



Pittsfield Economic Revitalization Corp.

## ARPA SMALL BUSINESS GRANT APPLICATION

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

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

Street

\_\_\_\_\_

City

State

Zip Code

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

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

Street

\_\_\_\_\_

City

State

Zip Code

**Phone Number:**

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

**Business Organization Type (check one):**

Sole Proprietor  Partnership  Limited Liability Company  Corporation  Other

**Partnership Ownership/Management:**

Name:

% Interest Owned

Title

\_\_\_\_\_

\_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_

**Number of Employees:**

How many people did your business employ: (include yourself)

Prior to Covid-19 Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

As of today: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Jobs Expected to be Retained (or rehired) as a result of this grant –

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

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

**Grant Amount Requested \$**

**Use of Funds: Please describe how the ARPA Small Business Grant will be used to help your 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.

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

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

Sex: Male    Female    Transgender    Non-Binary

Disabled: 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 that my revenue has declined as a result of COVID-19
- 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 Pittsfield Economic Revitalization Corporation 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
- Documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements and other data as applicable:
  - Balance Sheets and Profit and Loss for 2021 and 2022
  - Other relevant documentation

**SUBMISSION INSTRUCTIONS:**

**By email:**

Completed application forms and all attachments should be sent via email to: [PERC-ARPAgrant@cityofpittsfield.org](mailto:PERC-ARPAgrant@cityofpittsfield.org)

Application with supporting documentation can be mailed to:  
Department of Community Development / PERC  
70 Allen Street, Room 205  
Pittsfield, MA 01201

The Pittsfield Economic Revitalization Corporation does not discriminate in its programs and activities based on 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.