



**Town of Yarmouth Community Development Block Grant Program
Special Economic Development Assistance to Avoid Job Loss Caused by COVID-19
JOB RETENTION and JOB CREATION PROGRAM DESCRIPTION**



In an effort to avoid job loss caused by the spread of the Coronavirus Disease 2019 (COVID-19), the Town of Yarmouth intends to provide short-term working capital to small businesses (10 or fewer employees) in the Town of Yarmouth in order to retain jobs held by low- and moderate-income persons. The assistance will be in the form of a grant to **reimburse** businesses actual payroll expenditures. The program budget is \$60,000 and grants may range from \$3,000 - \$5,000 depending on the number of complete applications received by the Town prior to May 12, 2020 at 4:30 P.M. The Town may limit assistance to \$1,500 per job. Complete applications received after May 12, 2020 may be considered at a later date depending on the availability of funding. The Community Development Block Grant (CDBG) is funded by U.S. HUD, which will be consulted to determine the eligibility of each applicant business.

Businesses must demonstrate that the CDBG Funds are necessary and sufficient, when combined with other sources, to sustain the business and retain jobs. Slightly different program requirements may apply to microenterprise businesses (businesses with fewer than 5 employees including the business owner). Businesses with zero employees may qualify for job creation assistance. Some business types are not eligible for these funds, including but not limited to adult entertainment, cannabis, social clubs, fire arms businesses, and home-based businesses. Please answer all questions in this application to help us determine eligibility.

To start the application process, please answer all question. Completed and signed application can be returned in the following ways:

- Email to: mwaygan@yarmouth.ma.us Please make every effort to email in the application as a .PDF file and limit the use of photographs.
- Mail to: Town of Yarmouth, CDBG Program, Attn: Mary Waygan, 1146 Route 28, South Yarmouth, MA 02664
- Deliver to: Yarmouth Town Hall, 1146 Route 28, South Yarmouth. Deposit the application through the mail slot located at the front door at Town Hall facing Route 28. If the package is too large for front door slot, you can drop the application into the blue drop courier box located at the entrance doors facing Wood Road.

Documentation required with this application:

- Most recent payroll ledger of business
- Completed and signed Income Certification Form from business owner and all employees. (Form found on last page of this document.)

Documentation is required for final approval and release of funds.

- Valid Certificate of Good Standing with the Commonwealth of Massachusetts
- Valid Business Certificate with the Town of Yarmouth
- Completed and signed W-9
- Completed and signed Town of Yarmouth Automatic Deposit form
- Completed and signed program contract

Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the U.S. HUD, which is providing the CDBG funds to assist the businesses.

Town of Yarmouth CDBG Program reserves the right to require additional documentation and/or to cancel this program or deny any application for assistance.

Questions and comments can be submitted to mwaygan@yarmouth.ma.us for immediate reply. You may also call 508-398-2231 x 1275 and leave a voice mail message.

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Some questions ask for a forecast about the business; this is understandably difficult at this time. Please answer these questions as completely as possible

1. Describe the Business:

Business Name:	
Street Address:	
Mailing Address:	
Work 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:	
Work Phone Number:	
Cell Phone Number:	
Email Address:	

What service or products does the business provide?

For businesses over 5 employees, counting in the business owner, does the business offer a community benefit such as laundry mat used for the abutting neighborhoods, or make medical equipment needed to combat the coronavirus health emergency? Who is provided this service? Briefly describe the business clients, and if the majority of clients are Yarmouth-based?

Does the business have a separate location (not home based)? Yes No

Does the business involve assembly or personal contact by nature? (restaurant, bar, entertainment, salon)

Yes No

Is the business a seasonal business? Yes No

If yes, briefly describe the seasonality of your business:

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. Job Positions – List the positions CURRENTLY employed by the business

	Job Title	Current Employee Name	Part Time or Full Time	Is employee Low/moderate Income? *
1	Business Owner			
2				
3				
4				
5				
6				
7				
8				
9				
10				

* An employee 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

The business owner and all employees must complete and sign the Income Certification Form found on the last page of this application.

3. Impact of the spread of the coronavirus disease (COVID-19)

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

If yes, on what date did your business start to decline due to COVID-19?

List the business expenses and revenue before and after the start of the COVID-19 related decline of your business. Please note if the figures are projected.

	Average Monthly Amount Prior to the COVID-19 crisis	Average Monthly Amount After the start of the COVID-19 crisis
Lease or mortgage costs		
Utility costs		
Debt payments		
Insurance costs		
Cost of Goods and Services		
Cost of payroll		
Other:		
Other:		
Revenue		

Are the figures in the “after the start of the COVID-19” column projected? Yes No

Briefly describe the decline and provide an explanation of what adverse economic effects COVID-19 had on your business:

If the business is seasonal, what were your business revenues during this month and last month as compared to the same period last year? You may project this month's revenue.

What is the current short fall in funds to meet average monthly payroll expenses?

IMPORTANT: Please indicate any other current shortfalls, such as: business lease or mortgage payments, other monthly debt payments, utility payments, and/or inventory expenses. This information is confidential and may be used to develop new Special Business Assistance Programs for operational costs other than payroll.

Has the business's workforce has been impacted due to COVID-19? Yes No

Please complete the following:

	Job Title	Employee Name	How have the business employees been impacted by COVID-19? <ul style="list-style-type: none"> • Laid Off • Reduced Hours • Reduced Pay • Resigned • Other (please explain) 	How could the business employees be impacted by COVID-19 this year? <ul style="list-style-type: none"> • Lay Off • Reduce Hours • Reduce Pay • Other (please explain)
1	Business Owner			
2				
3				
4				
5				
6				
7				
8				
9				
10				

	Full Time Employees	Part Time Employees
Maximum number of employees in 2019		
Number of Employees as of 12/31/2019		
Current number of employees		
Number of employees no longer working due to COVID-19		
Number of employees at risk of job loss due to COVID-19		
Number of seasonal employees which will not be hired due to COVID-19		

Any other comments about the seasonal nature of the business or employment?

Briefly describe business plans to stay open:

What are the barriers caused by the COVID-19 which has or may close the business:

If the business is provided payroll assistance (\$1,500 maximum per employee, up to a maximum of \$5,000 total) how many employees would you be able to retain:

Where would the retained employees work, at the business or at home:

What other assistance has the business applied to?

Important: Submit this completed and signed application with the following documents attached:

- Most recent payroll ledger of business
- Completed and signed Income Certification Form from business owner and all employees. (Form found on last page of this document.)

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:

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Please be assured that this information will remain confidential and will be used only to meet the record keeping requirements of the US Department of Housing and Urban Development, which is providing the CDBG funds to assist businesses.



TOWN OF YARMOUTH

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 Telephone (508) 398-2231 Ext. 1275, Fax (508) 398-2365 TTD: (508) 398-2231

COMMUNITY
 DEVELOPMENT
 BLOCK GRANT
 PROGRAM

JOB RETENTION and CREATION PROGRAM Income Certification Form

This information will be kept confidential.

The Town of Yarmouth receives funds through the U.S. HUD Community Development Block Grant (CDBG) and is required to collect the data. Please complete and sign this form.

Employee Name
Job Title
Business Name

How many people are in your household? _____ Under the correct household size, check the box for your income range from the last 12 months:

Circle Your Household Income Range from the last 12 months (\$) (Federal Fiscal Year 2020)					
1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD	6 PERSON HOUSEHOLD
0 – 20,300	0- 23,200	0 -26,100	0-29,000	0-31,350	0-35,160
20,301- 33,850	23,201-38,650	26,101-43,500	29,001-48,300	31,351-52,200	35,161-56,050
33,851-54,150	38,651-61,850	43,501-69,600	48,301-73,300	52,201-83,500	56,051-89,700
54,151-above	61,851-above	69,601-above	73,301- above	83,501-above	89,701-above

I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my household income is subject to verification by authorized representatives of the Town of Yarmouth and the U.S. Department of Housing and Urban Development.

Signature: _____ *Date:* _____

If resident is below 18 years of age, parent or legal guardian must verify income and sign form.

The following is optional for you to complete:

	Indicate your race	Are you Hispanic?
White		
African-American/Black		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Am. Indian/Alaskan Native & White		
Asian & White		
African-American/Black & White		
American Indian/Alaskan Native & African-Am/Black		
Other Multi-Racial		