

SOUTHERN 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

This Initial Application applies to for-profit businesses located in the towns of: Alford, Becket, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, and West Stockbridge.

I. APPLICATION

Legal Name of Business: _____

Owner's Full Name: _____

Business Address: _____

Email Address: _____

Business Phone #: _____ **Cell Phone #:** _____

Type of Business (must be for-profit): **Sole Proprietor** **Partnership** **Corporation**
 LLC **Home Based Business** (must be legally established, filing taxes, etc.) **Other**

Business DUNS #: _____ (Required to receive government grants)

Business Employer Identification Number (EIN) : _____

Is the business: **Minority-owned** **Veteran-owned** **Women-owned**
 LGBTQ-owned **Disability-owned** **Other minority status of business owner(s)**
(Please check all that apply, answers are for statistical purposes only and will not affect application status.)

OWNERSHIP

Name	Percentage of Ownership

Date on which business began operations (MM/DD/YYYY): _____
(Must be prior to JANUARY 1, 2019. Businesses must not be permanently closed, out of business, or filed bankruptcy.)

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: Lenox, Lee, Richmond, or Stockbridge	
	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: Becket, Egremont, Great Barrington, Monterey, Mount Washington, New Marlborough, Otis, Sandisfield, Sheffield, Tyringham, Washington, or West Stockbridge	
	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.

(If the business can document losses due to the pandemic, the program will make payment(s) up to the amount of the documented COVID-19 related losses (max \$10,000) to offset those losses. Assistance may be in any of the following three categories: General Business Costs or Operations such as rent, utilities, payroll, inventory, supplies, raw materials, etc.; COVID-19 Compliance or Adaptation Costs such as materials or minor equipment to convert business activities, needed safety materials, furniture, fixtures and supplies such as PPE; Technical Assistance such as professional advice or business services to assist the business's recovery from COVID-19 losses, or to comply with or adapt to business changes resulting from COVID-19.)

IV. CERTIFICATION / AUTHORIZATIONS / SIGNATURES

By signing below, I/we certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds under the Northern Berkshire Regional Microenterprises Grant Program. I/we further certify that all information submitted is true and accurate and is provided for the purposes of obtaining funding assistance. I/we further certify that my/our business is not party to litigation involving any state or municipality.

I/we understand that this information will be used to assess my/our application and proposed use of funds and that additional information may be needed in order to rate and rank the application in accordance with program funding criteria.

In addition, I/we understand that falsification of any item contained herein or fraudulent misrepresentation of my/our business could result in criminal and/or civil penalties applicable under or pursuant to local, state, and federal laws.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____