

# MICROENTERPRISE COVID RECOVERY ASSISTANCE PROGRAM Application Form

The Cities/Towns of Greenfield, Buckland, Shelburne and Montague intend to engage the Franklin County Community Development Corporation (FCCDC) to administer this new small business (forgivable) loan program in support of the continued operation or re-opening of small businesses that are dealing with the negative economic impacts of the COVID-19 pandemic.

The goal of this program is to make funds available to small businesses disrupted by the COVID-19 pandemic until they are able to access the other programs and/or restore revenue streams and cash flow.

Microenterprise Assistance (forgivable loans) to small businesses, in operation for at least six months with 5 or fewer employees (including the owner), the owner's household income must be less than 80% of the HUD median income. Loans of up to \$5,000 for up to three months of business expenses (payroll, salaries, health care, rent, mortgage interest, inventory, equipment and working capital), forgivable 120 days after issued as long as business provides documentation that the funds have been spent in line with the presented budget and the owner certifies that they have not received nor will they receive funds for these expenses from other funding programs.

The following are the eligibility criteria:

1. Business must be a for-profit business located in Greenfield, Buckland, Shelburne or Montague.
2. Business must have been in operation on September 10, 2019 and have had continuing operations through March 10, 2020.
3. Businesses must have five (5) or fewer current employees (including the owner).
4. Business owner's household income must be less than 80% HUD median income (adjusted by household size).
5. Business must either be open as an essential business or intend to reopen as allowed by guidance issued by the Governor's Order.
6. Business must have annual gross sales of at least \$20,000.
7. Priority to businesses with brick and mortar operations in Greenfield, Buckland, Shelburne or Montague.
8. Funds will be available on a first come, first serve basis. Timing is based on when the application is complete and received with all the requested documents. Everything will be time stamped.

\* Required



Email address \*

Your email

## ELIGIBILITY

Is your business located in an eligible city/town?

- YES - Greenfield
- YES - Shelburne
- YES - Buckland
- YES - Montague
- NO - Other city or town

Does your business have a FOR PROFIT Business Structure? (Nonprofits, liquor and tobacco sales, pawn shops, cannabis stores, adult entertainment, passive real estate and social clubs are not eligible) \*

- YES - Sole Proprietor
- YES - LLC
- YES - Corporation
- YES - Cooperative
- NO - Not-for-Profit



Was your business in operation prior to September 10, 2020? \*

- YES - Business was started prior to September 10, 2020
- NO - Business was started after September 10, 2020

Do you have five (5) or fewer employees on the date of this application? (include part-time, full-time and owner(s) \*

- YES - 5 or fewer
- NO - 6 or more

**INCOME GUIDELINES (2020)**

	Persons in Household							
	1	2	3	4	5	6	7	8
<b>Gross ANNUAL INCOME less than 80% AMI Income Limits (\$)</b>	47,850	54,650	61,500	68,300	73,800	79,250	84,700	90,200
	Persons in Household							
	1	2	3	4	5	6	7	8
<b>Did you make less than this in the EIGHT (8) WEEKS prior to date of application?</b>	7,362	8,408	9,462	10,508	11,354	12,192	13,031	13,877



Are you a low-or moderate-income business owner? (Low/Moderate Income is defined as a household income at or less than 80% of the Area Median Income (AMI) for your city/town of residence, based on the number of persons in the household.) To calculate your income eligibility, take the gross income of all household members for the 8 weeks prior to your application. Divide by 8 to get a weekly amount; then multiply by 52 to get an annual estimate. Refer to chart ABOVE. If your current 2020 income exceeds the income guidelines, you may alternatively submit your 2019 Income from your IRS Tax Return. If you are NOT SURE, check YES and we will assist you with determining your income eligibility. \*

YES

NO

List Business Owners - List the business owners with more than 20% ownership: (HOUSEHOLD INCOME NEEDED FOR ALL OWNERS - ALL OWNERS MUST BE INCOME-ELIGIBLE TO RECEIVE ASSISTANCE - REFER TO CHART ABOVE) \*

List Owners Name, Title, % ownership interest, Owner Income Eligible - Yes or No. EXAMPLE: Jane Smith, Manager: 50% ownership: Yes Eligible

Your answer

Does your annual business sales gross \$20,000 or more per year? (If your business is less than 12 months old, calculate annualized business sales by taking gross sales to date/months in operation x 12 months. If greater than \$20,000 you meet this criteria) \*

YES

NO



If you answered NO TO ANY OF THE ABOVE questions, your business WILL NOT QUALIFY for MICRO-ENTERPRISE ASSISTANCE. (We are developing a program for other businesses). If you answered YES TO ALL OF THE ABOVE questions then continue.

Did you answer YES to ALL OF THE ABOVE QUESTIONS? \*

YES

NO

Next

Never submit passwords through Google Forms.

This form was created inside of Fccdc.org. [Report Abuse](#)

Google Forms



# MICROENTERPRISE COVID RECOVERY ASSISTANCE PROGRAM Application Form

\* Required

Application (continued)

## DEMOGRAPHIC INFORMATION

Gender \*

- Male
- Female
- Prefer not to disclose
- Other:

Are you a U.S. Veteran? \*

- Yes
- No



Does the business qualify (certified) as a Women Owned business ?

- Yes
- No
- Not sure

Does the business qualify as a minority owned business? \*

- Yes
- No
- Not sure

Check all that apply (optional)

- Single parent household
- Under 25 years of age
- 60 or more years of age
- Have a disability



Check one of the following with which you most closely identify: \*

- White
- American Indian/Alaskan Native Black/African American
- Black African American and White
- American Indian/Alaskan Native and White Asian
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Other (Multi-Racial)

In ADDITION to the above categories, do you consider yourself Hispanic/Latino?

\*

- Yes
- No

#### APPLICANT: PERSONAL INFORMATION

Business Owner(s) Name(s) and Authorized Signer(s) for the Business. \*

Your answer

Contact information: Owner(s) Home Address, City/Town, State, Zip Code \*

Your answer



Business Owner(s) - Email address \*

Your answer

Business Owner(s) cell phone number \*

Your answer

Does any owner currently work for the city or town where the business is located, or hold a position on a board or commission in that city/town (potential conflict of interest issues)? \*

No

Yes

If yes, from previous question, please list name, city or town, and city- or town-related position:

Your answer

## BUSINESS INFORMATION



Check the Business Industry that best fits: \*

- Agriculture
- Creative
- Entertainment
- Health
- Manufacturing
- Retail
- Restaurant
- Service
- Other

Business Legal Name, DBA (Doing Business As) \*

Your answer

Is your business registered with the city/town in which it is located?

Applicants' businesses must be registered with the city/town in which they are located. If you have not registered your business, or your registration has lapsed, please register or renew as soon as possible.

- YES - my business is registered and my registration is up-to-date
- NO - no my business is not currently registered, or my registration has lapsed

Business Address: \*

Your answer



Business Mailing Address: City/Town, State, Zip code, \*

Your answer

Business Phone number and Website \*

Your answer

On March 1, 2020, how many people did your business employ (including yourself - include full-time and part-time employees)? Enter Number of employees: \*

Your answer

As of the date of application, how many people did your business employ (including yourself - include full-time and part-time employees)? Enter Number of employees: \*

Your answer

**LIST EMPLOYEES- POSITIONS-HOURS AS OF MARCH 1, 2020 AND AT TIME OF APPLICATION**



Number of average hours worked per week from 2/1/2020 to 3/1/2020. Check what best apply. \*

	Less than 10 hours	Between 11-20 hours	Between 21-35 hours	Over 36 hours	None	Not Applicable
Employee 1	<input type="radio"/>					
Employee 2	<input type="radio"/>					
Employee 3	<input type="radio"/>					
Employee 4	<input type="radio"/>					
Employee 5	<input type="radio"/>					
Employee 6	<input type="radio"/>					
Employee 7	<input type="radio"/>					
Employee 8	<input type="radio"/>					
For more than 8 employees, average hours	<input type="radio"/>					



Average number of hours worked per week for PAST 4 weeks from Time of Application. Check what best apply.

	Less than 10 hours	Between 11-20 hours	Between 21-35 hours	Over 36 hours	None	Not Applicable
Employee 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is the employee still employed earning wages at time of application?

	Yes	No	Not Applicable
Employee 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



What is happening to your business now? Check all that apply \*

- Open Full Time
- Open with Limited Hours
- Laid off Employees
- Limited Sales
- Selling Online
- No Sales
- Other

What were January 2020 gross sales? \*

Your answer

What were February 2020 gross sales? \*

Your answer

What were March 2020 gross sales? \*

Your answer

What were April 2020 gross sales? \*

Your answer



What were May 2020 gross sales? \*

Your answer

Please provide a brief explanation of what adverse economic impacts COVID-19 has had on your business. \*

Your answer

## FUNDING REQUEST

If awarded the forgivable loan, what will these funds be used for? Check all that apply. (excludes construction costs) \*

- Employees wages and benefits
- Equipment
- Inventory
- Materials or Supplies
- Rent, Utilities, Overhead, Expenses
- Services
- Working capital
- Other



How much of a forgivable loan are you requesting? Explain amount of each expense from previous question and total amount requesting. (\$5,000 maximum) \*

Your answer

Describe any business changes or improvements (adding products and/or services, developing new strategies or tactics, that you plan to implement using these funds). \*

Your answer

Did you apply for and/or receive the following: Check all that apply \*

	Applied	Approved	Not Applicable
PPP (Payroll Protection Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIDL (Emergency Injury Disaster Loan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UI/PUA (Unemployment/Pandemic Unemployment Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Certifications: Check all that you agree to. \*

- I certify that the information is true and accurate under pains and penalties of perjury
- I certify that I have the authority to apply for this loan on behalf of the business described herein.
- I certify that the loan will be used for business purposes only as detailed in the forgivable loan agreement and not for household, personal, or consumer usage.
- I certify that my business is in compliance with the Commonwealth of Massachusetts and the city/town in which the business is located in regard to taxes, reporting of employees and contractors, and withholding and remitting child support.
- I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Signature and Date \*

Your answer



**ADDITIONAL DOCUMENTATION REQUIRED - SUBMIT BY MAIL OR DROP OFF**

THREE (3) DOCUMENTS BELOW ARE NEEDED TO COMPLETE YOUR APPLICATION

**\*\*Your application is not considered complete until we receive this documentation.\*\***

1. 2019 Business Tax Return OR  
if 2019 not completed provide 2018 Tax Return AND 2019 Profit & Loss
2. A 2020 Profit & Loss to-date or Profit & Loss Worksheet to-date
3. Household Income Form

Grant Award is conditional on documentation of Household Income for the 8 weeks prior to the date of Application.

To view the FAQ for this program, go to [https://greenfield-ma.gov/files/GREENFIELD\\_MICROENTERPRISE\\_FAQ\\_1.pdf](https://greenfield-ma.gov/files/GREENFIELD_MICROENTERPRISE_FAQ_1.pdf)

For the printable Profit and Loss Worksheet, go to [https://fccdc.org/wp-content/uploads/PDFs/ProfitLossStatement\\_fillable.pdf](https://fccdc.org/wp-content/uploads/PDFs/ProfitLossStatement_fillable.pdf)

For the printable Household Income Worksheet, go to [https://greenfield-ma.gov/files/Household\\_Income\\_Form\\_-\\_MAP.pdf](https://greenfield-ma.gov/files/Household_Income_Form_-_MAP.pdf)

Emailing tax returns is not advisable due to privacy concerns.

To submit forms, drop off or mail to:

Micro-Enterprise Program  
Franklin County CDC  
324 Wells Street  
Greenfield, MA 01301

**TO COMPLETE YOUR APPLICATION YOU MUST CLICK SUBMIT BELOW**

A copy of your responses will be emailed to the address you provided.

[Back](#)

[Submit](#)

Never submit passwords through Google Forms.

reCAPTCHA

[Privacy](#) [Terms](#)

This form was created inside of Fccdc.org. [Report Abuse](#)

Google Forms

