

Clinton Microenterprise Stabilization Assistance Fund (MSAF)

Application for MSAF Assistance

Business Name: _____

Legal Name of Business, if different: _____

Corporation: ___ Sole Proprietorship: ___ Partnership: ___ Other (specify): _____

FEIN# or SS #: _____ DUNS #: _____

Business Address: _____ Year Business was Established: _____

Applicant/Business Owner(s) Name(s): _____

Applicant Home Address: _____

Applicant Phone Number: _____

Applicant Email: _____ Business Website: _____

Does any member of the owner's immediate family (spouse, parents, children or siblings) work (whether full- or part-time) as an employee or serve as an elected or appointed official (whether paid or unpaid) of the Town of Clinton? Yes No If yes, Relative's Name: _____ Position: _____

Did the COVID-19 pandemic directly impact your business? Yes No If yes, describe how, and when its impact started: _____

Is it still affecting you? Yes No

What was your gross business revenue during that period from January 1 to June 30, 2020? \$ _____

What was your gross business revenue during the same period in 2019? \$ _____

What is the amount of business interruption insurance received or expected, if any: \$ _____

Has your business received state or federal pandemic assistance? Yes No Pending

If yes, total amount(s): \$ _____ Source(s): _____

Is your brick and mortar business location closed? Yes No Operating on reduced hours

Business Type: Retail Personal Services Restaurant/Food Professional Other: _____

Described what adverse economic effects the pandemic has had on your business:

Number of employees in 2020 prior to the pandemic, including yourself? ___ Full-Time ___ Part-Time

Current number of employees, including yourself: ___ Full-Time ___ Part-Time

Please briefly explain how you plan to use this funding, how the funding will help your business remain viable, and approximately how long the funds can help your business: _____

Funds Requested for (state amount for one month only):

Salaries: \$ _____

Indirect Employee Costs: \$ _____

Occupancy: \$ _____

Utilities: \$ _____

Insurance: \$ _____

Cost of Goods: \$ _____

Communications/Internet: \$ _____

Advertising/Marketing: \$ _____

Shipping/Delivery: \$ _____

Other 1: \$ _____

Other 2: \$ _____

Other 3: \$ _____

TOTAL: \$ _____

Specify Other: _____

Number of Months for which funding is request (maximum of four): _____

Eligibility to receive assistance is determined in part by the total family income of the Owner(s). Therefore, please indicate your current Annual Family Income from all sources.

In the table below, circle the number of persons in your family in the first row of the table, then circle the number that best represents your family’s total annual income before taxes in the column below your family size.

# Persons in Family	1	2	3	4	5	6	7	8
Income Range 1	\$20,650 or less	\$23,600 or less	\$26,550 or less	\$29,450 or less	\$31,850 or less	\$35,160 or less	\$39,640 or less	\$44,120 or less
Income Range 2	\$34,400 or less	\$39,300 or less	\$44,200 or less	\$49,100 or less	\$53,050 or less	\$57,000 or less	\$60,900 or less	\$64,850 or less
Income Range 3	Less than \$54,950	Less than \$62,800	Less than \$70,650	Less than \$78,500	Less than \$84,800	Less than \$91,100	Less than \$97,350	Less than \$103,650
Income Range 4	More than \$54,950	More than \$62,800	More than \$70,650	More than \$78,500	More than \$84,800	More than \$91,100	More than \$97,350	More than \$103,650

Owner’s Gender and Ethnicity: Male Female Prefer not to say

Please circle one of the following (optional).

White	Black/African American	Black/African American and White	Hispanic and White	Hispanic and Black/African American	Asian
Asian and White	Hispanic and Asian	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White	Other

If female, are you head of household? Yes No Are your disabled? Yes No

Check item that applies: U.S. Citizen Non-Citizen/Legal Alien Other, describe: _____

NOTE: If there are multiple unrelated owners, additional owners should complete an additional application for the Applicant Information on the upper half of the first page and the income and demographic information on this page. All owners should sign the same signature page below.

All information presented in this application may be subject to verification by the Town. Once the Town receives and reviews this application, you will be contacted and requested to provide source documentation to confirm the information that is presented here.

I/We hereby certify that all information provided herein is accurate to the best of my/our knowledge. Falsification of any information provided now or through additional documentary requests by the Town may result in disqualification of the application or the requirement to pay back funds received.

_____ Date: _____
Signature of Business Applicant 1

_____ Date: _____
Signature of Business Applicant 2

A large print copy of this application is available upon request by contacting the Clinton Community and Economic Development Office at (978) 365-4113.