



## City of Pittsfield – 2<sup>nd</sup> Round

### COVID-19 SMALL BUSINESS RECOVERY GRANT APPLICATION

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

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

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

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

Street

City

State

Zip Code

Phone Numbers: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

#### Business Organization Type:

\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Corporation \_\_\_\_\_ Other

#### Partnership Ownership/Management:

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

\_\_\_\_\_

\_\_\_\_\_

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

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

(Must be prior to January 1, 2019, must not be permanently closed, out of business or filed bankruptcy)

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

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

Lease Expiration Date: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

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

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

Number of Employees: Prior to Covid-19, how many people did your business employ:  
(include yourself)

As of February 29, 2020: \_\_\_\_\_

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

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

As of today: \_\_\_\_\_

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

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

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

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

**Tell us how Covid-19 affected your business:**

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

**Use of Funds: Please describe how the COVID-19 Small Business Recovery Grant will be used to help your small business retain/hire employees and keep your business operating during this challenging time (example: rent, utilities, payroll):**

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

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

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

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

Total: \$: \_\_\_\_\_

**Have you applied for any other COVID-19 financial assistance programs (City of Pittsfield Covid-19 Small Business Grant, Restaurant Rapid Response Grant, PPP, SBA Economic Injury Disaster Loan, Massachusetts Small Business Recovery Loan Fund, and MGCC Grant Funds etc.)? If yes, please list source and awarded dollar amount.**

**If no, would you like to receive further information on other available funding? Yes \_\_\_ No \_\_\_**

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 be successful and recover after the COVID-19 State of Emergency. Please describe steps that you have taken to help lessen the losses to your business 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). Per Federal requirements, the following information must 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 LMI 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 required. 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	\$96,000

**For reporting purposes only, please answer the following questions:**

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Trans.

Handicapped: \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran \_\_\_\_\_ 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 \_\_\_\_\_

**CERTIFICATIONS:**

- I certify that I have the authority to submit this application and execute a grant agreement on behalf of the business entity listed
- I certify that the grant will be used for business purposes only detailed in this application
- I certify that my business is in compliance with all laws of the Commonwealth of Massachusetts, pursuant to Massachusetts General Law, Chapter 62C, Section 49A (b).
- I certify that I am current with all local, state and federal taxes.
- I certify that my business is located within the City of Pittsfield and the business maintains all proper licenses and permits for operation.
- I certify I qualify as a micro-enterprise business or business creating or retaining jobs
- I certify that my revenue has declined as a result of COVID-19 since February 29, 2020.
- I certify that business expects to continue operations
- I certify that the information contained in this application and in the attached documents are true and accurate to the best of my knowledge and is provided for the purposes of obtaining a grant. I authorize The Department of Community Development to make inquiries, as needed, to verify accuracy of this information.
- I certify that submitting this application in accordance with the instructions constitutes an electronic signature

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

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**A COMPLETED APPLICATION SHOULD INCLUDE THE FOLLOWING**

- The application is completed and signed
- A copy of the most recent personal tax returns for owners of a micro enterprise (to verify income status)
- Documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements and other data as applicable:
  - Business Taxes 2019 and 2020 and Profit & Loss for 2019, 2020, YTD for 2021
- Documents and reports the economic impact as a result of this grant, including but not limited to, jobs retained, increased sales, participation in other relief programs

**IF AWARDED THE GRANT – ADDITIONAL ITEMS WILL BE REQUIRED:**

- Signed W-9 Form
- Duplication of Benefits Form
- I understand that this grant is administered on a re-imbursement basis or two party checks can be issued. I will submit invoices for acceptable expenditures
- Invoices submitted shall be dated after the signed Agreement date
- DUNS number (if you don't have a DUNS Number, you can apply for a DUNS number at <https://www.dnb.com/duns-number.html>)
- I agree to document and report the economic impact as a result of this grant, jobs created or retained.

**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.