in the household. (Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such a group includes, but is not limited to: A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family), an*

*elderly family, a near-elderly family, a disabled family, a displaced family, and the remaining member of a tenant family.)*

Q2. Is the HOME address of the business owner listed in one of the following cities or towns? (List of 124 cities/towns)

Q3. Is the business owner's total HOUSEHOLD income based on 2020 projections less than or equal to the amount listed? Please determine the number of family members in your household and ensure that your total household income is less than or equal to the amount listed. (Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such a group includes, but is not limited to: A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family), an elderly family, a near-elderly family, a disabled family, a displaced family, and the remaining member of a tenant family.)

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

- 1-member household earning up to \$67,400
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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)

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- 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 total HOUSEHOLD income based on 2020 projections 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 each additional business owner)*

- 4) Does your business have 5 or less employees as of today (1 or more of whom owns the enterprise)?
- 5) Is the legal structure of the business a for-profit entity?
- 6) Which entity type is your business: Corporation, Limited Liability Company (LLC), Partnership, Sole Proprietorship?
- 7) Does your business provide goods or services to multiple clients or customers?
- 8) Were your business finances negatively impacted by COVID-19?
- 9) Is your business currently in operation (is not permanently closed, out of business, or filed for bankruptcy)?
- 10) Was your business legally established as of January 1, 2019?
- 11) 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.
- 12) 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?
- 13) 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?
- 14) Is your business current on all taxes due through March 1, 2020?
- 15) Are your businesses state licenses/registrations that are required to operate active and valid?
- 16) 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:
- 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 (including 1 or more of whom owns the enterprise) did you have on March 10, 2020 (the date in which Governor Baker declared a state of emergency due to COVID-19)?
- 11) How many employees do you have today (including 1 or more of whom owns the enterprise)?
- 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 (13-19) with each additional business owner)*

### Estimated Adverse Economic Impact

- 21) Is your business currently in operation?
- 21B) If you are not currently in operation, when do you plan to resume operations for your business?
- 22) Is your brick and mortar store (i.e. physical storefront) currently closed?

### Conflicts of Interest & Other Funding Sources:

- 23) Has your business 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
- 23B) *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? (Check all that apply): 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? (Chart)

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 Return for each business owner. 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 and Signed IRS [W-9 Form](#)
- If your business is a LLC, Partnership or Corporation: A copy of your Certificate of Good Standing from the Secretary of State, **not from the Department of Revenue** (A Certificate of Good Standing from the Department of Revenue is not required.) If you need to request a Certificate of Good Standing, click here: <https://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>.
- If your business is a Sole Proprietorship: A copy of your Business Certificate (DBA) from your city/town
- A copy of your Lease or Mortgage Bill
- If your business has 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: Provide a brief description (100-word limit).
- A copy of the invoice(s) for expenses you wish to use these grant funds to cover. If it is for a future expense, please describe in detail what that expense will be (in 1-2 sentences) and expect to submit proof that the expense was paid within 45 days of receiving your grant award.
- If you used 2020 projected total household income to determine LMI, please provide the following income verification:
  - Wages or distributions paid to the owner for most recent 8-week period
  - Wages or other income & pay stubs for most recent 8-week period
  - Wages or other income
  - Pay stubs for most recent 8-week period for every member of your household age 18+ working for an employer
  - Unemployment verification letter & pay stubs for most recent 8-week period of unemployment benefits
  - Benefit statement, verification letter or periodic statement for: Public Assistance, Child Support, VA, Unemployment, Social Security, SSI, disability and each pension/investment income source stating the amount and frequency of benefit (All that apply)
  - 2 months of any/all checking and savings accounts for every member of your household age 18+ working for an employer

### **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.

### **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.