

# PITTSFIELD ECONOMIC REVITALIZATION CORPORATION

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## SMALL BUSINESS TECHNICAL ASSISTANCE GRANT APPLICATION

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Date Submitted)

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Amount Requested from PERC)

\_\_\_\_\_  
(Signature of Applicant)

Appl. No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Rec'd by \_\_\_\_\_

# **PERC SMALL BUSINESS TECHNICAL ASSISTANCE GRANT PROGRAM**

## **I. PROGRAM DESCRIPTION**

**PURPOSE:** The Pittsfield Economic Revitalization Corporation (PERC) provides grants for specialized technical assistance to owners of small businesses in Pittsfield and other Berkshire County communities. PERC will award the funds to businesses that have need for professional guidance and services of a technical nature, such as financial, architectural, legal, engineering, or specialized business planning services. The matching grants are intended to help small businesses expand, grow, improve their operations and create jobs. The source of funding for this program is the Massachusetts Growth Capital Corporation through the Small Business Technical Assistance Provider Grant Program.

### **ELIGIBILITY REQUIREMENTS:**

- ◆ Project must be located in the PERC service area, consisting of the City of Pittsfield and all other communities in Berkshire County.
- ◆ Company must be creating new jobs or there must be a reasonable expectation that jobs will be created in the future. Companies that can commit to the creation of a higher number of new jobs and/or jobs that pay higher wages will be given greater consideration in the application review process.
- ◆ Company must be a small business, as defined by the U. S. Small Business Administration (SBA):
  - (1) Independently owned
  - (2) Does not have a net worth more than \$18 million
  - (3) Does not have an average income after Federal income taxes for the preceding two years in excess of \$6 million.
- ◆ The program is targeted to assist businesses with twenty or fewer employees. Prospective business owners should be within 1 year of starting their business. Women, minority, immigrant, low-income, previously unemployed and military veteran business owners are encouraged to apply for these funds.
- ◆ Applicants that are seeking business financing, from private sources and/or public programs, will be given greater consideration in the application review process.
- ◆ Applicant will provide matching funds on a dollar-for-dollar basis.

### **ELIGIBLE USES:**

- Financial and management advisory services
- Engineering and architectural services related to an expansion project
- Specialized business planning services, such as to improve efficiency of operation
- Legal advisory services
- Marketing services for expansion to new market area: market testing, primary and secondary market research, promotion, etc. Routine advertising and signage is not eligible.
- Employee training services

**MAXIMUM GRANT AMOUNT:** Up to \$5,000 per applicant / business, matched by the applicant on a dollar-for-dollar basis and subject to availability of funds.

**APPLICATION PROCEDURE:** Applications may be accepted by PERC, subject to the availability of funds.

The application shall include a statement of the purpose of the Technical Assistance Grant and benefit to be realized. Completed applications shall be accompanied by appropriate documentation supporting the request, including:

1. written proposal from the professional consultant(s) with a description of the services to be provided;
2. documentation of the consultant's expertise;
3. budget and price quote;
4. timetable for use of the grant;
5. verification of the matching source of funds;
6. completed business plan;
7. other supporting documentation, as appropriate.

**REVIEW PROCESS:** Once a completed application, including all required supporting documentation, is received, the application will be reviewed by the PERC Technical Assistance Committee. Final approval will be by the PERC Board of Directors.

**INELIGIBLE PROJECTS:**

- Routine business operating and capital expenses.
- Acquisition of land for which the specific proposed use has not been identified.
- Real estate development projects.
- Businesses that have an unresolved non-compliance finding for previous PERC assistance.
- Businesses that are not in good standing with the Municipality or the Commonwealth of Massachusetts.

**ELIGIBILITY DOCUMENTATION:**

1. **Eligibility:** \_\_\_\_ My business has 20 or fewer FTE employees

2. **Demographics**

I identify as: (please check all that apply)

\_\_\_\_ Female

\_\_\_\_ Male

\_\_\_\_ Minority: Black/African American, Hispanic or Latino, Asian, Native American

\_\_\_\_ White

\_\_\_\_ Immigrant/non-native English speaker

\_\_\_\_ Starting business as a result of becoming unemployed

\_\_\_\_ US military veteran

**To be completed by PERC staff:**

\_\_\_\_ Business located in low/moderate income community (as defined by HMDA/CRA – use: [www.ffiec.gov/geocode](http://www.ffiec.gov/geocode))

\_\_\_\_ Low/Moderate income business owner (based on HUD guidelines)

\_\_\_\_ Business Cooperative

3. **Determine which category you qualify for (must meet all of the conditions under that category and attach documentation):**

**Pre-Start-Up**

- Have definite business idea
- No actual business activity
- Within 12 months of start-up

**Start-Up Business**

- < 5 years in business
- Evidence of business activity through internal financial reports

**Established Business**

- > 1 year in business
- Tax returns showing profitability or past profitability
- Proof of employing at least one full time equivalent employee

**II. PROJECT APPLICANT**

A. Applicant's Legal Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Ownership/Management: All officers, directors, and owners of 20% or more of the applicant business are listed below:

Name, Address Telephone number	Office Held and Social Security #	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Have any of the persons listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?     Yes     No
- D. Has the applicant or management of applicant been informed of any current or on going investigation of the applicant with respect to possible violations of state or federal securities laws?     Yes     No
- E. Has the applicant or any person listed above been connected with, been in receivership, or adjudicated as bankrupt?     Yes     No
- F. Is the applicant or any person listed above aware of any threatened or pending litigation which would impair the operation of the business?     Yes     No

If you answered yes to any of the above questions, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PROJECT REPRESENTATIVES**

Applicant's Regular Bank/Branch: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Legal Representative(s): \_\_\_\_\_

Accountant(s): \_\_\_\_\_

**IV. PROJECT SUMMARY Brief narrative description of the project:**

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

**V. SOURCES AND USES OF FUNDS (Include requested grant and matching funds.)**

Use of Funds	Amount	Source of Funds (Grant, Applicant, Other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	=====	_____

**VI. EMPLOYMENT**

A. Total number of current employees: \_\_\_\_\_

Number part-time: \_\_\_\_\_ Number full-time: \_\_\_\_\_

B. Estimate # of new jobs created in next 12 months: \_\_\_\_\_ (Full-time \_\_\_\_\_ Part-time \_\_\_\_\_)

24 months: \_\_\_\_\_ (Full-time \_\_\_\_\_ Part-time \_\_\_\_\_)

**VII. PROJECT IMPACT**

A. Please tell us about the results you anticipate from this technical assistance. Your answer may include, but not be limited to, a description of documentation to be produced to obtain a business loan, types of assistance you expect to receive to help you stabilize your business, and/or specific ways your consultant will help you open or grow your business. Be sure to include a description of tangible results that you expect as a result of the assistance, such as new business plan, upgraded financial system or website, new marketing strategy, new lease, etc. — include anticipated time frame (within 3 months).

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B. How will the technical assistance benefit your business? What results do you anticipate from receiving this technical assistance? (Please check all that apply)

\_\_\_\_ Qualify for a business loan/line of credit

\_\_\_\_ Start a new business/ acquire a new business

\_\_\_\_ Grow my business

\_\_\_\_ Stabilize my business (due to current losses or other business problems)

\_\_\_\_ Increase \_\_\_\_\_ (number) full-time equivalent employees

\_\_\_\_ Preserve \_\_\_\_\_ (number) full-time equivalent employees (save jobs that will otherwise be lost)

C. Do you expect to apply for a loan afterwards?  Yes  No

If yes, where do you expect to apply?  Bank  PERC

Other \_\_\_\_\_

D. How much has been invested in your business to date?

Loan \$ \_\_\_\_\_

Personal Funds \$ \_\_\_\_\_

Other ( \_\_\_\_\_ ) \$ \_\_\_\_\_

**ATTACHMENT A**

**ACKNOWLEDGMENT REGARDING PUBLIC  
FUNDING AND INFORMATION DISCLOSURE**

The undersigned applicant acknowledges that the technical assistance grant program for which application is made is funded in whole or in part by the Massachusetts Growth Capital Corporation through the Small Business Technical Assistance Provider Grant Program and that because these grants are made with public funds, information supplied by the applicant may be considered public information pursuant to applicable federal and/or state laws and regulations.

Further, the undersigned authorizes the Pittsfield Economic Revitalization Corporation to verify all information furnished in connection with the application for a technical assistance grant under the Small Business Technical Assistance Grant program.

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Applicant