



**City of Pittsfield**

**COVID-19 Small Business Recovery Grant Program Application**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

**Phone Numbers:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Organization Type:**  Sole Proprietor  Limited Liability Company  
 Corporation  Partnership

**Ownership/Management:**

Name: \_\_\_\_\_ % Interest Owned \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please provide a brief narrative, supported by financial information, of the impact COVID-19 has had on your business**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years at Present Address: \_\_\_\_\_

Is the current space: \_\_\_\_rented                      \_\_\_\_\_owned

Mortgage payment: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Please indicate the square footage of the occupied space: \_\_\_\_\_

Average Gross Annual Receipts: \_\_\_\_\_

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

Grant Amount Requested: \$ \_\_\_\_\_

Number of Employees:

As of February 29, 2020:                      \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

At time of application:                      \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Jobs Expected to be Retained (or rehired) as a Results of this Grant - Designate Full Time or Part Time:

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

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

Use: \_\_\_\_\_ \$: \_\_\_\_\_

Use: \_\_\_\_\_ \$: \_\_\_\_\_

Use: \_\_\_\_\_ \$: \_\_\_\_\_

Use: \_\_\_\_\_ \$: \_\_\_\_\_

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.)? If yes, please list source and awarded dollar amount. If not, would you like to receive further information on other available funding?**

Source:

Amount:

Use:

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**While we understand that there is uncertainty, the City of Pittsfield hopes that businesses receiving a grant award will successfully survive and recover after the COVID-19 State of Emergency. Please describe steps taken to date to during the pandemic and plans you have to continue to survive and recover after the pandemic:**

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## INCOME CERTIFICATION FORM

### TO BE COMPLETED BY THE APPLICANT

To the applicant: The City of Pittsfield may provide you with funding assistance from the United States Department of Housing and Urban Development (HUD). Federal requirements ask that the following information be supplied to the City. In addition, this information will help the City determine if you qualify as a micro-enterprise (defined as a business owned by a low or moderate income individual or family) under federal regulations. This information will be retained in the Department of Community Development for possible review by Federal agencies and will be kept confidential and not made available to the public. 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 Pittsfield?             Yes             No

What is your current residential address?

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Do you:  own, or             rent your residence?

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

FY 2020 Income Limit	Persons in Household							
	1	2	3	4	5	6	7	8
<b>Low/Mod Income</b>	\$50,900	\$58,200	\$65,450	\$72,700	\$78,550	\$84,350	\$90,150	\$96,000

Is your 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 Pittsfield 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 February 29, 2020.
- I certify that the average annual gross/receipts of the business is less than \$1.5 million.
- 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 Pittsfield 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 [pittsfieldsmallbusiness@cityofpittsfield.org](mailto:pittsfieldsmallbusiness@cityofpittsfield.org).

If you have any questions about the application requirements or have any issues with submitting any of the documents, please email [pittsfieldsmallbusiness@cityofpittsfield.org](mailto:pittsfieldsmallbusiness@cityofpittsfield.org) and someone will assist you.

Applications are available in English and Spanish.

The City of Pittsfield does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic formation, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.