

VQY P'QH'DCTPUVCDNG
COVID-19 EMERGENCY SMALL BUSINESS GRANT PROGRAM

INTRODUCTION:

The Town of Barnstable and the Hyannis Main Street Business Improvement District (HMSBID) has established the COVID-19 Emergency Small Business Grant to assist in the stabilization of existing small businesses within Barnstable that have had significant business disruption due to the impact of COVID-19. These grant funds will assist small and microenterprise businesses in the Town of Barnstable to cover wages, rent, utility bills, loss of inventory, and other **fixed costs**. Should the program be successful, potential to expand the grant to more businesses will be considered. Please apply by 5pm on June 15, 2022 via email to elizabeth@hyannismainstreet.com or by dropping it off to 491A Main Street, P.O. Box 547, Hyannis, MA 02601.

ELIGIBLE APPLICANTS:

- Have a physical establishment within the Town of Barnstable with 5 or less employees.
- The business owner must be low- to moderate-income (see income thresholds below).
- Have experienced a loss of revenue of 10% or more due to COVID-19 since March 10, 2020.
- Have less than \$2,000,000 in gross annual receipts.
- Have no outstanding tax liens or legal judgments.
- Business owners must reside in and file their taxes in the United States

INELIGIBLE APPLICANTS: Ineligible applicants include, but are not limited to, franchisees of national or regional chain businesses, independent contractors, check cashing agencies, gun shops, pawn shops, liquor stores, adult entertainment businesses, smoke shops, and dollar stores. 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 Planning and Development Department. 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. Business owners must certify that they will not duplicate benefits to receive funds businesses that do not certify will be rejected

APPROVED USES OF FUNDS: Employee payroll costs, loss of inventory due to the pandemic (standard inventory costs and any lost inventory replaced due to COVID-19), rent (with lease provided), mortgage payments (with statement provided), utility payments, business insurance, and other **fixed costs**. Funds **cannot** be used for facade improvements, website design, or other non-emergency, non-fixed costs. The business owner will be required to provide supporting documentation, including canceled checks, bank statements, and/or receipts for expenditures.

Once receipts are provided, the business will be reimbursed by the HMSBID via check. It is preferred that the Town receive receipts and backup documentation in one submission. Business owners will be asked to provide evidence of final check cashing/deposit. **Tgegr u'ecppq'rtgf cvg'O ctej '32.'4242.** The grant may count as taxable income, please confirm with you accountant/tax advisor on applicability

FUNDING SOURCE: Funding for this program will be provided through the Town's Community Development Block Grant funds (CDBG-CV), allocated by the United States Department of Housing and Urban Development (HUD)

AMOUNT OF FUNDING: \$10,000 maximum hqt 3 eligible businessgu with demonstrated gzrgpugu greater than or equal to"the amount requested.

REQUIRED SUBMISSIONS:

1. Completed application form (enclosed).
2. Copies of 2019, 2020, and 2021 business returns with gross revenue
3. Personal tax returns for all owners/principals with a 20% or greater ownership interest in the business.
 - a. Documents for all members of the business owners household
4. Any information relating to additional income accounts i.e., retirement account information
5. Demonstrate that the COVID-19 outbreak has caused at least a **32%** decrease in revenue.
 - a. Documentation could include bank statements, profit & loss statements signed by an accountant, etc.
6. Completed IRS W-9 form.

COMPLIANCE WITH FEDERAL FUNDS, LAWS, AND REGULATIONS:

Applicants must comply with all applicable laws, including being subject to an Environmental Review Request (ERR) per 24 CFR Part 58.

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 as making up to the below:

	Persons in Household							
	1	2	3	4	5	6	7	8
Low/Mod Income	\$60,900	\$69,600	\$78,300	\$86,950	\$93,950	\$200,900	\$107,850	\$114,800

CONTACT INFORMATION:

For further information pertaining to this program or to obtain an application, please contact Elizabeth Wurfain: (P): (508) 775-7982, elizabeth@hyannismainstreet.com or Elizabeth Jenkins at the Planning and Development Department: (P): 508-862-4678, elizabeth.jenkins@town.barnstable.ma.us

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COVID-19 Emergency Business 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): _____ **GP %** _____

E-Mail Address: _____

Business Organization Type: ☐ Sole Proprietor ☐ Limited Liability Company
☐ Corporation ☐ Partnership

Ownership/Management:
Name % Interest Owned Title

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

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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: \$ _____

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 retain employees and keep your business operating during this challenging time? *Please not supporting documentation i.e., a lease for rent payments, must be provided.*

Use: _____ \$:

Use: _____ \$:

Use: _____ \$:

Use: _____ \$:

Use: _____ \$:

Total \$: _____

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While we understand that there is uncertainty, the Town of Barnstable hopes that businesses receiving a grant award will successfully persevere through the COVID-19 recovery. Please describe your plans and ability to persevere, and how you are taking measures to ensure the continued viability of your business:

Please describe the economic and/or community benefits your business creates for the Town of Barnstable. Please include any community involvement you participate in.:

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**VQY P'QHDCTPUVCDNG, MASSACHUSETTS
INCOME CERTIFICATION FORM FOR ALL CDBG PROGRAMS**

THIS SECTION IS TO BE COMPLETED BY APPLICANT

To the applicant: The Town of Barnstable 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. This information will be kept on hand at the Planning and Development Department 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 Barnstable? Yes ☐ No ☐

What is your current residential address?

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

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
\$60,900	\$69,600	\$78,300	\$86,950	\$93,950	\$100,900	\$107,850	\$114,800

Is your total family income for the last 12 months **less than or equal to** the amount indicated for the size of your family? (Please be sure to include all sources of family income)

Yes ☐ No ☐

For reporting purposes only, please answer the following questions:

Sex: Male ☐ Female ☐

Handicapped: Yes ☐ No ☐

Single Family Head of Household: Yes ☐ No ☐

Please identify the appropriate racial and ethnic category below:

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

Authorized Representative

Title

Date

Application / Eligibility Checklist:

- ☐ I confirm that my business is located within the Town of Barnstable and the business maintains all proper licenses and permits for operation
- ☐ I certify that my revenue has declined by 10% or more as a result of COVID-19 since March 10, 2020
- ☐ I certify that the average annual gross receipts of the business is less than \$2,000,000
- ☐ I have attached a copy of the most recent personal tax returns for owners 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.
- ☐ I agree to document and report the economic impact as a result of this grant, including but not limited to, jobs retained, increased sales, participation in other relief programs.
- ☐ Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the Town of Barnstable 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:

Completed application forms and all attachments should be sent via email to elizabeth@hyannismainstreet.com. You may also drop off a completed application to 491AA Main Street, P.O. Box 547, Hyannis, MA 02601. Please apply by 5pm on June 15, 2022. If you have questions about the application requirements or have any issues with submitting any of the required documents, please email elizabeth@hyannismainstreet.com or elizabeth.jenkins@town.barnstable.ma.us and someone will assist you.

The Town of Barnstable 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.

Duplication of Benefits Affidavit

Date: _____

Business Name: _____

DUNS Number: _____

Part 1

This section identifies any sources of funds that the subrecipient has applied for or received other than insurance. A duplication of benefits (DOB) occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose within the same time period, and the total assistance received is more than the total need. Within the CDBG-CV program, all grantees are bound by Section 312 of the Stafford Act, as amended by the Disaster Recovery Reform Act, and the OMB Cost Principles within 2 CFR part 200. Sources of funds include but are not limited to: federal, state and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please mark any of the boxes below which apply to your business regarding any prior assistance:

☐ I **HAVE NOT** applied for or received funding assistance from Federal, state, local programs or from other sources.

☐ I **HAVE** received funding assistance from the following programs to assist in responding to the impact of the Covid-19 Global Health Crisis:

1) Lender/Grant Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific):

2) Lender/Grant Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific):

3) Lender/Grant Program Name:

Amount requested: \$ Amount received: \$

Date received:

How funds are being used (please be specific):

☐ I have **APPLIED FOR** funding assistance, and my application is **PENDING** from the following programs:

1) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

2) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

3) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

Part 2: CERTIFICATION

As a recipient of CDBG funds under the applicable Agreement, I assert that:

1. I will not apply for more funding than needed for the eligible activity or project for which CDBG funds are provided. For example, if I have \$100 available from another source towards each monthly gas bill and I am applying for SBG funds to pay for my total monthly gas bill of \$500, SBG funds will be limited to \$400 per month.
2. I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the Town of Barnstable Planning & Development Dept. if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received.
4. I acknowledge that any duplication of funds may either have to be paid back to the Town or that the grant funds may be reduced by a corresponding amount.
5. I understand that this affidavit is appended to and part of the applicable Agreement executed with the Town for CDBG funds and is a condition of the receipt of such funds.

I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Date:

Business Applicant signature:

Business Applicant printed name:

Additional CDBG-CV Requirements

In addition to the terms and conditions in the Funding Approval/Agreement, the following requirements apply to Grantees receiving CDBG-CV funds in accordance with the Coronavirus Aid, Relief and Economic Security Act (CARES Act) (Pub. L. 116-136).

- 1) The Grantee agrees to comply with the requirements in the CARES Act that apply to CDBG-CV grants and must use the CDBG-CV grant funds to prevent, prepare for and respond to coronavirus.
- 2) The grantee agrees to comply with the requirements of the Housing and Community Development Act of 1974 (42 USC 5301 et seq.) and implementing regulations at 24 CFR part 570, as now in effect and as may be amended from time to time, and as modified by the rules, waivers and alternative requirements published by HUD from time to time. Rules, waivers and alternative requirements of Federal Register notices applicable to CDBG-CV grants are hereby incorporated into and made a part of the grant agreement.
- 3) The Grantee may use CDBG-CV funds as reimbursement for previously incurred costs, provided that those costs are allowable and consistent with the CARES Act's purpose to prevent, prepare for and respond to coronavirus.
- 4) The grantee agrees to establish and maintain adequate procedures to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 132 Stat. 3442).
- 5) The period of performance for the funding assistance specified in the Funding Approval/Agreement ("Funding Assistance") shall be six years. It shall begin on the date specified in item 4 in the Funding Approval/Agreement and shall end six years later, on the month and day specified in item 4. The Grantee shall not incur any obligations to be paid with the Funding Assistance after this period of performance.
- 6) The Recipient shall attach a schedule of its indirect cost rate(s) in the format set forth below to the executed Funding Approval/Agreement that is returned to HUD. The Recipient shall provide HUD with a revised schedule when any change is made to the rate(s) described in the schedule. The schedule and any revisions HUD receives from the Recipient shall be incorporated herein and made a part of this Funding Approval/Agreement, provided that the rate(s) described comply with 2 CFR part 200, subpart E.

<u>Administering</u>		<u>Direct</u>
<u>Department/Agency</u>	<u>Indirect cost rate</u>	<u>Cost Base</u>
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

Instructions: The Recipient must identify each agency or department of the Recipient that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414(f)), and the type of direct cost base to which the rate will be applied (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rates for subrecipients.

- 7) In addition to the conditions contained in the Funding Approval/Agreement (form HUD 7082), the grantee shall comply with requirements established by the Office of Management and Budget (OMB) concerning the Dun and Bradstreet Data Universal Numbering System (DUNS); the System for Award Management (SAM.gov.); the Federal Funding Accountability and Transparency Act as provided in 2 CFR part 25, Universal Identifier and General Contractor Registration; and 2 CFR part 170, Reporting Subaward and Executive Compensation Information.
- 8) The grantee shall ensure that no CDBG-CV funds are used to support any Federal, State, or local projects that seek to use the power of eminent domain, unless eminent domain is employed only for a public use. For the purposes of this requirement, public use shall not be construed to include economic development that primarily benefits private entities. Any use of funds for mass transit, railroad, airport, seaport or highway projects as well as utility projects which benefit or serve the general public (including energy-related, communication-related, water-related and wastewater-related infrastructure), other structures designated for use by the general public or which have other common-carrier or public-utility functions that serve the general public and are subject to regulation and oversight by the government, and projects for the removal of an immediate threat to public health and safety or brownfield as defined in the Small Business Liability Relief and Brownfields Revitalization Act (Public Law 107-118) shall be considered a public use for purposes of eminent domain.

- 9) The Grantee or unit of general local government that directly or indirectly receives CDBG-CV funds may not sell, trade, or otherwise transfer all or any such portion of such funds to another such entity in exchange for any other funds, credits or non-Federal considerations, but must use such funds for activities eligible under title I of the Act.
- 10) E.O. 12372-Special Contract Condition - Notwithstanding any other provision of this agreement, no funds provided under this agreement may be obligated or expended for the planning or construction of water or sewer facilities until receipt of written notification from HUD of the release of funds on completion of the review procedures required under Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs, and HUD's implementing regulations at 24 CFR Part 52. The recipient shall also complete the review procedures required under E.O. 12372 and 24 CFR Part 52 and receive written notification from HUD of the release of funds before obligating or expending any funds provided under this agreement for any new or revised activity for the planning or construction of water or sewer facilities not previously reviewed under E.O. 12372 and implementing regulations.
- 11) CDBG-CV funds may not be provided to a for-profit entity pursuant to section 105(a)(17) of the Act unless such activity or project has been evaluated and selected in accordance with Appendix A to 24 CFR 570 - "Guidelines and Objectives for Evaluating Project Costs and Financial Requirements." (Source – This condition is included as requirement on the use of fiscal year 2020 CDBG funds by the Community Development Fund heading, Department of Housing and Urban Development Appropriations Act, 2020, Public Law 116-94, and is made applicable to this grant by the CARES Act).