

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

# SUBMITTING FOR PAYMENT

## ELIGIBLE EXPENSES

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

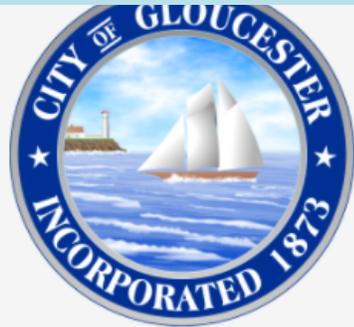
## INELIGIBLE EXPENSES

- × 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](mailto: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](mailto: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

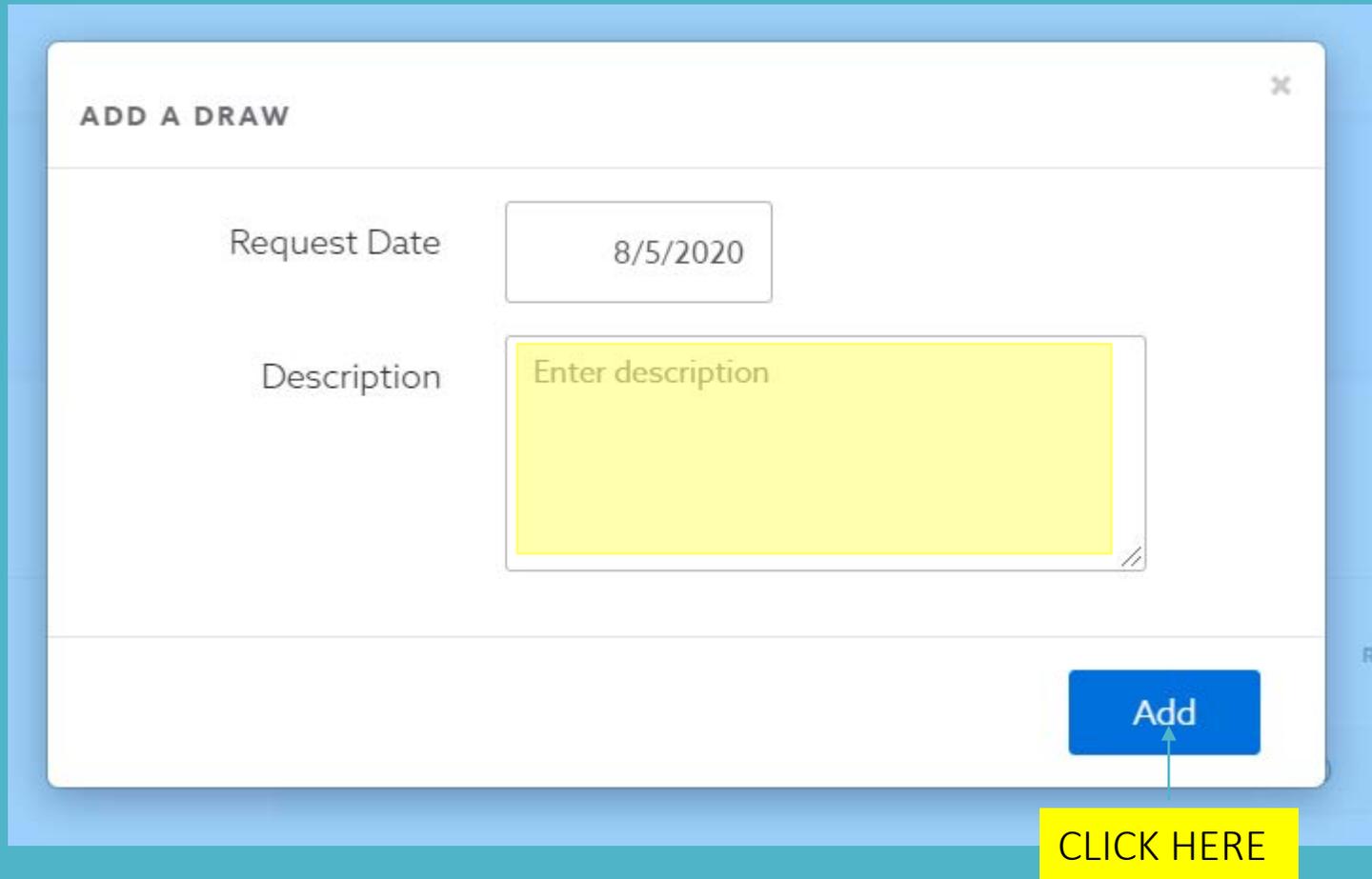
Program Microenterprise Assistance  
Status Application in Progress

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 screenshot shows a web form titled "ADD A DRAW" with a close button (X) in the top right corner. The form contains two input fields: "Request Date" with the value "8/5/2020" and "Description" with a yellow placeholder text "Enter description". At the bottom right of the form is a blue button labeled "Add". A yellow callout box with the text "CLICK HERE" and an arrow points to the "Add" button.

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

# SUBMITTING FOR PAYMENT

MICROENTERPRISE GRANTEES: Your request amount should be equal to, or less than, the total business expenses you are able to document at the time of submission.

supporting documentation, and then click Submit.

## 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](mailto:GRANTS@GLOUCESTER-MA.GOV)

978-325-5239

Grants Division  
3 Pond Road  
Gloucester, MA 01930