

# **City of Chicopee**

## **Lights On Program**

### **Program Summary and Business Assistance Guidelines**

The City of Chicopee through the Office of Community Development will provide financial assistance to business owners that enable small businesses to continue to operate and employ low-moderate income persons. As the City is utilizing federal Community Development Block Grant funds, all operating assistance must be compliant with federal regulations. Documentation of low and moderate income employee(s) will be required.

### **1. Eligibility**

#### **A. Applicant Eligibility**

- Business must be in Chicopee-based/located in Chicopee.
- Business must have operated in Chicopee for a minimum of 24 months.
- Businesses with 2019 revenue greater than \$25,000 but less than \$3 million dollars will be given priority
- Business must be a for-profit United States corporation, LLC, partnership, or sole proprietorship, and possess good character and reputation.
- Applicants must be in good standing with the City and the State
- Business must have all active and valid licenses and registrations
- Business must be operating in accordance with public health regulations
- Assistance must result in continued employment of Low- Moderate income person(s)

Types of businesses which are not eligible:

- Banks, savings, and loan associations
- Gas stations
- Convenience stores
- Bars and/or liquor stores

- Cannabis related businesses
- Franchises or chains

**B. Feasibility** - Business must be able to demonstrate that the financial assistance provided will enable the business to continue operations and provide employment to low-moderate income person(s). Businesses must present a reasonable likelihood for long term viability.

**C. Use of Funds** - Applicant must demonstrate that the funds are necessary and sufficient, when combined with any other sources, to restart/reopen the business and retain jobs.

The applicant must certify that funds from other public sources are not available to assist. If the applicant becomes aware of other public sources, the applicant is obligated to inform the City. If the applicant receives funds from another public source, the applicant will be subject to a duplication of benefits analysis and may be required to return City assistance.

## **2. Funding**

**A. Grant Amount** - The City anticipates that the maximum assistance amount will not exceed \$20,000, but that most grants will be much lower. The amount will be based upon the business's document need, the ability of the business to access other available resources, and City's limited federal resources. The Office of Community Development is obligated to award the minimum amount of federally funded assistance necessary to stabilize the business.

Due to the limitations of federal funding, the applicant is encouraged and expected to identify and apply for available resources. Information on resources can be found at [www.msfdc.org](http://www.msfdc.org) and <https://www.sba.gov/>.

**B. Use of Grant Funds** - Grant funds are intended to permit business to operate in accordance with all public health guidelines. Funds are intended to support regular, ongoing operating costs.

**C. Compliance** - A formal agreement between the assisted business and the City will be required. This agreement will constitute the means by which the City enforces compliance with federal program requirements.

The 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 applicant will be required to certify that the funds are necessary and do not constitute a duplication of benefits received from any other publicly funded program. Business records must be available for federal audit for a period of 7 years.

BEFORE assistance can be provided, the Owner must submit documentation that low and moderate income persons are employed. After the initial review, the required forms will be provided so that the Owner may have the eligible Employee complete those forms.

The Owner will be required to submit compliance reports annually that document that the eligible employee is either still employed or that every effort was made to hire a replacement that is a low-moderate income person.

### **3. Submittals**

Your complete application along with attachments can be submitted electronically to [klingenberg@chicopeema.gov](mailto:klingenberg@chicopeema.gov) or delivered to the mailbox/slot at the Office of Community Development, 38 Center St., Chicopee.

# City of Chicopee

## Lights On Grants Application

### I. BUSINESS INFORMATION

Legal Name of Business  Business Phone

Business Address  City

State  Zip Code  Website

Federal Tax ID #  Year Founded

2019 Gross Revenue \$  2019 Expenses \$

Form of Corporation  Sole Proprietor  LLC  Corporation  Partnership

The business is owned by a low-moderate income person.  Yes  No

### BUSINESS DESCRIPTION

In the space below, please describe your business and COVID-related impact:

## II. COVID Impact

Was the business closed?  Yes  No    If yes, from:  to   
Date Date

Current # of Employees    Full Time     Part Time

### ESTIMATE OF LOST REVENUE

Month	Revenue	Month	Revenue
March 2019	\$	March 2020	\$
April 2019	\$	April 2020	\$
May 2019	\$	May 2020	\$
June 2019	\$	June 2020	\$
July 2019	\$	July 2020	\$
August 2019	\$	August 2020	\$
September 2019	\$	September 2020	\$

### CURRENT MONTHLY OPERATING COST

Description	Amount
Payroll (total)	
1.	\$
Rent/Mortgage (list payee)	
1.	\$
Utilities (list payee)	
1.	\$
2.	\$
3.	\$
Insurance (list payee)	
1.	\$
2.	\$
Other (describe and list payee)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>TOTALS</b>	\$

### III. Financial Request

#### ADDITIONAL ASSISTANCE

Please identify all sources of assistance for which you have applied, and status:

Source	Status	Amount
		\$
		\$
		\$
		\$
		\$

Business Contact Person

Telephone  Email

#### Certification

1. I certify that I own/co-own the for-profit entity that is the subject of this application
2. I certify that all information contained within this application and all supporting documentation is true and complete. I made no misrepresentation, nor did I omit an pertinent information. I fully understand that it is a federal crime, punishable by fine or imprisonment or both to knowingly make any false statements when applying for federal assistance.
3. I certify that I am current with all federal, state, and city taxes and fees.
4. I grant the City of Chicopee the right to independently verify any of all of the information herein.
5. I authorize disclosure of information submitted in connection with this application to any government agency, quasi-government agency, or third party providing COVID-19 assistance.
6. I certify that any federal funds received under this grant are not/ will not result in a duplication of benefits
7. I agree to promptly inform the City of Chicopee of any changes which may occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ATTACHMENTS FOR LIGHTS ON GRANTS PROGRAM

Please submit the following items with your application; the City will contact you with any additional needs or confirm that your application is complete.

- Copies of all licenses and registrations required to operate
- 2019 Federal Tax Returns
- Current payroll ledger
- List of Business Stakeholders:
  - (i) **Corporation:** 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
  - (ii) **Partnership:** Please list the names and addresses of all partners and include the proportionate share of each partner.
  - (iii) **S-Corporation:** Please list the names and addresses of all shareholders of said corporation.
  - (iv) **LLC:** Please list the names of all the members of said LLC.
  - (v) **Business Trust:** Please list the names of all members and beneficiaries of said trust.
- Copies of applications to CARES-funded programs including SBA loans
- Completed W-9