

## WHAT IS THE CDBG-CV SMALL BUSINESS GRANT PROGRAM?

The COVID-19 pandemic negatively impacted small businesses in Weymouth, resulting in job loss and serious financial challenges. The Town of Weymouth received \$419,319 in Community Development Block Grants funds from the US Department of Housing and Urban Development under the “Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) to prevent, prepare for, and respond to the coronavirus (COVID-19). The Town’s has created a Small Business Grant (SBG) Program offering grants to eligible small businesses in two categories:

### 1) **Low Moderate Income (LMI) Microenterprises**

Weymouth for-profit businesses with five or fewer employees INCLUDING the owner where the owner is LMI.

### 2) **Other Small Businesses**

Weymouth for-profit small businesses that have from six to 100 employees or microenterprises that are NOT owned by LMI owners.

See Attached CDBG-CV SMALL BUSINESS GRANT Policies and Procedures. [READ Policies and Procedures CAREFULLY!](#)

Grant assistance may not exceed under any circumstances \$10,000 for low-moderate income micro enterprises or \$15,000 for other small businesses.

You may apply for CDBG-CV SMALL BUSINESS GRANT FUNDS for ONE of the following purposes:

- Three months of Rent/lease/mortgage, or
- Three months of utilities

*Payment of arrearages or past due amounts, late fees, penalties are not eligible.*

## A. BUSINESS OWNER - PERSONAL QUESTIONS

1. OWNER (YOUR) NAME:

2. HOME ADDRESS

STREET NUMBER:

STREET NAME:

CITY/TOWN:

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STATE:

ZIP CODE:

3. HOME PHONE: CELL PHONE:

4. BEST DAYS/TIMES TO REACH YOU BY PHONE:

5. EMAIL ADDRESS:

## B. BUSINESS QUESTIONS

1. TYPE OF BUSINESS (e.g., restaurant, bar, spa/salon, brewery)

2. BUSINESS LEGAL NAME

3. OWNER STATUS

<i>Owner's Name</i>	<i>Percentage of Business Owned</i>
LIST YOUR NAME FIRST:	
SECOND OWNER'S NAME:	
THIRD OWNER'S NAME:	

4. BUSINESS EIN (e.g., Federal Employer Identification Number (FEIN) or Federal Tax ID #):

5. DUNS NUMBER: YOU **MUST** HAVE A DUN & BRADSTREET NUMBER TO APPLY FOR SBG FUNDS. SEE <http://fedgov.dnb.com/webform/index.jsp> TO APPLY. ENTER # HERE:

6. BUSINESS ORGANIZATION TYPE:

SOLE PROPRIETOR

CORPORATION

LIMITED LIABILITY COMPANY

PARTNERSHIP

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7. ADDRESS OF BUSINESS LOCATED IN WEYMOUTH:

STREET NUMBER:

STREET NAME:

CITY/TOWN:

STATE:

ZIP CODE:

8. BUSINESS PHONE NUMBER:

9. BUSINESS EMAIL ADDRESS (if there is one):

10. BUSINESS WEBSITE (if there is one):

11. HOW LONG HAVE OWNED THE BUSINESS FOR WHICH YOU SEEK SBG FUNDS?

12. WHEN DID YOUR BUSINESS BEGIN OPERATIONS AT THE CURRENT ADDRESS?

MONTH:

YEAR:

13. IDENTIFY ANY PRIOR ADDRESS AT WHICH YOU OWNED AND OPERATED THIS BUSINESS

STREET NUMBER:

STREET NAME:

CITY/TOWN:

STATE:

ZIP CODE:

14. STATEMENT OF THE IMPACT OF COVID-19 ON YOUR BUSINESS (e.g., lost revenues, layoffs, etc.):

15. WAS YOUR BUSINESS DEEMED ESSENTIAL UNDER GOVERNOR BAKER'S EXECUTIVE ORDERS REQUIRING CLOSURE OF NON-ESSENTIAL BUSINESSES?

YES                      NO

16. IF **YES** TO QUESTION 15, WAS YOUR BUSINESS ABLE TO OPERATE AT ALL WHILE THE EXECUTIVE ORDERS REMAINED IN EFFECT?

YES                      NO

17. DID YOUR BUSINESS LOSE REVENUES DURING THE EXECUTIVE ORDERS DESPITE THAT YOUR BUSINESS WAS DEEMED ESSENTIAL?

YES                      NO

*You will need to demonstrate loss through documentation at the end of the application.*





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INDICATE ETHNICITY (Optional)

Hispanic

Not Hispanic

Female Head of Household?

YES

NO

26. COMPLETE THE TABLE BELOW SHOWING ALL FEDERAL, STATE, LOCAL GOVERNMENT AND PRIVATE GRANTS, LOANS OR OTHER ASSISTANCE YOUR BUSINESS HAS RECEIVED OR APPLIED FOR DURING THE COVID-19 PANDEMIC (SBA Economic Injury Disaster Loan Emergency Advance, Paycheck Protection Program [PPP] Loan, etc.).

LOAN, GRANT, OTHER ASSISTANCE APPLIED FOR (e.g., PPP)	AMOUNT APPLIED FOR	APPLICATION APPROVED OR DENIED	IF APPROVED, FOR WHAT COMMERCIAL PURPOSE WILL YOU USE FUNDS?
		APPROVED DENIED	Rent/lease/mortgage  Utilities  Something else
		APPROVED DENIED	Rent/lease/mortgage  Utilities  Something else
		APPROVED DENIED	Rent/lease/mortgage  Utilities  Something else
		APPROVED DENIED	Rent/lease/mortgage  Utilities  Something else
		APPROVED DENIED	Rent/lease/mortgage  Utilities  Something else

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IF YOU DID **NOT** RECEIVE OR APPLY FOR ANY OTHER ASSISTANCE, CHECK THIS BOX.

27. PER FEDERAL REGULATIONS, CERTAIN BUSINESSES MUST EITHER CREATE OR RETAIN AT LEAST ONE JOB COMPUTED ON AN FTE BASIS THAT MUST BE HELD BY A LOW-MODERATE INCOME PERSON IN EXCHANGE FOR SBG FUNDS.

BUSINESSES NEED ONLY PLEDGE TO CREATE OR RETAIN JUST ONE SUCH JOB BUT IF THEY PLEDGE TO CREATE OR RETAIN MORE THAN ONE FTE JOB, 51% OF SUCH JOBS COMPUTED ON AN FTE BASIS MUST ACTUALLY BE HELD BY AN LMI PERSONS. EXAMPLE: IF YOU WILL CREATE FIVE JOBS, THREE MUST BE HELD BY LMI INCOME PERSONS.

**NOTE:** IF YOU LAY OFF RE-HIRE EMPLOYEES LAID OFF, THIS IS, PER HUD GUIDANCE, JOB CREATION NOT JOB RETENTION.

A. I PLEDGE TO (CHECK **ONE**):

CREATE JOBS

RETAIN JOBS

B. I PLEDGE TO CREATE OR RETAIN (AS INDICATED ABOVE) THE FOLLOWING NUMBER OF JOBS COMPUTED ON AN FTE BASIS:

C. 51% OF THE NUMBER INDICATED IN "B" ABOVE IS:

*(This represents the number of jobs that you must ensure are held by or will be held by an LMI PERSON) If you are creating or retaining just one job, 51% is that ONE job.*

D. INDICATE BY JOB TITLE THE POSITIONS TO BE CREATED OR RETAINED (CONSISTENT W/ Q20):

JOB TITLE:

JOB TITLE:

JOB TITLE:



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JOB TITLE:

JOB TITLE:

*ATTACH MORE PAGES IF NEEDED*

28. PLEASE INDICATE ALL BUSINESS EXPENSES IN THE TABLE BELOW.

<b>EXPENSES MONTHLY UNLESS OTHERWISE INDICATED</b>	<b>AMOUNT</b>
MONTHLY (CHECK ONE) LEASE RENT MORTGAGE	
GAS (AVERAGE MONTHLY)	
ELECTRIC (AVERAGE MONTHLY)	
DEBT PAYMENT	
INSURANCE	
COST OF GOODS/SUPPLIES	
WATER AND SEWER (QUARTERLY)	
DEBT PAYMENT	
WATER AND SEWER QUARTERLY DIVIDED BY THREE	
OTHER MONTHLY (IDENTIFY)	
OTHER MONTHLY (IDENTIFY)	
TOTAL MONTHLY EXPENSES	

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29. FOR WHICH PURPOSE ARE YOU APPLYING FOR SBG FUNDS? Select only ONE.

PAYMENT OF UP TO THREE MONTHS OF BUSINESS RENT/LEASE/MORTGAGE  
PAYMENT OF UP TO THREE MONTHS OF UTILITY COSTS

Again, assistance may not exceed under any circumstances \$10,000 for low-moderate income micro enterprises or \$15,000 for other small businesses.

30. IF APPLYING FOR RENT/LEASE/MORTGAGE ASSISTANCE, COMPLETE THE FOLLOWING (IF NOT, SKIP TO QUESTION 33).

ACCOUNT NUMBER

NAME OF LANDLORD, BANK, OR ENTITY TO WHOM YOU PAY LEASE/RENT/MORTGAGE:

PHONE NUMBER FOR LANDLORD, BANK OR ENTITY TO WHOM PAYMENT IS MADE:

ADDRESS TO WHICH YOU SEND RENT/LEASE/MORTGAGE PAYMENT:  
STREET NUMBER:

STREET NAME:

CITY/TOWN:

STATE:

ZIP CODE:

*You will need to attach copy of mortgage & most recent mortgage statement or lease/rental agreement & statement.*

31. ARE YOU IN ARREARS/BEHIND IN PAYING YOUR BUSINESS RENT/LEASE/MORTGAGE?

YES

If Yes, for which months are you in arrears?

Amount by which you are in arrears.

NO

32. WHEN DOES YOUR BUSINESS LEASE OR RENT AGREEMENT EXPIRE OR WHEN WILL

MORTGAGE BE PAID OFF:

MONTH

DAY

YEAR

33. **SKIP THIS QUESTION UNLESS YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS RATHER THAN WITH RENT/LEASE/MORTGAGE.** IF APPLYING FOR UTILITY BILL ASSISTANCE, FOR WHICH TYPE OF UTILITY ARE YOU SEEKING ASSISTANCE? YOU MAY CHECK ALL THAT APPLY BUT THIS DOES MEAN YOU WILL RECEIVE ASSISTANCE FOR MORE THAN ONE. FUNDING AVAILABILITY AND OTHER FACTORS APPLY.

GAS

ELECTRIC

WATER AND SEWER

34. **ANSWER THIS ONLY IF YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS.** ARE YOU BEHIND IN PAYMENTS FOR YOUR UTILITY(IES)?

YES

NO

**-END OF QUESTIONS-**

ALL APPLICANTS MUST PROVIDE THE FOLLOWING WITH THIS COMPLETED APPLICATION AND SIGN THE CERTIFICATION AT THE END OF THIS APPLICATION.

- A. DBA License/Certificate from Town of Weymouth
- B. Most recent business tax return filed.
- C. Profit and Loss Statement
- D. Bank statement
- E. Balance sheet prior three years
- F. Current balance sheet no older than 90 days
- G. Proof of quarterly tax payments if made quarterly

## WEYMOUTH SMALL BUSINESS GRANT APPLICATION FOR CDBG-CV FUNDS

- H. Copy of lease or rental agreement, or mortgage, for your commercial premises in Weymouth if you are seeking SBG assistance for commercial lease/rent/mortgage.
- I. Copy of lease, rent, or mortgage statement showing you are CURRENT on lease, rental agreement, or mortgage if applying for related assistance.
- J. Copy of utility bills for utilities for which you seek SBG assistance.
- K. Statement of cash flows
- L. Signed AFFIDAVIT regarding receipt of other funds. This will be provided to you by the Town IF and WHEN your application for assistance is approved.
- M. **ONLY IF YOU ARE A LOW MOD INCOME OWNER OF A MICRO ENTERPRISE:** provide most recent personal tax returns.

### **Certifications**

I certify that the information provided in this application as well as information contained within any and all documents required to be submitted as part of this application are true and accurate under penalty of perjury.

Copies of required documents are included with this application.

Printed Name

Signature

Date