



**Town of Yarmouth Community Development Block Grant Program
Responding to Economic Needs Caused by the Spread of COVID-19
BUSINESS ASSISTANCE PROGRAM DESCRIPTION**



The Town of Yarmouth intends to provide short-term working capital to small businesses to cover revenue shortfall caused by impacts of the COVID-19 pandemic. Grants are capped at \$5,000 per qualified business. The Community Development Block Grant (CDBG) is funded by U.S. Department of Housing and Urban Development (US HUD).

To qualify businesses must:

- be located in Yarmouth
- have ten or fewer employees, including the business owner
- demonstrate that the CDBG Funds are necessary and sufficient, when combined with other sources, to sustain the business and/or retain jobs held by low/moderate-income workers
- have a business owner and/or employees which meet income requirements
- complete and sign the application and submit with all requested documentation
- execute a grant agreement
- track and report on business performance in 3 and 6 months out from receipt of assistance

Other requirements may apply.

Funds may be used for payroll expenses, commercial rent payment, commercial mortgage payment, or debt services for equipment essential to the business. Other uses may be approved by US HUD upon request. No duplication of benefits are allowed; for example, CDBG funds cannot be used to cover payroll costs for the same week covered by the Payroll Protection Program. Some businesses will need to be underwritten during this application process. Some businesses will need to demonstrate a community benefit. All businesses will need to show that the assistance is necessary to keep the business open and/or retain a job held by a low/moderate income worker. Some business types are not eligible for these funds, including but not limited to adult entertainment, social clubs, liquor businesses, cannabis/vaping/tobacco businesses, fire arms businesses, pay day loan businesses, pawn shops, and home-based businesses.

To start the application process, complete and sign the attached preliminary application and return with all supporting documentation to mwaygan@yarmouth.ma.us . You may also submit your application and supporting documentation to Town of Yarmouth, CDBG Program, Attn: Mary Waygan, 1146 Route 28, South Yarmouth, MA 02664 by mail or by Town Hall's drop box. Please be assured that this information will remain confidential and will be used only to meet the review, reporting and record keeping requirements of the U.S. HUD, which is providing the CDBG funds to assist Yarmouth's business community. Town of Yarmouth CDBG Program reserves the right to require additional information and documentation, to cancel this program at any time or deny any application for assistance. Please direct questions regarding this application to Mary Waygan, CDBG Program Administrator at mwaygan@yarmouth.ma.us or at 508-398-2231 x 1275.

**FOR FIRST CONSIDERATION RETURN THIS APPLICATION BY OCTOBER 16, 2020
AFTER OCTOBER 16, 2020 APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS**

**Town of Yarmouth Community Development Block Grant Program
Responding to Economic Needs Caused by the Spread of COVID-19
BUSINESS ASSISTANCE PROGRAM – PRELIMINARY APPLICATION**

Please complete and sign this preliminary application and return with all supporting documentation to mwaygan@yarmouth.ma.us . You may also submit your application and supporting documentation to Town of Yarmouth, CDBG Program, Attn: Mary Waygan, 1146 Route 28, South Yarmouth, MA 02664 by mail or by Town Hall’s drop box.

Please direct questions regarding this application to Mary Waygan, CDBG Program Administrator at mwaygan@yarmouth.ma.us or 508-398-2231 x 1275. The information submitted will remain confidential and will be used only to meet the review, reporting and record keeping requirements of the US Department of Housing and Urban Development (US HUD), which is providing the CDBG funds to assist businesses.

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1. Describe the Business:

Business Name:	
Street Address:	
Mailing Address:	
Phone Number:	
Email Address:	
What is the type of business (Sole Proprietorship, Partnership, Limited Partnership, Corporation, LLC, etc.)	
Business DUNS Number:	
Business Owner Name:	
Mailing Address:	
Phone Number:	
Email Address:	

What services or products does the business provide?

Is the business a seasonal business? Yes No

Is the business in good standing with the Commonwealth of Massachusetts? Yes No

Is the business in good standing with the Town of Yarmouth? Yes No

Is the business compliant with all state and federal laws and regulations, including but not limited to minimum wages, unemployment insurance, worker's compensation? Yes No

2. Describe the Current Employees:

Does the business have 5 or fewer employees, including the business owner?

Yes If yes, fill out chart 2A; No If no, fill out chart 2B on the next page

Chart 2A for Businesses with 5 or fewer employees				
	Job Title Business Owner	Name	Is this job the primary job of this employee?	Is Business Owner member of a Low/moderate income Household *
1	Business Owner			
	Job Title All Other Employees	Name	Is this the primary job for this employee?	Is annual salary for this job below \$54,150?
2				
3				
4				
5				

*A Business owner is low/moderate income if their household in total earns less than 80% of the Area Median Income for Barnstable County, as adjusted for household size:

FY2020 Income Limits (U.S. HUD)	Household Size				
	1 Person	2 Person	3 Person	4 Person	5 Person
80% Area Median Income	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500

Chart 2B for Businesses with 6 to 10 employees				
	Job Title	Current Employee Name	Is this the primary job for this employee?	Is annual salary for this job below \$54,150?
1	Business Owner			
2				
3				
4				
5				
6				
7				
8				
9				
10				

3. Impact of the Spread of the Coronavirus COVID-19:

Has the business revenue declined due to COVID-19? Yes No

Time Period	Business Revenue as shown on Federal tax forms (See Schedule C of Federal tax form)
Quarter I 2019	
Quarter II 2019	
Total Tax Year 2019	
Quarter I 2020	
Quarter II 2020	
Estimated Total Tax Year 2020	

Please describe why your business revenue has declined due to COVID-19:

List the business monthly expenses and indicate if the business is currently in arrears or in debt due to COVID-19.

	Average Monthly Amount	Are you in arrears or taken on debt to meet this expense?	Are these arrears or debt due to the impacts of COVID-19?
Rent or mortgage costs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Utility costs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debt payments		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance costs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of Goods and Services		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of payroll		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Briefly describe the business' plan and strategy to remain open and/or retain jobs held by low/moderate income workers:

List the financial assistance needed to sustain your business. These expenses can only span a three-month period. **In the final application the business will be required to provide documentation that, 'but for' this assistance, the business will layoff workers or close.**

	Gap Due to Loss in Revenue	Requested Amount from Town of Yarmouth	Requested Amount from other sources (such as PPP)
Rent or mortgage costs			
Utility costs			
Debt payments			
Insurance costs			
Cost of Goods and Services			
Cost of payroll			
Other:			
Other:			
TOTAL			

By signing this application I affirm that the information submitted to the Town of Yarmouth Job Retention and Job Creation Program regarding the business is complete and factual to the best of my knowledge:

Business Owner Signature: _____ Date: _____

Business Owner Name: _____

Documentation required with this application:

- Provide a copy of any written notice provided to your employees regarding layoffs
- Provide a copy of any written notice related to past due payments and arrear for rent, mortgage, or debt service. Provide a copy of any new loan taken on to address these arrears.

Additional documentation may be required for final approval and release of funds, including but not limited to: Valid Certificate of Good Standing with the Commonwealth of Massachusetts, Valid Business Certificate with the Town of Yarmouth, W-9, Town of Yarmouth automatic deposit form, grant agreement, payroll records, tax returns and schedules, bank statements, rental lease, mortgage or loan documents, documents regarding other assistance such as the payroll protection program, documentation of business owner's household income, documentation necessary to underwrite the business.