



City of Pittsfield

COVID-19 Restaurant Rapid Response 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

Monthly Rent/Mortgage payment: _____ Are you current _____

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: \$ _____

Were you open and operating at the time of the Mayor's orders to suspend indoor dining _____

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: _____ \$: _____

Total: \$: _____

DUNS Number _____

OR

Have/will apply for DUNS Number

(You can look up/apply for a DUNS number at <https://www.dnb.com/duns-number.html>)

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:

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:

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. 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?

Do you: own, or rent your residence?

Using the chart below, is your total family income for the last 12 months less than or equal to the amount indicated for the size of your household? (Please be sure to include all sources of family income)

Yes No

Persons in Household	1	2	3	4	5	6	7	8
Family's Total Income Limit	\$50,900	\$58,200	\$65,450	\$78,550	\$72,700	\$84,350	\$90,150	\$96,00

For reporting purposes only, please answer the following questions:

Sex: Male Female Trans.

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 written-in information, to the best of my knowledge, is accurate and true.

Business Name

Authorized Representative

Title

Date

APPLICATION ELIGIBILITY/CERTIFICATION 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 business's average annual gross is at least \$20,000 but less than \$1.5 million.
- I agree that business expects to continue operations
- 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 and signed 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.
- I confirm that I have complied with all laws of the Commonwealth of Massachusetts, pursuant to Massachusetts General Law, Chapter 62C, Section 49A (b).
- I confirm that 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 understand that this grant is on a re-imbusement basis. No invoices that will be submitted shall be dated prior to the agreement date
- 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.

If you have any questions about the application requirements or have any issues with submitting any of the documents, please email 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.