

# Gardner Covid-19 Microenterprise Assistance Program Application Form

The City has established and will administer this microenterprise assistance grant program in support of the continued operation or re-opening of eligible microenterprise businesses that are dealing with the negative economic impacts of the COVID-19 pandemic. The purpose of this program is to provide assistance to businesses adversely impacted by the COVID-19 pandemic. The mission is to support economic sustainability and recovery of local businesses.

Microenterprise Assistance grants will be awarded to eligible, for-profit, microenterprise businesses, whose owner or owners are at least 18 years of age, employing 5 or fewer employees, including the owner or owners, which are located within Gardner, provide goods or services to multiple clients or customers, are in current operation and were established prior to January, 1, 2019, whose owner or owners are in good standing with the Commonwealth of Massachusetts and City of Gardner with respect to taxes due through March 1, 2020, and required licenses and registrations, and who are not a party to any litigation involving the aforementioned state or municipality, and have experienced and are able to document a loss of income due to covid-19 which is equal to or greater than the amount of financial assistance being requested or offered, and whose business does not consist of real estate rentals or sales, liquor sales, weapons or firearms sales, cannabis sales, lobbying activities, or corporate chains.

Grants of up to \$5,000 will be awarded to eligible microenterprise business owners for rent, lease, mortgage (principal only, NOT including interest, insurance, and taxes) AND/OR utility costs incurred by the business between July 1, and December 21, 2020. Eligible utility costs shall include the costs of electricity, business phone and internet, natural gas, propane, fuel oil, wood or coal, and water and sewage service, as well as garbage collection.

As part of this application process, the applicant must provide all necessary documentation to verify eligibility, quantify adverse impacts due to Covid-19, and calculate anticipated cost of expenses eligible under this program. Finally, the applicant/business owner shall certify that all information within the application, including finance and income information, is accurate and true, and that they have not received or expended, nor will they receive or expend any other sources of State, Local, or Federal funding, for the same purposes as any funding requested as part of this program during the same period of time. There shall be no duplication of benefits.

Before beginning this application, please refer to the [Program Guidelines and Applications Guidance Document](#) for more information about program eligibility, guidelines, and purposes.

All documents and information about this program, including the Program Guidelines and Application Guidance Document and this Application can be found at: <https://www.gardner-ma.gov/1117/Microenterprise-Assistance-Program>

**Please proceed to Section 1, Eligibility Criteria.**

**Section 1. Eligibility Criteria** \* Required

Have you completed the Gardner Covid-19 Business Impact Survey?

- Yes, My business has completed the survey.
- No, My business has not completed the survey.

If you have not completed the survey please visit <https://www.gardner-ma.gov/1084/COVID-Business-Survey> and complete the survey now, prior to answering this question and completing this application.

Is your business a FOR PROFIT Business located in Gardner? \*

- Yes, Sole Proprietor
- Yes, Partnership
- Yes, Corporation
- Yes, LLC
- No, Not for Profit

Does your business provide goods or services to multiple clients or customers? \*

- Yes, My business provides goods or services to multiple people
- No, My business does provide goods or services to multiple people

Was your business in operation prior to January 1, 2019? \*

- Yes, Business was started prior to January 1, 2019
- No, Business was started after January 1, 2019

Does your business employ 5 or fewer employees on the date of this application? (The number of employees must include all part time, full time, *and* the owner or owners) \*

- Yes, 5 or fewer
- No, 6 or more

Does your business serve the entire community-wide area of Gardner?

- Yes, my business serves all areas of Gardner
- No, my business does not serve all areas of Gardner

Is your business current on all taxes owed to the Commonwealth of Massachusetts and City of Gardner through March 1, 2020?

- Yes, my business is current on all taxes owed through 3/1/2020
- No, my business is not current on all taxes owed through 3/1/2020

Are all applicable state and local licenses/registrations required of your business currently active and valid?

- Yes, all applicable licenses/registrations are currently active and valid
- No, not all applicable licenses/registrations are currently active

Please confirm that your business is NOT a party to any litigation involving the Commonwealth of Massachusetts or City of Gardner.

- Yes, my business IS NOT a party to any such litigation
- No, my business IS a party to such litigation

Please confirm that your business is NOT listed as one of the following excluded business types:

- Real estate rentals/sales businesses
- Businesses owned by persons under age 18
- Businesses that are chains
- Liquor stores
- Weapons/firearms dealers
- Lobbyists
- Cannabis-related businesses

- Yes, my business IS NOT listed as one of the excluded business types
- No, my business IS listed as one of the excluded business types

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

- Yes
- No

**If you answered NO TO ANY OF THE ABOVE questions, your business WILL NOT QUALIFY for MICRO-ENTERPRISE ASSISTANCE.**

**If you answered YES TO ALL OF THE ABOVE questions your business may qualify. Please proceed to Section 2, Applicant Information.**

**Section 2. Applicant Information** \* Required

Business Owner/Applicant's Full Legal Name: \*

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Are you authorized to sign documents, applications, and contracts for this business? \*

- Yes
- No

Business Owner/Applicant's Home Address, City/Town, State, Zip Code \*

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Business Owner Applicant's Email address \*

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Business Owner/Applicant's primary phone number \*

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Does any owner or their immediate family member currently work for the City of Gardner or hold a position on a Gardner board or commission? (We ask this question so that we are aware of, and may take any necessary steps to avoid, a potential conflict of interest.) \*

- Yes
- No

If yes \*, from previous question, please list their name and city-related position:

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**Please proceed to Section 3, Business Information.**

**Section 3. Business Information** \* Required

Check the Business Industry that best fits: \*

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

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

\_\_\_\_\_

Date of Establishment: \*

\_\_\_\_\_

Business Location Address (Business must be located in Gardner): \*

\_\_\_\_\_

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

\_\_\_\_\_

Business Phone number \*

\_\_\_\_\_

Business Website \*

\_\_\_\_\_

Is this business operated out of a home or residence? \*

- Yes
- No

If yes, list the square footage of the area designated for business use: \_\_\_\_\_\*

Does the business qualify as a Certified Women-Owned Small-Business?

- Yes
- No
- Not sure

Does the business qualify as a Certified Minority-Owned Business?

- Yes
- No
- Not sure

Does the business qualify as a Certified Veteran-Owned Small Business?

- Yes
- No
- Not sure

As of the date of this application, how many people does your business employ (include yourself, all owners, and all full-time and part-time employees)?

Enter Number of employees: \_\_\_\_\_\*

List the position title of all people currently employed by your business on the date of this application. Please check the box that denotes their status as full or part time. \*

Employee 1 _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employee 2 _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employee 3 _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employee 4 _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Employee 5 _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

What is the status of your business now? Check all that apply \*

- Open Full Time
- Open with Limited Hours
- Open with Limited Capacity
- Open with Product or Service Sales Restrictions
- Laid off Employees
- Limited Sales
- Selling Online
- No Sales
- Other \_\_\_\_\_



**Section 4. Certifications and Signature Page:** \* Required

Please PRINT, COMPLETE, and SIGN this signature page in ink.

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 allowable business purposes only as detailed in the grant 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 of Gardner in regard to taxes due through March 1, 2020, applicable licenses and registrations, and is not a party to any litigation involving the aforementioned state or municipality.
- I certify that my business is accessible to all persons within all areas of Gardner and that it serves community-wide Low- to Moderate-Income areas and residents of Gardner.
- I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- I certify that there will be no Duplication of Benefits and that I have not received and will not apply any other source of State, Local, or Federal funding for the same purposes during the same period of time as the funds requested in this grant application.
- I understand that any willful misrepresentation on these statements 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 \*

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

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

**Please proceed to Section 5, Required Documentation & Additional Certifications.**

**Section 5. Required Documents & Additional Certifications:** \* Required

THE FOLLOWING FIVE (5) DOCUMENTS BELOW MUST BE PRINTED, COMPLETED, SIGNED, ATTACHED TO THIS APPLICATION, AND RETURNED BY MAIL:

1. Signed Certifications/Signature Page (Section 4 of Application) \*
2. Microenterprise LMI Certification & Household Income Form \*
3. Eligible Business Expenses Cost Calculation Form \*
4. ProfitLossStatement\_fillable\_Mar-Jul\_2019 \*
5. ProfitLossStatement\_fillable\_Mar-Jul\_2020 \*

**Copies of the documents can be found on the program webpage at:**

<https://www.gardner-ma.gov/1117/Microenterprise-Assistance-Program>

PLEASE RETURN THE APPLICATION AND ALL SUPPORTING DOCUMENTS LISTED ABOVE WITH ORIGINAL SIGNATURES TO THE ADDRESS BELOW: \*

City of Gardner  
Microenterprise Assistance Program  
Department of Community Development & Planning  
115 Pleasant Street, Room 202  
Gardner, MA 01440

**Additional Information:**

Grant Awards may be prioritized based on business-owner income status relative to HUD Low- to Moderate-Income Limits. Grant program guidelines and requirements are subject to change to meet the requirements and needs of this program.

Additional information or documentation, including tax returns and other financial documents may be requested by the City of Gardner and required to be submitted by the applicant as part of this application process for the purpose of determining eligibility and funding.

A Grant Agreement Contract and W-9 Form will be required to be completed and submitted by all applicants selected to receive an award. This information will be sent to all successful applicants if a decision to award has been made.

Proof of payment of all eligible expenses in the full amount of awarded funds will be required of all grant recipients.

For more information about this program, and **to print all required documents and certification forms** go to: <https://www.gardner-ma.gov/1117/Microenterprise-Assistance-Program>