

TOWN OF CLINTON

COVID-19 SMALL BUSINESS RESILIENCY LOAN APPLICATION

All submitted information is confidential, and will be used solely for the purpose of this application and its review. You will be contacted if additional information is required. Please contact the Community & Economic Development Office cedo@clintonma.gov or (978)365-4113 if you require assistance or additional information

Business Name

Last 4 digits of Taxpayer ID/ EIN

Briefly describe your Business

Resiliency Loan Request

Requests should be based on fixed costs, verifiable business losses, and additional expenses related to COVID-19, for the period beginning March 10, 2020, and ending April 30, 2020. Please provide your best estimate of projected costs or losses that have not yet been incurred. Additional information may be requested.

BUSINESS OWNER/ CONTACT INFORMATION

Name

Home Address

City, State, Zip phone

Email address

Business Type/ Organization

- | | |
|--|---|
| <input type="checkbox"/> Individual/ Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Non-profit corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <i>Joint ownership companies may be asked to provide additional information</i> |

BUSINESS LOCATION/ BUSINESS FIXED COST INFORMATION

Business Address

Clinton, MA 01510

Do you have a commercial lease or mortgage for this property?

- Yes (additional information may be requested)
 No

Years at
current address

Monthly rent/
mortgage

Other fixed monthly
costs, if any

Briefly describe other fixed costs

Does the business carry Business Interruption Insurance?

- Yes
 No

BUSINESS EMPLOYMENT INFORMATION

In addition to the Owner, does the business have employees for whom it withholds payroll taxes?

- Yes
 No

Number of full-time employees
as of March 1, 2020

Number of part-time employees
as of March 1, 2020

Has the business/ will the business reduce
full-time employment by April 30, 2020?

- Yes not certain
 No not applicable

Has the business/ will the business reduce
part-time employment by April 30, 2020?

- Yes not certain
 No not applicable

Will Resiliency Loan funding help retain employees or employee benefits until April 30, 2020?

- Yes
 No
 not certain/ not applicable

Fixed monthly payroll expenses

Other fixed monthly employee
expenses, if any

Briefly describe other fixed employee expenses

COVID-19 RELATED EXPENSES

Covid_19-related expenses, if any \$

Briefly describe other Covid_19-related expenses

e.g. increased cleaning/ disinfecting, compliance costs

ADDITIONAL INFORMATION

Please describe the steps that you are taking during this crisis to insure the long-term viability of your business

Briefly describe why your business is important to the residents of Clinton

responses may include, but are not limited to: employment; unique services, products, or facilities; public benefit or involvement in the community, and/or; years of operation in Clinton

Do you intend to apply for Small Business Administration CARES Act assistance, or other emergency funding?

- Yes
- No

Do you wish to receive information about other COVID_19-related assistance opportunities?

- Yes
- No

Please attach the following information to your application

- IRS Form W-9
form may be downloaded at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Most recent-year federal tax return for business
- Most recent-year-end financial statements
Statements may include P&L statements, balance sheets, other forms. Please contact CEDO for assistance, if needed

CERTIFICATIONS AND SIGNATURE

Please certify each of the following statements by checking

- I certify that the information included in this application is accurate and true.
- I certify that my business maintains all local licenses and permits necessary for its operation, and is not subject to any local lien or legal judgement.
- I certify that pursuant to MGL c. 62C, §49A, I am compliant with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and transmitting of child support.
- I certify that since March 10, 2020, my gross business receipts have declined by more than 50%, or that; my business has curtailed employment or employee hours by more than 50%.
- I certify that I have read the Clinton COVID-19 Small Business Resiliency Loan Program Guidelines and I abide by its terms.
- I certify that I am authorized to submit this application on behalf of the business and that I am authorized to enter into any agreement that may follow this application.

Signature

Print Name

Date

Completed applications may be emailed to the Community & Economic Development Office at cedo@clintonma.gov or mailed to:

Clinton CEDO
Clinton Town Hall
242 Church Street
Clinton, MA 01510

telephone (978)365-4113