



# **Town of Millbury ARPA Small Business Recovery Grant**

Purpose: The Town of Millbury ARPA Small Business Recovery Grant Program is intended to respond to the negative economic impacts of the COVID-19 public health emergency, focusing on the identified need and impact faced by small businesses. By providing emergency grant funding to impacted local small businesses, the Program is designed to ensure the economic health of the Town of Millbury and thereby improve the public health and welfare for Millbury's residents. The grants allocated hereunder are designed to help small businesses keep their doors open, protect local jobs threatened by the COVID-19 pandemic, support community recovery, and increase the resiliency of local businesses in our community. Through the program, eligible small businesses operating in the Town of Millbury have the opportunity to apply for cash assistance to help mitigate the impacts of revenue reductions associated with COVID-19. The Town anticipates awarding eligible small businesses with a one-time cash grant of up to \$15,000 commensurate with the fiscal impact to their business, based on justifiable need and business resiliency. Grants in excess of \$15,000 may be considered; any business meeting the eligibility criteria is encouraged to apply.

### **Eligibility Criteria for Grant Funding:**

To be eligible for grant funding, a small business must meet the following criteria:

- It shall be a small business, as defined by the Small Business Administration: for-profit, independently owned and operated, not nationally dominant within its industry, and meeting industry size standards based upon its number of employees and average annual receipts
- It experienced a drop in revenue directly attributable to the COVID-19 pandemic (e.g., a decline in gross receipts, comparable to measures used to assess eligibility for the Federal Paycheck Protection Program)
- It is licensed to do business in the Commonwealth of Massachusetts and in the Town of Millbury
- It was established in the Town of Millbury prior to January 1, 2020 OR it opened during the period of March 2020-September 2021 OR the opening of the business was delayed/affected by the economic effects of the pandemic.
- It is not facing any pending litigation or legal action, nor does it have any outstanding municipal liens or tax obligations
- It has not been suspended or debarred from the use of federal funds
- It is physically located in the Town of Millbury
- It is not a franchise unless that franchise is not a subsidiary of a larger corporation and is able to document that it is not a subsidiary
- It is not a chain (unless the majority of locations are located in the Town of Millbury)
- **Preferable:** it is not restricted to patrons over the age of 18
- **Preferable:** it occupies a vulnerable sector, including restaurant/dining, retail, hospitality, arts and entertainment, and other service sector

#### **Restrictions on use of grant funds:**

Awarded small businesses will only use grant funds for approved, allowable functions as broken down in the following three categories:





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- Revenue loss mitigation Funds may be used to mitigate financial hardship such as declines in revenues or impacts of periods of business closure, for example by supporting payroll and benefits costs, costs to retain employees, mortgage, rent, or utilities costs, and other operating costs.
- Facilities Funds may be used to implement physical plant changes, i.e. ventilation, facade, and other general capital improvements.
- Business Planning Funds may be used to obtain technical assistance, counseling, or other services to assist with business planning needs due to impacts from COVID-19

#### The following is a non-exhaustive list of examples of disallowable functions for grant funds:

- Paying off non-business debt, such as personal credit cards for purchases not associated with the business
- Purchase personal expenses such as buying a new family car or making repairs to a home
- Direct financing to political activities or paying off taxes and fines
- Purchase of personal items
- The purchase of drugs, tobacco, and/or alcohol
- Food and entertainment
- Bonuses
- Travel not associated with direct business operations

Awards will be made to qualified small businesses applicants on a first-come, first-served basis and through the execution of an Agreement between the grantee and the Town. Awards will be provided via a one-time cash payment.

Awarded small businesses will be, through the Agreement, required to provide the Town with evidence of expenditures and outcomes through a one-time, end-of-program report that contains the following information:

- How the funds were utilized
- How funds helped the business survive and/or grow
- How the funds affected revenue generation

No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with the Town's funds on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief.





# Town of Millbury ARPA Small Business Recovery Grant Application

Legal Name of Business:		Opening Date of Business:				
Business Address:		L				
Federal Tax ID#:	Town of Millbury Business License #:		Amount of Funds Requested: \$			
Applicant Contact:	Phone:					
		Email:				
Industry Sector:						
Number of Employees:						
1/1/2020:	1/1/2021:		1/1/2022:			
Provide a brief description of the business (products, services, etc.):						
Provide a brief description of he include documents quantifying	g actual/estimated i	revenue loss:				
Has the business applied for otl amount(s) applied for, and any		· local funding? If so,	describe the source(s) and			
Briefly describe non-Town fund for COVID-19 relief, if any:	ling sources that wil	l provide financial suរ	oport to the small business			





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		with the following categories that the To ase select the appropriate category(s):	wn		
in revenues or impa	cts of periods of business cl	to mitigate financial hardship such as declosure, for example by supporting payroligage, rent, or other utilities costs, and ot	l and		
	ay be used to implement ca improvement, and other ge	ipital improvements, including ventilatio eneral improvements	n,		
_		ain technical assistance, counseling, or ot due to impacts of COVID-19	her:		
Provide a breakdown of intended use of funds requested based on the three criteria categories above:					
Provide any additional comr	nents for consideration:				
L					
AMERICAN RESCUE PLAN ACT	, I certify that the business i	Assistance Grant Program – funded by th is not disbarred, suspended, otherwise tance programs under Office of Managei			
		will not contract with a subcontractor th			
Applicant Signature:	Print Name:	Date:			

(Rev. October 2018) Department of the Treasury Internal Revenue Service

## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
Print or type. See Specific Instructions on page 3.	following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC  ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  ☐ Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)  (Applies to accounts maintained outside the U.S.)
Š	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name at	nd address (optional)
Sec	6 City, state, and ZIP code	
	o City, state, and zir code	
	7 List account number(s) here (optional)	
Pa	Taxpayer Identification Number (TIN)	
	your fire appropriate box. The fire provided materialism and given on line it to avoid	urity number
reside entitie	up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	] - [ ] - [ ]
TIN, I	i <del></del>	dentification number
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Vumber To Give the Requester for guidelines on whose number to enter.		
	- Land the riographic is guidelines on misse hamber to shall	
Par	t II Certification	
Unde	r penalties of perjury, I certify that:	
2. I aı Se	e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issum not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been not rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to longer subject to backup withholding; and	tified by the Internal Revenue

- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because

	7, 1	ification, but you must provide your correct TIN. See the instructions for Part II, later.	-
Sign Here	Signature of U.S. person ▶	Date ►	

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.