

**Greater Holyoke Chamber of Commerce and City of Holyoke**  
**COVID-19 Business Emergency Operation Grant Program**

*Providing assistance to Holyoke businesses to meet the challenges of COVID-19*

**Eligibility at a Glance**

- ☐ For-profit Holyoke-based business In operation as of January 20, 2020
- ☐ Grant for operating funds and other expenses
- ☐ Able to demonstrate that grant will allow business to continue operations, to have long term viability, and to continue employment
- ☐ Subject to the statutes, regulations and policies of the United States Department of Housing and Urban Development- Community Development Block Grant Program and the City of Holyoke Office for Community Development
- ☐ Minimum grant of \$1000.00 with \$90,000.00 total available to support operations during and in the immediate aftermath of the COVID-19 Pandemic
- ☐ Must execute a CDBG Agreement with the Greater Holyoke Chamber of Commerce
- ☐ Must document benefit to (1) low and moderate income employees by retaining jobs, or (2) provide a service like a retail or grocery store in a low and moderate income primarily residential neighborhood, or (3) be a microenterprise owned by a low or moderate income owner. (see 2020 HUD Income Limits below)

For program details and requirements, please review the *COVID-19 Business Emergency Operation Grant Program Policies and Procedures Manual*. To the greatest extent possible, the application and approval process will be done remotely and comply with social distancing standards.

Applications will be reviewed on a weekly basis starting on Friday, April 17, 2020 at 12:00 PM until all funding is committed. **To speed the review process, please ensure that you send your application and any supporting documents as one file to [info@holyokechamber.com](mailto:info@holyokechamber.com)**

For CDBG technical assistance, please email questions or contact information to [zoellera@holyoke.org](mailto:zoellera@holyoke.org). For any questions pertaining to the grant, please contact Andrea Marion at [andrea@holyokechamber.com](mailto:andrea@holyokechamber.com).

**Income Limits - 2020 HUD Income Limits (Household- non-waivable)**

Household Size (Persons)	1	2	3	4	5	6	7	8
80% Moderate or below	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

## COVID-19 Business Emergency Operation Grant Program

*Providing assistance to Holyoke businesses to meet the challenges of COVID-19*

The primary purpose of this COVID-19 Business Emergency Operations Grant Program is to help Holyoke-based businesses to withstand and mitigate the effects of the COVID-19 public health emergency. The Grant Program is administered and funded by the City of Holyoke Office for Community Development and the Greater Holyoke Chamber of Commerce.

Funds should be used by businesses to help them remain open, retain employees, or adapt business operations remotely or online.

Applications will be made available on Monday April 13, 2020 and the first round of application reviews will begin on April 17, 2020 at 12:00 PM; application review will continue on a weekly basis until all funds are committed. Review committee consists of representatives from the Greater Holyoke Chamber of Commerce, the City of Holyoke, and EforAll Holyoke.

Total fund availability at this time is \$90,000.00 and while there is currently no specific maximum request amount, resources are *extremely limited* and the City will seek to maximize the impact of the COVID-19 Business Emergency Operations fund.

**Please review the eligibility restrictions carefully, as these funds are limited and our process will become overburdened if non-eligible small businesses apply.**

### Eligibility Requirements

#### **Business *Must*:**

- ☐ Be located in the City of Holyoke
- ☐ Be a for-profit entity; nonprofits are ineligible
- ☐ Have been in operation as of January 20, 2020
- ☐ Per HUD Guidelines, Be owned by a low/moderate income household, *or* employ full time at least one full time equivalent low/moderate income person *or* provide a service like a retail or grocery store in a low and moderate income primarily residential neighborhood where at least 51% of the residents are low or moderate income.
- ☐ Not owe the City of Holyoke any taxes or outstanding fees
- ☐ Per HUD federal regulations, not be considered a 'vice business'

#### **Applicant *Must*:**

- ☐ Be compliant with the Massachusetts Department of Unemployment Assistance and all applicable state and federal employment laws and regulations
- ☐ Must demonstrate efforts to access funding resources including bank financing and SBA programs

**Approved Uses of Grant Funds:**

- ☐ Equipment / Technology
- ☐ Consultant Fees including but not limited to:
  - ☐ Website Creation/Improvements
  - ☐ Accountant
  - ☐ Lawyer
  - ☐ Marketing
- ☐ Employee/Staff Payroll
- ☐ Inventory or supplies
- ☐ Rent/Utilities (*applicant may need to demonstrate efforts to modify or defer these*)
- ☐

**Ineligible Use of Grant Funds (*not exhaustive*)**

- ☐ Owner salary/pay
- ☐ Paying off taxes, liens or other outstanding debts
- ☐ Personal purchases
- ☐ Any items purchased prior to grant approval

*For complete program details and requirements, please review the COVID-19 Business Emergency Operation Grant Program Policies and Procedures Manual.*

**City of Holyoke/Greater Holyoke Chamber of Commerce**  
**COVID-19 Business Emergency Operating Grant**  
**Application Checklist**  
**April 2020**

<b>Required Documents at Time of Application</b>	<b>Attached</b>
Completed and Signed Application	
Federal Tax Returns (2019 if filed or 2018)	
Payroll Ledger	
List of Business Stakeholders	
<p>(i) <b>Corporation:</b> Please list names and addresses of the officers and directors of said corporation and any person and/or corporation with a financial interest of five percent or greater in said corporation</p> <p>(ii) <b>Partnership:</b> Please list the names and addresses of all partners and include the proportionate share of each partner.</p> <p>(iii) <b>S-Corporation:</b> Please list the names and addresses of all shareholders of said corporation.</p> <p>(iv) <b>LLC:</b> Please list the names of all the members of said LLC.</p> <p>(v) <b>Business Trust:</b> Please list the names of all members and beneficiaries of said trust.</p>	
Applicant's Resume	
Proof of Business Registration (Either with the Secretary of the Commonwealth or a City of Holyoke Business Certificate)	
Attachment A if applying as Microenterprise owned by a Low/Moderate Income Business Owner	

**Greater Holyoke Chamber of Commerce**  
**COVID-19 Business Emergency Operating Grant Application**

**I. BUSINESS INFORMATION**

Legal Name of Business	Business Phone	
Business Address		
City, State	Zip Code	
Physical Address of Business		
Website	Business Email	
Federal Tax ID #	2019 Gross Revenue	2019 Expenses
Year Founded	Organization Type	
The business is owned by a low-moderate income person?	Yes	No
This business has five or fewer employees including the owner?	Yes	No
Is the business owed by a resident of Holyoke?	Yes	No
(if yes please provide the residential address below)		
Business Owner's Residential Address:		
DUNS ID #		
Business Contact Person	Telephone	
Email		
Local Bank Name		
Telephone	Email	

## **BUSINESS DESCRIPTION**

In the space below, please describe your business and the services and/or products you supply. Provide a brief description of plans to remain operational.

In the space below, please describe any prior successful business ventures, how long those ventures were operating, financial feasibility, and provide details on business growth if applicable.

In the space below, please describe how your operations have been disrupted by the COVID-19 emergency and how the grant will allow you to address those disruptions and retain business operations or employees.

## II. CDBG ELIGIBILITY CRITERIA- NATIONAL OBJECTIVES

The business is requesting grant assistance on the basis of:

Retention of Jobs for Low/Moderate Income Employees

Microenterprise Business (5 or fewer owned by a Low/Moderate Income Person)

A retail or neighborhood service in a Low/Moderate Income Neighborhood serving residents

## III. JOB RETENTION PROJECTIONS

Please provide a summary of any change in employment as a result of the COVID-19 pandemic. Please provide the information broken between Full time and part time status.

Number of employees receiving pay as of 1/20/2020	Full Time	Part Time
Number of employees receiving pay as of application date	Full Time	Part Time
Number of employees to be retained, if assisted	Full Time	Part Time

Job Title to be Retained	Held By: (Employee Name)	FT or PT	Holyoke Resident
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## IV. FINANCIAL INFORMATION

### Grant Amount Requested

\$
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### ADDITIONAL ASSISTANCE

Please identify all sources of assistance that you have identified and/or for which you have applied. If you were offered resources and declined, please provide an explanation:

Identified Funding Source	Amount \$	Anticipated Use	Application Submittal Date	Status

### PROPOSED DISBURSEMENT SCHEDULE

Please indicate when and in what amounts you would need the grant funds to be disbursed.

Date	Amount



**OPERATING BUDGET**

TOTAL PROJECT BUDGET	FUNDING SOURCE		BUDGET NARRATIVE
Monthly Expense	CDBG Operating Grant	Operating Revenue	Narrative description of each expense with calculation assumptions.
Personnel (list)			
<b>Other Operating Costs</b>			
Rent/Mortgage (list)			
Utilities (list)			
Materials (list)			
Supplies (list)			
Other (list)			
<b>TOTALS</b>			

If the response to the following questions is YES, please provide a written explanation.

Are you or the business presently involved in litigation which would have a material effect on the company's financial solvency?

[ gu"\*\*\*\*\*P q"  
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Has the business or any of the owners ever been involved in bankruptcy, creditor's rights, receivership or foreclosure proceedings?

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Has the business or any of the owners ever been convicted of a financial crime or been in the management of or stockholder in any firm or corporation that has been convicted of a financial crime?

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Is the business or any of the owners currently under active investigations or under indictment for any criminal act under State, Federal, or local law of a financial crime?

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Has the business or any of the owners subject to State or Federal tax liens or child support enforcement orders?

[ gu"\*\*\*\*\*P q"  
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## **CERTIFICATIONS AND ACKNOWLEDGEMENTS**

A. The applicant certifies that neither the applicant, its officers or agents has entered into agreement, whether implied or written, for payment of any money, compensation or thing of value as a fee for professional or other services rendered as a brokerage commission or as a finder's fee or as any other kind of payment, which is dependent upon or contingent upon the approval of a Business Emergency Operating Grant.

B. The applicant certifies that all information contained in this application and all supporting documentation is true and complete to the best of the applicant's knowledge.

C. The applicant certifies to the best of his or her knowledge that the company is in compliance with all federal and state laws and legislation including discrimination and equal employment opportunity.

D. The applicant grants the City of Holyoke the right to independently verify any or all of the information herein and understands that the City of Holyoke may refuse to approve the application or may revoke the commitment if there is any material misrepresentation in the application including attachments thereto.

E. The applicant waives all claims against the City of Holyoke and the United States Department of Housing and Urban Development (HUD), its employees, and advisors.

F. The applicant authorizes disclosure of the information submitted in connection with this application to the City of Holyoke and HUD.

G. The applicant authorizes the City of Holyoke the right to make inquiries into the creditworthiness and eligibility of the applicant.

H. The applicant acknowledges that the City of Holyoke reserves the right to request additional information in the review of this application.

I. The applicant acknowledges that they have received and read a copy of the Policies and Procedures for the City of Holyoke's Business Emergency Operations Grant Program and will comply with its requirements.

J. A formal agreement between the assisted business and the Greater Holyoke Chamber of Commerce will be required. This agreement will constitute the means by which the Chamber and the City ensures compliance with federal program parameters, as required by the City's federal funding source for this grant. The City's Office of Community Development is required to conduct regular periodic monitoring of each business to ensure that it is making good faith efforts to achieve employment goals and other program objectives.

The undersigned hereby represents and certifies to the best of their knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and the undersigned agrees to promptly inform the City of Holyoke of any changes in the proposed project which may occur. All information provided is subject to verification by the City of Holyoke and HUD.

By submitting this request, you represent and certify to the best of your knowledge and belief that the information you have provided and the attachments hereto are true and complete and accurately describes the proposed project.

You agree to promptly inform the Greater Holyoke Chamber of Commerce and the City of Holyoke of any changes which may occur.

Signature of Authorized Representative of Business

Date

Srint Name

Title

Signature of Owner of Applicant Business

Date

Srint Name

Title