

CITY OF ATTLEBORO

Small Business Recovery Grant Program

INTRODUCTION:

The City of Attleboro has established a COVID-19 *Small Business Recovery Grant Program* to assist in the stabilization of existing small businesses within the City of Attleboro that have undergone significant business disruption due to the impact of COVID-19. Grants will be limited to a maximum \$10,000 per business, depending on verifiable expenses, and will assist a small business with operational fixed costs, including payroll, rents, accounts payable, and other expenses that cannot currently be paid due to the pandemic (construction projects or purchasing of equipment is not allowed).

ELIGIBLE APPLICANTS:

To be eligible for the program, a business must meet the following requirements:

- Must be a for-profit business (sole proprietorships, corporations, limited liability, and sub-chapter S corporations)
- Must have 10 or less employees
- Must have a physical business establishment within the City of Attleboro
- Must have been in business for at least one year
- Must retain jobs for a period of one year from grant approval
- A business owner must be low or moderate income, as defined by the U.S. Department of Housing and Urban Development (HUD), or 51% of the jobs created or retained must be held by low or moderate income employees

INELIGIBLE APPLICANTS

The following businesses are not eligible for this program: Independent contractors and businesses involved in real estate investment, marketing, adult entertainment, firearms, liquor stores, marijuana shops, dollar stores, and franchise of national or regional chain businesses. Companies with past due tax liabilities or tax liens, or currently in bankruptcy are also not eligible.

REQUIREMENTS

- Business must be operational at the time of application and agree to retain jobs or, if not operational, must agree to create jobs once open
- Business must document that jobs would have been lost, or not created, without the grant

FUNDING SOURCE

Funding for this program is provided by HUD, through the Community Development Block Grant (CDBG), and is being managed by the City of Attleboro's Community Development Agency.

HUD ELIGIBILITY REQUIREMENT

Eligibility for this program is based upon HUD low-to-moderate income eligibility limits for Special Economic Development Activities in accordance with 24 CFR 570.203 (b). In order to be eligible for this CDBG grant funding, each business owner must qualify as a low-to-moderate individual or 51% of the jobs retained or created by the business must be held by individuals who are determined to be low-to-moderate income as defined by the FY 2019 HUD Income Limit Chart provided

Providence - Fall River, RI – MA: HUD Metro Fair Market Area (HMFA)

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Moderate - 80 % Income	\$ 45,850	\$52,400	\$58,950	\$65,500	\$70,750	\$76,000	\$81,250	\$86,500
Very Low - 50 % Income	\$28,700	\$32,800	\$36,900	\$40,950	\$44,250	\$47,550	\$50,800	\$54,100
Extremely Low - 30 % Income	\$17,200	\$19,650	\$22,100	\$24,550	\$26,550	\$28,500	\$30,450	\$32,450

Income limits are subject to change.

Source: U.S. Department of Housing & Urban Development

COMPLIANCE WITH FEDERAL, STATE, LOCAL FUNDS, LAWS, REGULATIONS

Applicants must comply with all applicable laws of the federal government, Commonwealth of Massachusetts, and City of Attleboro.

APPLICATION SUBMISSION DOCUMENTS AND PROCESS

- Completed application (attached)
- Copies of 2019 business and personal tax returns for all owners/principals with a 20% or greater ownership interest in the business
- A brief statement documenting the economic hardship suffered by the business as a result of COVID-19, including financial statements and other data that is applicable.
- Copies of most recent utility bills, lease agreement, rental receipts, and mortgage payment receipts
- Copy of most recent bank statements of the business and the principal (s)
- A completed IRS W-9 Form

Due to the COVID-19 State of Emergency, completed applications and forms and all attachments should be sent via email to comdevdir@cityofattleboro.us

CONTACT INFORMATION

To obtain a grant application, obtain additional information pertaining to the application or grant requirements, or if have any issues with submitting any of the requested documents, please contact Dorothy Brissette, Community Development Director, at comdevdir@cityofattleboro.us

The City of Attleboro does not discriminate in carrying out its programs and activities on the basis of age, color, gender, expression/identity, genetic information, marital status, national origin, physical and mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status.



COMMUNITY DEVELOPMENT BLOCK GRANT SMALL BUSINESS RECOVERY GRANT

In order to evaluate your request the Attleboro Office of Community Development (AOCD) requires a completed application. All information becomes the property of the AOCD. Please call (508) 223-2222 ext 3330 if you need assistance.

Grant Request Amount: _____

First Name: _____ **Last Name:** _____

Home Address: _____

Street _____ **City State Zip Code** _____

Business Name: _____

Business Address: _____

Phone Number(s): _____

E-Mail Address: _____

Business Organization Type: Sole Proprietor Limited Liability Company Corporation

Partnership Ownership/Management Name: _____

% Interest Owned _____

Please provide a brief narrative of the impact COVID-19 has had on your business:

of Years in Business: _____

Years at Present Address: _____

Type of Business: _____

Average Gross Annual Receipts: \$ _____

Please indicated the square footage of the occupied space: _____

Amount of Personal Funds Invested in the Business to Date: \$ _____

Please continue to next page.

Present Number of Employees: _____ Full-Time: _____ Part-Time: _____ Jobs

Expected to be Retained as a Result of this Grant (Please designate Full Time or Part Time):

Full-Time: _____ Part-Time: _____ Lease Expiration Date: _____

Monthly Rent: _____

Use of Funds: Please describe how the Small Business Recovery Grant will be used to help your small business retain employees and keep your business operating during this challenging time?

Use: _____ \$: _____

Use: _____ \$: _____

Use: _____ \$: _____

Use: _____ \$: _____

Use: _____ \$: _____

Total \$: _____

Have you applied or do you plan on applying for any other COVID-19 financial assistance programs (SBA Economic Injury Disaster Loan, Massachusetts Small Business Recovery Loan Fund, etc.)? _____

Would you like to receive further information on other available funding? _____

While we understand that there is uncertainty, the City of Attleboro hopes that businesses receiving a grant award will successfully persevere through the COVID-19 State of Emergency.

Please describe your plans and ability to persevere to the best of your ability:

Please describe the economic and/or community benefits your business creates for the City of Attleboro:

Please continue to next page.

CITY OF ATTLEBORO, MASSACHUSETTS INCOME CERTIFICATION FORM FOR ALL CDBG PROGRAMS

THIS SECTION IS TO BE COMPLETED BY APPLICANT to the applicant:

The City of Attleboro is providing you assistance through funds from the United States Department of Housing and Urban Development (HUD). Federal requirements ask that the following information be supplied to the City. This information will be kept on hand at the Office of Community Development for possible review by Federal agencies and will be kept confidential and not for public distribution. Your cooperation in the completion of this form is appreciated. All current employees are required to complete the attached income verification forms and provide proof of income eligibility if so determined by the Office of Community Development.

NOTE: The following information is subject to verification by government officials.

What is your current residential address? _____

Total Household Income (include income for all over the age of 18 who is not a fulltime student):

\$ _____

Please check the number of people in your family, including yourself:

A. Household Size	B. Total Household Income			
	0-30% AMI	31-50% AMI	51-80% AMI	80% + AMI
<input type="checkbox"/> 1 person	<input type="checkbox"/> \$19,250 or less	<input type="checkbox"/> \$19,251-\$30,050	<input type="checkbox"/> \$30,051-\$51,250	<input type="checkbox"/> \$51,251 or more
<input type="checkbox"/> 2 people	<input type="checkbox"/> \$22,000 or less	<input type="checkbox"/> \$22,001-\$36,600	<input type="checkbox"/> \$36,601-\$58,600	<input type="checkbox"/> \$58,601 or more
<input type="checkbox"/> 3 people	<input type="checkbox"/> \$24,750 or less	<input type="checkbox"/> \$24,751-\$41,200	<input type="checkbox"/> \$41,201-\$65,900	<input type="checkbox"/> \$65,901 or more
<input type="checkbox"/> 4 people	<input type="checkbox"/> \$24,450 or less	<input type="checkbox"/> \$24,451-\$45,750	<input type="checkbox"/> \$45,451-\$73,200	<input type="checkbox"/> \$73,200 or more
<input type="checkbox"/> 5 people	<input type="checkbox"/> \$29,650 or less	<input type="checkbox"/> \$29,651-\$49,450	<input type="checkbox"/> \$49,451-\$79,100	<input type="checkbox"/> \$79,101 or more
<input type="checkbox"/> 6 people	<input type="checkbox"/> \$31,850 or less	<input type="checkbox"/> \$31,851-\$53,100	<input type="checkbox"/> \$53,101-\$84,950	<input type="checkbox"/> \$84,951 or more
<input type="checkbox"/> 7 people	<input type="checkbox"/> \$34,050 or less	<input type="checkbox"/> \$34,051-\$56,750	<input type="checkbox"/> \$56,751-\$90,800	<input type="checkbox"/> \$90,801 or more
<input type="checkbox"/> 8 or more	<input type="checkbox"/> \$36,250 or less	<input type="checkbox"/> \$36,251-\$60,400	<input type="checkbox"/> \$60,401-\$96,650	<input type="checkbox"/> \$96,651 or more

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature

Date

FOR OFFICE USE ONLY Application No: _____

Date Received: _____ Received by: _____

Date Approved: _____ Approved by: _____