NORTHERN BERKSHIRE REGIONAL MICROENTERPRISE ASSISTANCE PROGRAM

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Berkshire Regional Planning Commission 1 Fenn Street, Suite 201 Pittsfield, MA 01201 Telephone: 413-442-1521 x17

APPLICATION FOR CDBG-CV GRANT FUNDS - MICROENTERPRISES

APPLICATION	
Legal Name of Business:	
Owner's Full Name:	
Business Address:	
Email Address:	
Business Phone #:	Cell Phone #:
	ofit): Sole Proprietor Partnership Corporation usiness (must be legally established, filing taxes, etc.) Other
Business DUNS #:	(Required to receive government grants
	(Required to receive government grants on Number (EIN):
Business Employer Identification Is the business: Minority LGBTQ-owned Di	
Business Employer Identification Is the business: Minority LGBTQ-owned Di (Please check all that apply, answers)	on Number (EIN) : -owned Veteran-owned Women-owned isability-owned Other minority status of business owner(status ow
Business Employer Identifications is the business: Minority LGBTQ-owned Di (Please check all that apply, answers DWNERSHIP	on Number (EIN):
Business Employer Identification Is the business: Minority LGBTQ-owned Di (Please check all that apply, answers) OWNERSHIP	on Number (EIN):
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Total # Employees (Incl. Yourself):					
Gross Revenue (YTD or Last Fiscal Year):					
Business Description:					
(Real estate rental/sales businesses, businesses owned by persons under age 18, businesses that ar liquor stores, weapons/firearms dealers, lobbyists, or cannabis-related businesses are NOT eligibles.					
Amount Requested (\$10,000 Maximum):					
(If the business can document losses due to the pandemic, the program will make cash payment(s amount of the documented COVID-19 related losses (maximum \$10,000) to offset those losses.)) up to the				
Planned Use of Funds:					

(Funds may NOT be used for major equipment purchase, purchase of real property, construction activities, business expansion, start-ups, or lobbying.)

II. LOW-TO-MODERATE INCOME QUALIFYING CRITERIA

Business Owner and Family¹ is Low-to-Moderate Income. (See Family Income Guideline Tables Below to Determine Low-to-Moderate Income Status)

Check This Box		For Businesses Located In: Adams, Cheshire, Dalton, Hinsdale, Lanesborough	
	Family Size of 1	Maximum income of \$50,900	
	Family Size of 2	Maximum income of \$58,200	
	Family Size of 3	Maximum income of \$65,450	
	Family Size of 4	Maximum income of \$72,700	
	Family Size of 5	Maximum income of \$78,550	
	Family Size of 6	Maximum income of \$84,350	
	Family Size of 7	Maximum income of \$90,150	
	Family Size of 8	Maximum income of \$96,000	

Check this Box	For Businesses Located In: Clarksburg, Florida, Hancock, New Ashford, Peru, Savoy, Williamstown, Windsor		
	Family Size of 1	Maximum income of \$47,850	
	Family Size of 2	Maximum income of \$54,650	
	Family Size of 3	Maximum income of \$61,500	
	Family Size of 4	Maximum income of \$68,300	
	Family Size of 5	Maximum income of \$73,800	
	Family Size of 6	Maximum income of \$79,250	
	Family Size of 7	Maximum income of \$87,700	
	Family Size of 8	Maximum income of \$90,200	

¹¹ A LMI person is a member of a LMI family. Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

⁽¹⁾ A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or

⁽²⁾ A group of persons residing together, and such group includes, but is not limited to:

⁽i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);

⁽ii) An elderly family;

⁽iii) A near-elderly family;

⁽iv) A disabled family;

⁽v) A displaced family; and

⁽vi) The remaining member of a tenant family.

III. STATEMENT OF NEED

Please provide a brief narrative, supported by financial information, describing the impact COVID-19 has had on your business. Please also include a description of what you have done to help lessen the losses of your business.						
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COVID-19 related losses (max \$10,000) General Business Costs or Operations so Compliance or Adaptation Costs such as a furniture, fixtures and supplies such as PP.	the pandemic, the program will make payment(s) up to the amount of the document to offset those losses. Assistance may be in any of the following three categorists as rent, utilities, payroll, inventory, supplies, raw materials, etc.; COVID-naterials or minor equipment to convert business activities, needed safety materials; Technical Assistance such as professional advice or business services to assist s, or to comply with or adapt to business changes resulting from COVID-19.)	es -19 als				
IV. CERTIFICATION / .	AUTHORIZATIONS / SIGNATURES					
is given for the purpose of obtaining full/we further certify that all information	nformation, which has been or will be furnished in support of this application and under the Northern Berkshire Regional Microenterprises Grant Programs submitted is true and accurate and is provided for the purposes of obtaining that my/our business is not party to litigation involving any state	m ng				
I/we understand that this information will be used to assess my/our application and proposed use of funds and additional information may be needed in order to rate and rank the application in accordance with program fun critiera.						
· ·	cation of any item contained herein or fraudulent misrepresentation of my/o civil penalties applicable under or pursuant to local, state, and federal law					
Applicant Signature:	Date:					
Applicant Signature:	Date:					