

**ROCKLAND REGIONAL MICROENTERPRISE COVID-19 GRANT PROGRAM  
APPLICATION**

**SECTION 1 – BUSINESS INFORMATION**

**PART 1**

**BASIC BUSINESS INFORMATION**

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

Business DBA Name (if different): \_\_\_\_\_

Business Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business website (if applicable): \_\_\_\_\_ Check if Home-Based Business

Business Tax ID # (FEIN or SSN): \_\_\_\_\_ DUNS Number (required): \_\_\_\_\_

Business Type: (Check one)  Corporation  LLC  Partnership  Sole Proprietorship

Ownership status of business address: (Check one)

Business Owns  Business Rents  Business Owner Owns  Business Owner Rents

Number of business owners: \_\_\_\_ (Complete a business owner family income page for each owner)

**If more than one owner, please designate primary contact person:** \_\_\_\_\_

Total Number of employees (including business owners: \_\_\_\_\_ Date business established: \_\_\_\_\_

Briefly describe the nature of your business: (type of goods or services provided, types of clients/customers):  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2**

**OPERATING STATUS OF BUSINESS**

Is the business currently open? (Check one):  Yes  No  Limited Hours or Occupancy:

If no, do you intend to re-open?  Yes  No

If you intend to re-open, please explain when, and how a micro-business grant will assist you to do so  
\_\_\_\_\_  
\_\_\_\_\_

Was the business closed by government order?  Yes  No If yes, for how long? \_\_\_\_\_

Have you had to cut services or programs due to Covid-19? (Check one)  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you either begun to provide, or increased provision of goods or services online due to the pandemic?

Yes, began  Yes, increased  No

If no, would grant funding assist you in securing technical assistance to increase your online capacity?

Yes  No

## FINANCIAL IMPACT OF COVID-19 ON BUSINESS

Has the business experienced a loss of revenue due to Covid-19?  Yes  No

Please attach the following documentation to show revenue losses:

For Sole Proprietorships and LLC's filing Schedule C on a Personal Tax Return:

- Attach full Federal Tax Returns with all schedules and attachments for tax years 2019 and 2020.
- If 2020 Federal Returns have not yet been filed, submit 2019 return, 2020 IRS request for extension and complete Profit and Loss form attached.

For Corporations and Partnerships filing business tax returns:

- Submit complete Business Tax Returns for 2019 and 2020.
- If 2020 Tax Return has not yet been filed, submit 2019 Return and 2020 IRS request for extension and complete Profit and Loss Form attached.

For all applicants: Please briefly describe how your business losses are related to Covid-19:

---

---

---

---

Has the business experienced an increase in costs due to Covid-19?  Yes  No

If yes, Describe increased costs:

---

---

---

## EMPLOYEES OF BUSINESS AS OF DATE OF APPLICATION

(Include Owners)

Employee Name	Last 4 digits of Social Security #	Job Category (use codes below)	Full Time (FT) Part Time (PT)	Hourly (H) Salaried (S)	Average Gross Wages/Month (Use last 2 months)	Employer Health Plan? (Y/N)
					\$	
					\$	
					\$	
					\$	
					\$	

**Job Category Codes:** A=Owner, M=Managers, P=Professionals, T=Technicians, S=Sales, O=Office/Clerical, C=Craft Workers (Skilled), K=Operatives (Semi-skilled), L=Laborers (Unskilled), W=Service Workers

**PART 3**  
**EVIDENCE OF LICENSES, PERMITS AND GOOD STANDING**

Please list licenses, permits and/or professional certifications that are required for your business to be in good standing (this will vary depending upon the type of business) submit copies of all listed documents: \_\_\_\_\_

---

---

Are your licenses and permits current and in good standing?  Yes  No

Are you in good standing with the town in which your business operates and current with local fees and taxes (through March 1, 2020)?  Yes  No

Are you involved in litigation with the State of Massachusetts or the Town in which you operate?

Yes  No (if yes, describe) \_\_\_\_\_

---

**PART 4**  
**AMOUNT AND USE OF GRANT FUNDS REQUESTED**

Microenterprise Grant funds can be used for working capital (rent/mortgage, payroll, insurance, utilities, technical assistance, etc. to stabilize the business) or for personal protection modifications or equipment due to Covid-19. Funds may be requested to reimburse for payments made by the business or to cover past due amounts and can go back to March 10, 2020. (Note that you will be asked to document these items and total grant may not exceed \$25,000 - see instructions)

**Describe how you plan to use requested funds:**

Rent/Mortgage Monthly: \$ \_\_\_\_\_ x # Months: \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Utilities (Average Monthly): \$ \_\_\_\_\_ x # Months: \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Insurance (Monthly): \$ \_\_\_\_\_ x # Months: \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Payroll (Monthly): \$ \_\_\_\_\_ x # Months: \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Technical Assistance (Purpose): \_\_\_\_\_ Actual/Estimated Amount: \$ \_\_\_\_\_

Personal Protection Modifications or Equipment:

Modifications (plexiglass dividers, etc.) Describe: \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

Equipment (masks, gloves, cleaning supplies, hand sanitizer, etc.) Amount: \$ \_\_\_\_\_

Other Costs: (Describe): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PART 5**

**DUPLICATION OF BENEFITS – OTHER FUNDING RECEIVED**

Businesses receiving microenterprise grants must certify that the funds requested from the microenterprise grant will not duplicate any assistance provided from other sources (for example, if the PPP program provided funding for the months of March-May for to cover salaries, Microenterprise funds could be used to cover salaries for June-August). While it is acceptable to receive funding from other sources, you must demonstrate that the funds being sought through the microenterprise grant program do not duplicate funding received from other sources for the same purpose. Please describe funding previously received or being applied for from other sources below and identify specific uses. Enter \$0 in amount column for any source from which no funds were received or have been requested. Enter totals received below. Complete and sign the attached Duplication of Benefits Certification Form. If your application is approved, you will be required to sign a Duplication of Benefits Summary form confirming the amounts listed below.

SOURCE	AMOUNT	USED FOR
The Paycheck Protection Program (PPP)	\$ _____	_____
Insurance claims/proceeds	\$ _____	_____
Federal Emergency Management Agency (FEMA)	\$ _____	_____
Small Business Administration (SBA)	\$ _____	_____
Other Federal, State, or Local sources	\$ _____	_____
Nonprofit, private, or charitable sources	\$ _____	_____
Unemployment (exclude Federal Pandemic Assistance Payments)	\$ _____	_____

## Duplication of Benefits Certification Form

I/We, \_\_\_\_\_

\_\_\_\_\_  
(Printed Name(s) and Title(s) of Business Owner(s))

Hereby certify that:

- A. The Community Development Block Grant-CV Funds, awarded to the city/town of Bellingham, MA for a Regional Microenterprise Grant Program including the towns of Bellingham, Foxborough, Franklin, Medfield, Walpole and Wrentham through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) from which my/our business has applied for or received a grant, does not duplicate/replace any other funds, from the following sources:
1. The Paycheck Protection Program
  2. Unemployment compensation benefits (excluding Federal Pandemic Unemployment Assistance)
  3. Insurance claims/proceeds
  4. Federal Emergency Management Agency (FEMA) funds
  5. Small Business Administration funds
  6. Other Federal, State, or local funding
  7. Other nonprofit, private sector, or charitable funding.
- B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

\_\_\_\_\_  
Business Owner Signature

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Owner Signature

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Owner Signature

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

(To be signed and dated by all business owners)

**BELLINGHAM REGIONAL MICROENTERPRISE COVID-19 GRANT PROGRAM  
APPLICATION**

**SECTION 2 – BUSINESS OWNER INCOME INFORMATION – Page 1**  
*(This section must be completed for each Business Owner – Copy as needed)*

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

Owner Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Family Size (count Owner and all family members living in owner’s home, including children): \_\_\_\_\_

**BUSINESS OWNER’S FAMILY**

*Complete the following table. List all family members (include children). The number of lines should equal Family size above.*

Name	Birthdate	SSN	Relationship to Applicant	Estimated Gross Income from all Sources last 12 Months (a)	Race (b)
			OWNER/APPLICANT		

- (a) Include gross (pre-tax) income from all sources, including but not limited to wages, self-employment income (including online businesses), social security, disability, pensions, alimony, child support, rental income, distributions from investment accounts, etc.)
- (b) Use the following codes: 1=White, 2=Black/African-American, 3=Asian, 4=American Indian/Alaskan Native, 5=Native Hawaiian or Pacific Islander, 6= American Indian/Alaskan Native & White, 7=Asian & White, 8= Black/African-American & White, 9= American Indian/Alaskan Native & Black/African-American, 10=Other

Does any member of the owner’s immediate family (spouse, parents, children or siblings) work (whether full- or part-time) as an employee, or serve as an elected or appointed official (whether paid or unpaid) of the Towns of Bellingham, Foxborough, Franklin, Medfield, Walpole, or Wrentham?

Yes  No If yes,

Family Member Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Is any adult member of the family (18 years or older) a full-time student?  Yes  No

If yes, list name(s): \_\_\_\_\_

Is this a female-headed household?  Yes  No

Are any family members disabled?  Yes  No If yes, how many? \_\_\_\_\_

**BELLINGHAM REGIONAL MICROENTERPRISE COVID-19 GRANT PROGRAM  
APPLICATION**

**SECTION 2 – BUSINESS OWNER INCOME INFORMATION – Page 2  
(This section must be completed for each Business Owner – Copy as needed)**

**Sources of Income by Family Member**

Please include all family members shown on family table on prior page

List the first names of family members at top of each column. Reading down the income types in the first column, place an “X” in the column for a family member who receives that type of income. This chart will assist us in knowing whether we have all the needed income documentation as we are reviewing applications.

INCOME TYPE	FAMILY MEMBERS (List first names of family members below at the top of each column)							
Wages								
Net Business Income								
Unemployment								
Social Security (or SSDI)								
Pensions								
Child Support								
Alimony								
Veteran’s Benefits)								
Public Assistance								
IRAs, 401Ks, Annuities, Dividends								
Rental Income								
Interest Income								
Other Income #1 (Describe)								
Other Income #1 (Describe)								
Other Income #1 (Describe)								

I certify, under the pains and penalties of perjury, that the information provided regarding my family income is true and correct to the best of my knowledge. I understand that providing incorrect or incomplete information could result in my being denied assistance through the Bellingham Regional Microenterprise Grant Program.

Signed: \_\_\_\_\_  
Business Owner

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**BELLINGHAM REGIONAL MICROENTERPRISE COVID-19 GRANT PROGRAM  
APPLICATION  
SECTION 3 – OWNER CERTIFICATIONS AND SIGNATURES**

I/We the undersigned owner(s) of \_\_\_\_\_  
(Legal Business Name)  
doing business as \_\_\_\_\_  
(DBA Name if different)  
Located at: \_\_\_\_\_  
(Business Address)

Submit this application to the Bellingham Regional Microenterprise Grant Program and certify the following:

1. I/We certify that the information submitted in this application is true and accurate to the best of my/our knowledge. I/We understand that submitting false information will result in my/our application being ineligible.
2. I/We certify that the Duplication of Benefits Certification submitted with my/our application valid.
3. I/We certify that I/we are current on municipal taxes and fees owed through 3/1/2020.
4. I/We certify that I/we are not subject to any litigation with the Commonwealth of Massachusetts or the Town of Bellingham.
5. I/We certify that the above-named business was formed prior to March 10, 2020, remains in business as of the date of this application even if temporarily closed due to Covid-19 restrictions, and that I/we intend to remain in business.
6. I/We certify that my/our business is in good standing with the Commonwealth of Massachusetts, and the Town in which it is located, and that all required business licenses, permits, registrations or professional certifications required for my/our business are current and in good standing.
7. I/We certify that my/our business has not been debarred by the Commonwealth of Massachusetts or the Government of the United States.
8. I/We certify that I/we will comply with all applicable state and federal regulations.

Signed: \_\_\_\_\_  
Business Owner  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Business Owner  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Business Owner  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_