

WELCOME and
CONGRATULATIONS!

City of Gloucester COVID-19 Economic Development
Small Business Grant
Information Session and Contract Walkthrough

What will we cover

- Completing contract forms
- Required job creation/retention reports
- How to submit for payment
- Eligible expenses

COMPLETING YOUR CONTRACT – PAGE 1

LEAVE BLANK

CITY OF GLOUCESTER COVID-19 EMERGENCY SMALL BUSINESS GRANT

GRANT AGREEMENT

This Agreement made day of , 2020, (“Agreement”) by and between the City of Gloucester, Massachusetts, a municipal corporation with an address of 9 Dale Avenue, Gloucester, Massachusetts, 01930, acting through its Department of Community Development, (“City” or “Grantor”) and **TEST, TEST,** with a business address of **TEST TEST, FL 12345** (“Business Applicant”).

REVIEW ALL BUSINESS AND GRANT INFORMATION FOR ACCURACY

COMPLETING YOUR CONTRACT – PAGE 8

LEAVE DATE BLANK

AGREEMENT #

IN WITNESS WHEREOF, the parties hereto have set their hands and seals this _____ day of _____, 202__.

ACCEPTED FOR THE GRANTEE:

I PRINT YOUR NAME hereby certify that I have the authority to act on behalf of the company *TEST* and bind the company on whose behalf I am signing this contract.

SIGN

Authorized Signature

PRINT BUSINESS TITLE

Title

DATE

Date

TEST TEST, FL 12345

Address

(123) 456-7890

Telephone

City Hall Annex
3 Pond Road
Gloucester, MA 01930

978-325-5240

Telephone

Community Development Grants
Administrator

Date

COMPLETING YOUR CONTRACT – TAX COMPLIANCE

TAX COMPLIANCE

IF A CORPORATION:

State in which Incorporated _____
President _____
Treasurer _____
Secretary _____

If a foreign (out of State) corporation – are you registered to do business in Massachusetts? If selected for this work, you are required under Massachusetts General Law Chapter 38D to file a Certificate of Qualification with the Secretary of State, State House, Boston, a certificate to the awarding authority prior to the start of work.

IF A PARTNERSHIP (Name All Partners):

NAME	ADDRESS	CITY/STATE/ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF AN INDIVIDUAL:

NAME	ADDRESS	CITY/STATE/ZIP
_____	_____	_____

IF AN INDIVIDUAL DOING BUSINESS UNDER A FIRM NAME:

NAME OF FIRM	BUSINESS ADDRESS	CITY/STATE/ZIP
_____	_____	_____

NAME OF INDIVIDUAL	ADDRESS	CITY/STATE/ZIP
_____	_____	_____

ATTESTATION CLAUSE:

Pursuant to MGL c 62C sec 49A. I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

SSN OR FEIN

Social Security No. or Federal Identification No.

SIGN

Signature of Individual or Corporate Name

Corporate Officer (If Applicable)

COMPLETE THE APPLICABLE SECTION, ENTER SSN OR FEIN, AND SIGN

ATTACHMENT 1 – ADDITIONAL MANDATORY TERMS

- Do not have discriminatory hiring practices
- Maintain safe work environments and pay required minimum wages
- Do not use funds to lobby/participate in political activities
- Section 3 does not apply, as we are not paying for construction or capital improvements
- Cannot use CDBG funds to pay for costs covered by other grants or insurance payments (duplication of benefits)

Basically, don't violate federal laws!

DUPLICATION OF BENEFITS AFFIDAVIT – PART 1

INSTRUCTIONS

The affidavit is divided into four (4) components:

1. Assistance received from other disaster recovery business assistance programs being administered by the grantee;
2. Insurance assistance received for disaster related losses; and,
3. Government, bank and any and all other funding received by a business for disaster related losses.
4. Attachments;
5. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Other Small Business Program Assistance Duplication of Benefits Affidavit

This affidavit must be completed by all businesses that have applied for and/or received any assistance from the CDBG-CV funded Small Businesses Assistance Programs being offered by the City of Gloucester. The information within this affidavit will provide the City of Gloucester with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which your business is applying AND any program your business has previously received funds from.

City of Gloucester COVID-19 Emergency Small Business Grant

City of Gloucester CDBG-EN Small Business Loan Program

Other: _____

Everyone will mark the first box.

Only mark the second box if you have previously received a small business or microenterprise grant from the City of Gloucester

DUPLICATION OF BENEFITS AFFIDAVIT – PART 2

Insurance payments and other grants DO NOT make you ineligible for our funds. We DO need to document that our funds are not paying the same expenses.

1. I hereby state that I am the owner of TEST (the “Applicant”) and am duly authorized by the Applicant to make the certifications contained in this Affidavit on behalf of the Applicant.

2. I hereby state and certify to the United States Department of Housing and Urban Development and to the City of Gloucester as follows (please check one blank):

Check the box that applies to your business

On any date on or after March 13, 2020, property, flood, and/or wind, economic injury, business interruption or any other kind of insurance **WAS** carried and in force for the Applicant.

On any date on or after March 13, 2020, **NO** property, flood, and/or wind, economic injury, business interruption or any other kind of insurance was carried and in force for the Applicant. If insurance was

Please provide information regarding any such insurance policies and information regarding claims filed and paid, if any, in the designated spaces below. If no claim was filed under an insurance policy listed below, fill in the applicable blank with “None.”

DUPLICATION OF BENEFITS AFFIDAVIT – PARTS 3 & 4

▲ Part 3. Government, Bank and Other Funding Sources Duplication of Benefits Affidavit

This section identifies any sources of funds that the business has received as a result of the 2020 Coronavirus Pandemic other than insurance. 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 indicate below the amount allocated to your business from any and all funding sources not.

Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

THIS INCLUDES PPP
AND SBA GRANTS
OR LOANS.

We have heard from many businesses that SBA did not send formal grant documents for their first round of funding. We will accept a copy of the bank statement showing the deposit.

Part 4. Attachments

Attached to this Affidavit are copies of the following:

1. Each insurance policy in force on or after March 13, 2020
2. All correspondence relating to the insurance policies described in (1) of this sentence, including correspondence regarding any claims filed under such insurance policies. No other correspondence with respect to any such insurance policies and/or claims has been received by me as of the date of this Affidavit.
3. Acceptable Documentation for each of the sources of funds acquired as a result of the March 13, 2020 disaster(s).

DUPLICATION OF BENEFITS AFFIDAVIT – PART 5

Part 5. Signature(s)

By executing this Insurance Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for a violation of such Section.

Dated this the day of , 2020.

SIGN

Applicant (Affiant) Signature

Joint Applicant (Affiant) Signature

PRINT

Print Applicant Name (Affiant)

Print Joint Applicant Name (Affiant)

ADDITIONAL OWNERS/PARTNERS WHO CAN SIGN FOR INSURANCE POLICIES OR APPLY FOR ADDITIONAL GRANTS SHOULD SIGN THIS PAGE AS “JOINT APPLICANT”.

COMPLETING YOUR CONTRACT

- Review for accuracy
- Complete and sign page 8
- Complete and sign “Tax Compliance” form
- Complete and sign “Duplication of Benefits Affidavit”
- Mail one complete contract with original signatures to:
 - Community Development Department
 - 3 Pond Road
 - Gloucester, MA 01930
 - ATTN: Grants Division

JOB CREATION AND RETENTION

- All grantees must create or retain one FULL TIME, PERMANENT job
 - This can be a combination of part time, permanent jobs totaling 40 hours/week

- Jobs must be held by, or made available to, persons of a low-to-moderate income household
 - Job cannot require an education above a high school diploma or equivalency
 - Any additional training must be offered on the job and be paid
 - Job must be advertised by free or low cost outlets

JOB CREATION AND RETENTION

- This is a federal requirement that cannot be waived by program staff
- \$500 of grant will be held until sufficient documentation is received
- If you fail to meet this requirement within 12 months of contract execution, grant funds may need to be repaid

JOB CREATION AND RETENTION

Required Documentation:

- Listing of job titles, descriptions, FTE status, and skills required
- Description of hiring process or why job would be lost without grant
- Following form will be required for all jobs created/retained with CDBG funds

JOB REPORTING FORMS

CITY OF GLOUCESTER SMALL BUSINESS LOAN PROGRAM JOBS CREATION DOCUMENTATION

Name: _____ Date: _____
Address: _____
Telephone: _____ Email: _____
Company Name: _____

THIS SECTION TO BE COMPLETED BY JOB APPLICANT/EMPLOYEE

To the employee: The company to which you are applying for a job or currently employed with, has received a federally funded grant award to support its operation. A condition of those funds is that household income information be collected from employees. This information will NOT affect hiring decisions of the company. The information you provide will be kept CONFIDENTIAL.

1. In the chart below, locate the column that matches your household size then circle the income amount that is at or below the total income of your household.

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low (30%)	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650
Very Low (50%)	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450
Low (80%)	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050

These income guidelines are based on HUD's FY2020 median income for the Boston-Quincy-Cambridge area.

EMPLOYEE needs to complete all income and demographic information then sign. If they are more comfortable submitting this form directly to us, they can be emailed or mailed to the Grants Division.

JOB REPORTING FORMS

EMPLOYER will complete the last page of form. Fill out the top half if the job was vacant and filled after grant funds were received (or laid off staff are returning).

CITY OF GLOUCESTER SMALL BUSINESS LOAN PROGRAM JOBS CREATION DOCUMENTATION

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER *

If a newly hired employee:

1. Was the position created prior to the City of Gloucester Economic Development Loan Program award? NO _____ YES _____

Date of Employment: _____

Is this employee _____ the initial occupant of the position, or
_____ a replacement for the position

Was the employee working in another position under a different employer prior to taking this job?
NO _____ YES _____

Will training be provided to the employee? NO _____ YES _____

If yes, briefly describe the training to be provided: _____

JOB REPORTING FORMS

If employee was hired prior to funding:

Would the employee have been able to retain their position without the Grant award?

NO _____ YES _____

Was the employee laid off or unable to work at any point due to the COVID-19 pandemic?

NO _____ YES _____

2. Position Title _____

Hourly Wage _____

Full-time: _____ Part-time: _____ If part-time, hours per week: _____

Job type _____ management/professional (M) _____ skilled production (S)

_____ unskilled / semi-skilled production (U) _____ clerical (C)

_____ other

Will/are healthcare benefits be provided to the employee? NO _____ YES _____

* Please note that all information provided by the employer is subject to verification by government officials.

Complete the lower half if the job was filled at the time grant was received, but would not be retained without grant funding.

SUBMITTING FOR PAYMENT

ELIGIBLE EXPENSES

- ✓ Rent - Lease - Mortgage
- ✓ Payroll and benefits
- ✓ Insurance Premiums
- ✓ Utilities
- ✓ Inventory
- ✓ Business related debt

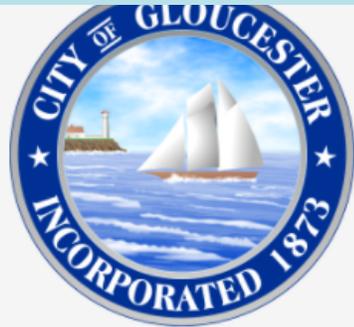
INELIGIBLE EXPENSES

- × Construction or repairs
- × Storefront or home office rehabilitation/modifications
- × Acquisition of new property

SUBMITTING FOR PAYMENT

Login to your Neighborly account – this is the same username and password used to complete the application.

<https://portal.neighborlysoftware.com/gloucesterma/Participant/Login>



Welcome to the City of Gloucester
Community Development - Grants
Participant Portal

New applicants must first register their account
before signing in to the portal

Technical issues email: support@neighborlysoftware.com

Sign In

Register

Email Address

|corliss@gloucester-ma.gov

Password

Remember my email address

Sign In

[Forgot your Password?](#)

If you have trouble with your username or password,
contact Neighborly Support.

SUBMITTING FOR PAYMENT

Good Evening, Jaimie!



Welcome to the City of Gloucester Community Development - Grants Portal

Neighborly Software is committed to accessibility for all applicants. If you require this material in an alternate format, please contact us at grants@gloucester-ma.gov.

Grants

ID	NAME	PROGRAM	YEAR	APPROVED	DISBURSED	REMAINING
10401	TEST	Microenterprise Assistance	2020/21	\$10,000.00	\$0.00	\$10,000.00

CLICK HERE

View

SUBMITTING FOR PAYMENT

Home

- ACCOUNT
- REPORTS
- ACCOMPLISHMENT
- DRAW REQUESTS**
- APPLICATION
- DOCUMENTS
- USERS

CLICK HERE

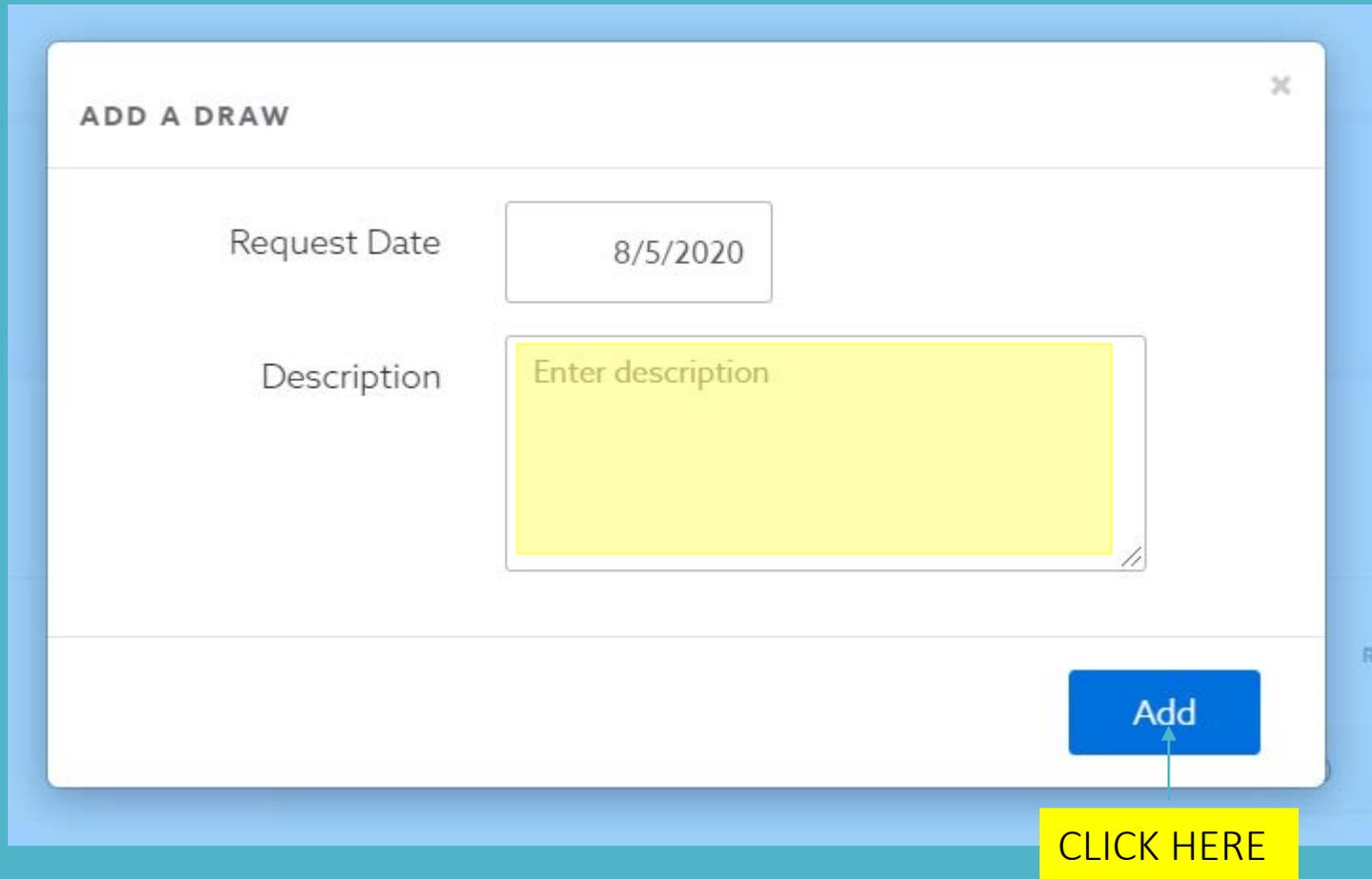
Program Microenterprise Assistance
Status Application in Progress

ID	STATUS	WORKFLOW	DETAILS	REQUESTED DATE	REQUESTED AMOUNT	DISBURSED DATE	DISBURSED AMOUNT
10	Cancelled	0 of 1	test	8/5/2020	\$0.00	N/A	N/A

Add a Draw

CLICK HERE

SUBMITTING FOR PAYMENT



The image shows a screenshot of a web form titled "ADD A DRAW". The form has a white background and a light blue border. At the top left, the title "ADD A DRAW" is displayed in a dark font, with a small "x" icon in the top right corner. Below the title, there are two input fields. The first is labeled "Request Date" and contains the text "8/5/2020". The second is labeled "Description" and contains the placeholder text "Enter description". At the bottom right of the form, there is a blue button with the text "Add". A yellow box with the text "CLICK HERE" is positioned below the "Add" button, with a thin blue arrow pointing from the box to the button.

Give a brief description of the expenses you are submitting – payroll, overhead, etc. Then Click “Add”.

SUBMITTING FOR PAYMENT

SMALL BUSINESS GRANTEES: First payment request should be for your grant award, minus \$500. For most, this will be \$9,500. Second request should be for \$500 and include your job reporting documentation. UNLESS, you have the job reporting forms ready at time of your first submission, then you can request the full grant amount.

You may also choose to submit smaller payment requests over time, just keep in mind we will reserve \$500 of your award until you provide the required job reporting documents.

SUMMARY

Draw 1

DOCUMENTATION

Upload File 

Attach supporting documents here –payroll, rent, job reporting forms, etc.

DETAILS

CATEGORY	ORIGINAL AMOUNT	- OTHER DISBURSEMENTS	= AVAILABLE BALANCE	AMOUNT REQUESTED
Operating Expenses CDBG CV	\$ 10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00
Totals	\$ 10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00

Enter amount here.

Last updated by jcorliss@gloucester-ma.gov on 8/5/2020 5:09:38 PM

CLICK HERE

Cancel Submit

All budgets have been set up using the category "Operating Expenses". You can submit for any eligible expense using this category (payroll, inventory, rent, etc).

THANK YOU!

GRANTS@GLOUCESTER-MA.GOV

978-325-5239

Grants Division
3 Pond Road
Gloucester, MA 01930