

For planning purposes only. To submit an application, visit [SomervilleMA.gov/BizRelief](http://SomervilleMA.gov/BizRelief).

## Somerville Small Business COVID-19 Relief Fund Application

City of Somerville Office of Strategic Planning & Community Development

The City of Somerville is now accepting applications for the Somerville Small Business COVID-19 Relief Fund, which will provide forgivable loans of up to \$10,000 to Somerville businesses affected by the COVID-19 pandemic. This \$1 million fund uses Community Development Block Grant monies from the U.S. Department of Housing and Urban Development.

Please note:

- Applications are due on Monday, May 11 at 3pm. Applications received after this time will not be accepted. **If you are mailing your application for submission, it must be received before this date.**
- Before starting your application, read the program guidelines .
- You may only submit one application per EIN, SSN, ITIN.
- Questions may be sent to [economicdevelopment@somervillema.gov](mailto:economicdevelopment@somervillema.gov).

1. Legal Business Name:

2. Doing Business As (DBA):

3. Business Street Address:

4. What are the legal names of the business owners (all who own at least 20% of the business)?

5. Business Website, if any:

6. Date business started:

7. Number of years operating in Somerville:

8. Was your business operating in Somerville prior to October 2019?

9. Please provide your tax ID:

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10. Is the tax ID you provided in #9 your:

\_\_\_ Employer Identification Number (EIN)

\_\_\_ Social Security Number (SSN)

\_\_\_ Individual Taxpayer Identification Number

## Applicant Contact Information

11. Name:

12. Email Address, if any:

13. Phone Number

14. What is your role with respect to the business? (Owner? Other? Please specify.)

15. Legal Structure of Business:

Sole Proprietor

Cooperative

Corporation

S-Corp

Limited Liability Company

Other:

16. If you selected corporation, please specify the state of incorporation:

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17. What is your primary industry? Please note: Liquor and tobacco stores, cannabis stores, pawn shops, adult entertainment, and passive real estate investment businesses are not eligible to apply.

Childcare

Construction

Creative / Arts

Distribution / Logistics / Warehousing

Entertainment

Farming / Agriculture

Health and Wellness

Manufacturing

Personal Services (barber shops, nail salons, cleaners, landscaping, etc.)

Professional Services

Restaurant / Catering

Retail

Other:

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18. Please describe your business in one sentence:

19: To the best of your knowledge, how many employees did you have on each of the following dates (including yourself):

	# of Full Time Employees	# of Part Time Employees
March 1, 2019		
March 1, 2020		
Today		

## HUD CDBG Eligibility

The funding source for the program is the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.

### Microenterprise

20. How many people live in your (business owner's) household? (A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.):

21. What is the estimated total annual household income? (Tip: You need to include the income of everyone living in the household. Also use your estimated annual income as of today, so if your income went down recently due to COVID-19 or if someone in your household just lost a job, it may increase your ability to qualify.):

22. What best describes the owner's ethnicity?

Hispanic/Latino

Not Hispanic/Latino

23. What best describes the owner's race?

Black /African American

White

Native Hawaiian / Other Pacific Islander

Asian & White

American Indian / Alaskan Native & Black / African American

Asian

American Indian / Alaskan Native

American Indian / Alaskan Native & White

Black / African American & White

Other / Multiracial

**Job Creation/Retention**

24. How many jobs do you plan to create or retain as a result of this award? (Tip: if you recently laid off employees because of COVID-19 and plan to bring some back, you can count the position as a created job. If you furloughed an employee and plan to bring them back, you can count that as a retained job). For expected salary, please indicate over what time period (hourly, weekly, monthly, or annually)

Created or Retained Position Titles	# of Full Time	# of Part Time	Expected Salary

## COVID-19 Business Impact

25. List your monthly business expenses below. (You will be required to provide proof if you are awarded assistance and before you receive payment.)

Monthly lease / mortgage cost:

Monthly utility costs:

Monthly debt costs:

Monthly insurance costs:

Monthly payroll costs (as of now):

Monthly cost of goods (as of now):

What was your average monthly revenue prior to this crisis?:

26. How has your revenue been impacted by COVID-19?

Not impacted

Revenue declined by 10%-24%

Revenue declined by 25%-49%

Revenue declined by 50%-75%

Revenue declined by 76%-100%



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27. Are you offering alternative services or operating differently in light of COVID-19? (Check all that apply.)

- Home delivery
- In-store pickup
- Online services
- Other contactless services
- Staggered or limited hours
- Different product offerings
- Employee(s) able to work from home
- Not applicable
- Other:

28. What challenges do you anticipate that your business will face when it's allowed to reopen? Do you think you'll be limited due to expected social distancing guidelines? Please explain:

## Brick & Mortar Business

29. Business real estate status:

Business owns the commercial space

Business leases / rents the commercial space

Business is home-based

30. Business is located:

On the first floor within a commercial district

Within upper story space (second floor or above)

Other:

## Somerville Character

31. What best describes your business? :

Branch location of a national or regional chain of stores / office / service provider, etc

Independently-owned franchise of a national or regional chain of stores / office / service provider/ etc.

Branch of a small chain native to Greater Boston or Massachusetts with five locations or less.

Independently-owned Somerville-based business

32. Does your business provide a unique product or service? If so, please describe?:

33. Please describe how your business contributes to Somerville's unique character:

## Use of City Funds

34. Please describe the amount of money needed to manage immediate working capital needs:

Rent:

Utilities:

Payroll:

Inventory:

35. The City would like to maximize the impact that awarded funds have on the current and future viability of your business. How much money do you need to manage immediate costs (the maximum award amount is \$10,000)? What would you use that funding towards?:

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36. Have you applied for or received an SBA Economic Injury Disaster Loan (EIDL)?:

Didn't apply

Applied, but haven't heard yet

Application approved, but still waiting for a check

Received a check

37. Have you applied for the SBA Payroll Protection Program (PPP)?:

Didn't apply

Applied, but haven't heard yet

Application approved, but still waiting for a check

Received a check

## Public Construction Impact

38. Was your business impacted by public construction projects during 2019?

Yes

No

39. Which projects caused the impact?

Union Square / Somerville Ave Utility & Streetscape Project

Green Line Extension (GLX)

Beacon St Reconstruction

Other:

40. If yes, briefly describe how and to what extent your business was negatively impacted by construction:

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## Disadvantaged Business

41. Please check that all apply to 51% or more of your business ownership.

Minority owned

Woman owned

Veteran owned

Not a minority owned, veteran owned, or woman owned business

## Eligibility Checklist

Note: You must respond yes to the following requirements in order to qualify for HUD CDBG funding.

42. I certify that my business is engaged in activities that are regulated by the City of Somerville and that I hold a license or permit associated to that regulation (excludes federally prohibited items like cannabis.)

Yes  No

43. I agree to provide documentation to help verify the economic hardship suffered as a result of COVID-19; including tax returns, financial statements, and other financial data, and that the financial documentation is true and accurate. This information will be used for eligibility of the program only and not shared with other City departments.

Yes  No

44. The Economic Development team will reach out after the loan is distributed to solicit data about how you used program funding and the economic impact it had on your business. This may require information on the jobs created and retained, changes in sales numbers, or other metrics. For businesses with more than 5 employees, payroll forms will be required after funds have been dispersed in order to prove that jobs were created or retained as a result of this assistance. Participation in this data gathering is a requirement of accessing this funding.

Yes I agree to share data about the economic impact of the grant

No, I do not agree



## Additional Questions

Answers to these questions won't impact your application.

45. Do you have business interruption insurance?

Yes       No

46. Do you have a business plan?

Yes       No

47. Do you have access to a printer?

Yes       No

48. I have read and understood the Somerville COVID-19 Emergency Relief Fund Program Guidelines and agree to the terms. I understand that knowingly making a false statement to obtain a forgivable loan from the City of Somerville is punishable under state law.

Signed:

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Date: