



## **COVID-19 SMALL BUSINESS RESILIENCY GRANT PROGRAM**

### **INTRODUCTION:**

The Town of Agawam has established the COVID-19 Small Business Resiliency Grant to assist in the stabilization of existing small businesses within the Town of Agawam that have had significant business disruption due to the impact of COVID-19. These grant funds will assist small businesses in the Town of Agawam to cover wages, rent, loss of inventory, and other fixed costs.

### **ELIGIBLE APPLICANTS:**

- Must have a physical establishment within the Town of Agawam.
- The household of the business owner must be low- to moderate-income (see income thresholds below).
- No more than five (5) full-time employees, including the business owner.
- Business must have operated in Agawam for a minimum of 12 months, effective March 10, 2020. Businesses operating in Agawam for less than 12 months will be evaluated on a case-by-case basis.
- Have no outstanding tax liens or legal judgments.
- Must be in good standing with the Town of Agawam and the Commonwealth of Massachusetts.

### **INELIGIBLE APPLICANTS:**

The Town reserves the right to reject any application that is incomplete or does not meet the Program Requirements in the sole opinion of the Office of Planning & Community Development. In addition, the Town may decide on a case-by-case basis to reject any application that does not meet and advance the goals of this Program.

### **APPROVED USES OF FUNDS:**

Employee payroll costs, loss of inventory, rent, other fixed costs. Other costs may be considered on a case-by-case basis.

**FUNDING SOURCE:**

Funding for this program will be provided through the Town’s FY19 Community Development Block Grant (CDBG) funds, which are allocated by the United States Department of Housing and Urban Development (HUD) and the Department of Housing and Community Development, Massachusetts CDBG Program.

**AMOUNT OF FUNDING:**

**\$10,000 maximum per business with demonstrated costs greater than or equal to the amount requested.**

**REQUIRED SUBMISSIONS:**

1. Completed application form (enclosed).
2. Copies of the 2019 business and personal tax returns for all owners/principals with a 20% or greater ownership interest in the business.
  - a. If the business or a business owner/principal did not file 2019 tax returns, then 2018 tax returns will be accepted.
3. Completed IRS W-9 form.

**COMPLIANCE WITH FEDERAL FUNDS, LAWS, AND REGULATIONS:**

Applicants must comply with all applicable laws.

**HUD ELIGIBILITY REQUIREMENT:**

The CDBG Funding Pool for this program is based upon the HUD eligibility of Special Economic Development Activities under 24 CFR 570.203(b). In order to be eligible for CDBG funding, each applicant **must qualify as a low- to moderate-income individual as defined below:**

FY 2020 Income Limit	Persons in Household							
	1	2	3	4	5	6	7	8
<b>Low/Mod Income</b>	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

**CONTACT INFORMATION:**

For further information or to obtain an application, please contact the Office of Planning & Community Development at [mstrange@agawam.ma.us](mailto:mstrange@agawam.ma.us).

**Town of Agawam  
COVID-19 Small Business Resiliency Grant Program Application**

**First Name:**

**Last Name:**

**Home Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**Business Name:**

\_\_\_\_\_

**Business Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**Phone Number(s):**

\_\_\_\_\_

**E-Mail Address:**

\_\_\_\_\_

**Business Organization Type:**  Sole Proprietor

Limited Liability Company

Corporation

Partnership

**Ownership/Management:**

% Interest Owned

Title

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Years in Business:** \_\_\_\_\_

**Years at Present Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Please indicate the square footage of the occupied space:** \_\_\_\_\_

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

**Grant Amount Requested:** \$ \_\_\_\_\_

**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 COVID-19 Small Business Resiliency Grant will be used to help your small business keep 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 Town of Agawam 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 Town of Agawam:**

---

---

---

---

---

---

---

---

*Please continue to next page.*

DEPARTMENT OF HOUSING AND URBAN  
DEVELOPMENT COMMUNITY DEVELOPMENT

**TOWN OF AGAWAM, MASSACHUSETTS INCOME  
CERTIFICATION FORM FOR ALL CDBG PROGRAMS**

**THIS SECTION IS TO BE COMPLETED BY APPLICANT**

To the applicant: The Town of Agawam is providing assistance through funds from the United States Department of Housing and Urban Development (HUD) and the Department of Housing and Community Development, Massachusetts CDBG Program. Federal requirements ask that the following information be supplied to the Town. This information will be kept on hand at the Office of Planning & Community Development and Pioneer Valley Planning Commission (PVPC) 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.

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

Are you a resident of the Town of Agawam? Yes  No

What is your current residential address?

---

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

1     2     3     4     5     6     7     8  
\$47,850   \$54,650   \$61,500   \$68,300   \$73,800   \$79,250   \$84,700   \$90,200

**For reporting purposes only, please answer the following questions:**

Sex: Male  Female

Disabled: Yes  No

Single Family Head of Household: Yes  No

**Indicate the number of household members who are:**

American Indian/Alaskan Native \_\_\_\_

American Indian/Alaskan Native & Black/African American \_\_\_\_

Asian \_\_\_\_

Asian/Hispanic \_\_\_\_

Black/African American \_\_\_\_

Black/African American & White \_\_\_\_

Black/Hispanic \_\_\_\_

Native Hawaiian \_\_\_\_

Other Pacific Islander \_\_\_\_

White \_\_\_\_

White/Hispanic \_\_\_\_

Other Multi-Racial \_\_\_\_

I certify that the above information, to the best of my knowledge is accurate and true.

**Business name**

**Title**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_

**Date:**

### **Application / Eligibility Checklist:**

- I confirm that my business is located within the Town of Agawam and the business maintains all proper licenses and permits for operation.
- I have attached a copy of the most recent business and/or personal tax returns for owner/principals with 20% or more ownership interest.
- I have attached a completed IRS W-9 Form.
- I agree to provide documentation to help verify the economic hardship suffered as a result of COVID-19, including financial statements, and other data as applicable to the best of my ability.
- I agree to document and report to the best of my ability the economic impact as a result of this grant, including but not limited to, jobs retained, increased sales, and participation in other relief programs.
- Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all federal laws and those of the Commonwealth of Massachusetts and the Town of Agawam and I am current with all local, state, and federal taxes.
- I certify that I am authorized to submit this application and execute a grant agreement on behalf of the business entity listed.
- I certify that submitting this application in accordance with the below instructions constitutes an electronic signature

### **SUBMISSION INSTRUCTIONS**

#### **BY EMAIL:**

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be sent via email to [mstrange@agawam.ma.us](mailto:mstrange@agawam.ma.us).

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email [mstrange@agawam.ma.us](mailto:mstrange@agawam.ma.us) and someone will assist you.

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