

Sector-Specific Relief Grant Program for Massachusetts Businesses

Ends on January 15, 2021

Welcome to MGCC's online application portal!

Below you will see the application.

If you've used Submittable before and have an existing account, you will need to enter your login credentials. If it's your first time using Submittable, you will need to create a new account. All you need is an email and password to create your account, it's that simple. We will follow up with you about your application by email. Please be sure the email address you used to sign up for your Submittable account is one that you check regularly.

If you have any technical issues on Submittable, please [visit the Help Center](#). For any other questions regarding the applications, please contact MGCC at questions@massgcc.com.

Program Overview:

The Commonwealth of Massachusetts has made an additional \$668 million available to support businesses through new and existing programs. Massachusetts Growth Capital Corporation (MGCC) will target a portion of these funds to sectors experiencing the most significant economic hardship and a loss of revenue due to the COVID-19 pandemic.

These funds were appropriated through the Commonwealth's Operating Budget for Fiscal Year 2021 (FY21) as well as the CARES Act of 2020.

This business relief fund targets the hardest hit small businesses that have an exceptional need of cash relief. Though many businesses have been negatively affected by the pandemic, not all needs are equal. To ensure that these limited funds get to the most severely impacted businesses, you **SHOULD NOT APPLY** if you:

- are not showing an operating loss due to the coronavirus pandemic
- have access to other sources of relief
- have been able to continue to operate without significant financial distress
- have adequate available reserves

Additionally, larger companies that are better positioned to endure this economic downturn and COVID-19 related restrictions should not apply.

An excessive number of applications submitted by businesses with lesser need will delay the awarding of grants to businesses facing extraordinary circumstances. An application review for a company without a truly exceptional need delays assistance for a business at risk of permanent closure.

Who Should Apply:

Preference will be given to the following sectors:

Priority Categories

- Restaurants, bars, caterers, and food trucks that collect and remit meals tax
- Indoor Recreation or Entertainment Establishments
 - i. Indoor entertainment establishments (e.g. movie theaters, comedy clubs, performing arts venues/organizations)
 - ii. Indoor recreation (e.g. arcades, bowling centers, pool/billiard halls, escape-the-rooms, trampoline parks, roller-skating rinks)
 - iii. Indoor spectator sports venues
 - iv. Other indoor recreation or entertainment venues
- Gyms or Fitness Centers
 - i. Gyms, athletic clubs, exercise centers, health clubs
 - ii. Sports facilities (e.g. tennis clubs, racquetball clubs, hockey rinks, swimming facilities)
 - iii. Fitness instruction centers (e.g. aerobics, dance, yoga, karate, etc.)
 - iv. Other gyms or fitness centers
- Personal Services
 - i. Nail salons, barber shops, etc.

- ii. Independent pharmacies
- Event Support Companies - primary source (more than 50%) of revenue is event-related

- i. Photography studios, videography studios, florists, limo services, event planning companies, event rentals, performers, convention and trade show organizations

- Independent Retailers

- i. Businesses with brick and mortar locations that collect and remit sales tax

Non-Priority Categories:

- All other eligible business types

APPLICATION SUBMISSION INSTRUCTIONS:

Your application must be filled out and submitted along with attachments as stated in “Required Documentation” electronically through MGCC’s online application portal, Submittable. Hard copies or electronic copies submitted in any other way, such as mailed in or emailed, will not be considered. Additionally, only complete, accurate and legible applications will be considered.

Please be advised, applications must include all required documentation by the program deadline in order to be considered. Please see full list of “Required Documentation” details below. Common omissions that would exclude your application from consideration:

- Certificate of Good Standing from the Massachusetts Secretary of State’s office
- Complete 2019 Federal Business Tax Return
- Complete 2019 Federal Personal Tax Returns for each business owner with 20% or greater ownership

TIMELINE:

Application Opens - 12/31/2020 at 12:00 PM

Application Closes - 01/15/2021 at 11:59 PM.

AWARD PROCESS:

After the application period closes, Massachusetts Growth Capital Corporation (MGCC) will review all applications to determine eligibility. MGCC will award and disburse grants based upon eligibility criteria and preference prioritization.

APPLICANT ELIGIBILITY:

- Business must have a physical establishment in Massachusetts and be based in Massachusetts.
- Business must be a for-profit entity (sole proprietorship, partnership, corporation, cooperative or LLC).
- Business must be able to document a loss of income equal to or greater than requested assistance due to COVID-19.
- Business must be currently in operation or, if not in operation, must have an intent to reopen.
- Business must have been established prior to 06/30/2019.
- Business must be in good standing with the state and city/town:
 1. Business must be current on all taxes due through 3/1/2020; and
 2. Have active and valid state licenses/registrations, if applicable
- Ineligible businesses:
 1. Real estate rentals/sales businesses;
 2. Businesses owned by persons under age 18;
 3. Businesses that are chains;
 4. Liquor stores;
 5. Lobbyists; or
 6. Cannabis-related businesses.

AMOUNT OF FUNDING:

Businesses can receive up to \$75,000 but capped at up to 3 months of operating expenses, as evidenced by 2019 Federal Tax Returns. Grant amounts will be considered for actual expenses for 2020 during the pandemic. Expenses can be considered since March 10, 2020, given that it does not exceed 3 months of operating expenses evidenced by 2019 Federal Tax Returns.

APPROVED USE OF FUNDS:

Employee payroll and benefit costs, mortgage interest, rent, utilities and interest on other debt obligations.

- Business's proposed uses of the funds granted in response to this application will be used only to cover those costs that are eligible expenses under section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) ("section 601").
- Business will not apply the funds granted in response to this application to any expense that has been or will be covered by any other source of federal or state funding including, but not limited to, Paycheck Protection Program loans, Economic Injury Disaster Loans, Community Development Block Grants, or any other source of federal or state aid.
- Business will collect and retain sufficient documentation to demonstrate that the expenses delineated in this application were incurred within the eligibility limits and established for the Sector-Specific Relief Grant Program. Documentation includes, but is not limited to, receipts, invoices, purchase orders, contracts, contemporaneous memoranda, or other relevant materials. These materials must be stored in an easily accessible and searchable format, in business control, and in compliance with document retention best practices. This documentation will be maintained in compliance with applicable federal, state, and municipal law to support internal and external audits of these obligations and expenditures. As the prime recipient of the Sector-Specific Relief Grant Program, the Commonwealth,

reserves the right to request this documentation or other audit evidence at a future date.

- Grantor reserves the right to require Business to report on incurred expenses and/or outcomes in a form prescribed by the Grantor

NON-APPROVED USE OF FUNDS:

Major equipment purchases, purchase of real property, construction activities, business expansion, lobbying. Also, grantees must prevent the duplication of benefits, which means these grant funds may not be used to pay expenses if another source of financial aid has paid that same expense.

**If a person owns multiple businesses and submits an application for each business, MGCC may reserve the right to limit proceeds to a business owner.*

***If your business successfully applied for and received a grant from MGCC's previous grant programs, the same business location may not apply to this program.*

AWARD PROCESS:

After the application period closes, Massachusetts Growth Capital Corporation (MGCC) will review all applications to determine eligibility. MGCC will award and disburse grants based upon eligibility criteria and preference prioritization.

REQUIRED DOCUMENTATION:

PLEASE BE ADVISED - FAILURE TO PROVIDE THE FOLLOWING DOCUMENTATION BY THE PROGRAM'S DEADLINE MAY EXCLUDE YOUR APPLICATION FROM CONSIDERATION:

- A complete copy (all schedules) of your filed 2019 Federal Business Tax Return as submitted to the IRS. If you file Schedule C income, please upload that document in place of a Business Tax Return.
- A complete copy (all schedules) of your filed 2019 Federal Personal Tax Returns as submitted to the IRS for each business owner with 20% or greater ownership

- A copy of your License to Operate/Business License/Professional Certification, if applicable
- Completed and signed IRS [W-9 Form](#) for your business
- If your business is a LLC, Partnership or Corporation: A copy of your Certificate of Good Standing from the Massachusetts Secretary of State's office. If you need to request a Certificate of Good Standing, click here: <https://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>. *Note:* If you do not have a Certificate of Good Standing prior to submission of your application, it will be required prior to funding. *Note:* All entities organized in other states that operate in Massachusetts must be registered and in good standing in Massachusetts. *Note:* A Certificate of Good Standing from the Massachusetts Department of Revenue is not required and will not be accepted as a substitute of the Massachusetts Secretary of State's Certificate of Good Standing.
- If your business is a Sole Proprietorship: A copy of your Business Certificate (DBA) from the city/town in which your business operates
- A copy of the business owner's valid photo identification (ID). This ID must match the business owner who is an authorized signer that signs this application. Please submit a photocopy of the front and back of the ID. Examples include (submit one): State-issued driver's license/ID card, U.S. Passport book or card, or Other valid, state or federal issued photo ID.

COMPLIANCE WITH FEDERAL FUNDS, LAWS AND REGULATIONS:

Applicants must comply with all applicable laws.

TECHNICAL SUPPORT: CONTACT SUBMITTABLE

Visit the Help Center: <https://www.submittable.com/help/submitter/>

OTHER QUESTIONS: CONTACT MGCC

Email: questions@massgcc.com

LANGUAGE TRANSLATIONS:

Program overview information will be available in the following languages shortly:
(Application remains in English)

- Arabic
- Gujarati
- Haitian Creole
- Khmer
- Korean
- Portuguese
- Simplified Chinese
- Spanish
- Traditional Chinese
- Vietnamese

1. Legal Name of Business:*

2. DBA (Doing Business As) (if applicable)

3. Business EIN Number (if applicable)

4. Legal Business Address*

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

5. Address of Place of Business, if different from Legal Business Address above

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

6. Are you submitting additional applications for multiple business locations?*

Yes

No

7. Business Phone Number*

8. Business Website (if applicable)

9. When was your business established/formally registered as a DBA, Inc., LLC, etc.?*

Limit: 7 characters

MM/YYYY (Example: 09/2015)

10. Business Type*

RESTAURANT, BAR, CATERER, OR FOOD TRUCK (Businesses that collect and remit meals tax)

INDOOR RECREATION OR ENTERTAINMENT ESTABLISHMENT (Indoor Entertainment Establishment [e.g. movie theater, comedy club, performing arts venue/organization], Indoor Recreation [e.g. arcade, bowling center, pool/billiard hall, escape-the-room, trampoline park, roller skating rink], Indoor Sports Venue, or Other Indoor Recreation or Entertainment Venue)

GYM OR FITNESS CENTER (Gym/Athletic Club/Health Club/Exercise Center, Sports Facility [e.g. tennis club, racquetball club, hockey rink, swimming facility], Fitness Instruction Center [e.g. aerobics, dance, yoga, karate, etc.], or Other Gym or Fitness Center)

PERSONAL SERVICES (Nail Salons, Barbershops, etc. or Independent Pharmacies)

EVENT SUPPORT COMPANIES (Primary source of income [more than 50%] is event-related, Photography Studio, Videography Studio, Florist, Limo Service, Event Planning Company, Event Rentals, Performer, or Convention and Trade Show Organizations)

INDEPENDENT RETAILERS (Businesses with brick and mortar locations that collect and remit sales tax)

OTHER

10A. If you chose "Other", please specify your business type. Please be advised: These sectors are not prioritized and funding for this program is limited.*



Health Care



Education



Professional Services



Construction



Transportation



Manufacturing



Repairs/Maintenance



Hotels/Motels



Media/Communications



Wholesale



IT



Agriculture



Social Services



Finance/Banking



Insurance



Life Sciences/Biotech



Utilities



None of the Above

OWNER(S) INFORMATION

11. Business Owner's First Name*

Business Owner's Middle Name (optional)

Business Owner's Last Name *

12. Business Owner's Date of Birth (MM/DD/YYYY)*

Limit: 10 characters

13. Business Owner's Social Security Number (Please enter without spaces or dashes:

XXXXXXXXXX)*

Limit: 9 characters

14. % Interest Owned in Business*

15. Is This Business Owner a Legally Authorized Signer for the Business?*

Yes

No

16. Business Owner's Home Address*

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

17. Business Owner's Phone Number*

18. Business Owner's Email Address*

19. Business Owner's Gender*

Female

Male

Nonbinary

Other

Prefer Not To Answer

20. Business Owner's Race/Ethnicity*

White / Caucasian

African American / Black

Hispanic / Latino

Asian or Pacific Islander

Native American or Alaskan Native

Middle Eastern / Arab American

Other

Prefer Not To Answer

21. Is there another owner that holds an ownership interest of 20% or greater in the business?*

Yes

No

ESTIMATED ADVERSE ECONOMIC IMPACT

22. Provide a brief description of how the COVID-19 pandemic has caused a loss of income for your business equal to or greater than requested assistance.*

Limit: 100 characters

23. How many employees (Full-Time Equivalent [FTE] = 40 hrs, including 1099's and 1 or more of whom owns the business) did you have on March 10, 2020 (the date in which Governor Baker declared a state of emergency due to COVID-19)?*

24. How many employees do you have today (Full-Time Equivalents [FTE] = 40 hrs, including 1099's and including 1 or more of whom owns the enterprise)?*

25. At any point during the pandemic (03/01/20 - Present), have any of your employees have been either laid off or furloughed?*

No employees have been laid off or furloughed

1 - 20% of employees

21 - 39% of employees

40 - 59% of employees

60 - 79% of employees

80 - 100% of employees

26. At any point during the pandemic (03/01/20 - Present), has your business suffered sales loss year-to-date compared to 2019?*

My business has not suffered any sales loss

1 - 20% sales loss

21 - 39% sales loss

40 - 59% sales loss

60 - 79% sales loss

80 - 100% sales loss

27. What was your 2019 Fiscal Year End (FYE) Business Tax Return sales revenue?*

\$1 - \$500,000

\$500,000 - \$1,000,000

\$1,000,000 - \$3,000,000

\$3,000,000 - \$5,000,000

\$5,000,000 - \$10,000,000

More than \$10,000,000

BUSINESS DEMOGRAPHICS

Information will be used for statistical purposes and by MGCC only.

28. Is your business located in a Gateway City?*

Select...

29. Which of the following apply to your business? (Check all that apply)*

Woman-Owned

Minority-Owned

Veteran-Owned

LGBTQ+-Owned

Disability-Owned Business

Not Applicable

Prefer Not To Say

CONFLICTS OF INTEREST & OTHER FUNDING SOURCES

30. Has your business received additional COVID-19 financial aid from any of the following sources? (Including but not limited to funding from the CARES Act, such as the SBA's Paycheck Protection Program (PPP). Not including unemployment insurance.) (Check all that apply) *

Federal Aid

State or Local Public Aid

None

30A. Please provide the source of the additional aid and how are funds are being/have been used? *

Example: PPP funds used for rent of leased property for the months of September, October and November.

31. Is your business in the process of applying for additional aid from any of the following sources? (Including but not limited to funding from the CARES Act, such as the SBA's Paycheck Protection Program (PPP). Not including unemployment insurance. Check all that apply) *

Federal Aid

State or Local Public Aid

None

31A. Please provide the source of the additional aid and how are funds will be used? *

Example: I applied for the SBA PPP to use for rent of leased property for the months of September, October and November.

32. Is the applicant or co-applicant one or more of the following? (Check all that apply)*

A candidate or public official or foreign political official

An immediate family member of a political official

A business entity formed by or for the benefit of any public official

A member of a local board or committee (including interim committees appointed during the pandemic)

Received or expected to receive, a financial interest or benefit from a Sector-Specific Relief Grant Program activity or contract

Has an immediate family member, who receive or expected to receive, a financial interest or benefit from a Sector-Specific Relief Grant Program activity or contract

Not applicable

Answering this question will not disqualify your business from grant funding, but may just require more paperwork.

WORKING CAPITAL PLAN

33. Grant Amount Request*

\$10,000

\$20,000

- \$30,000
- \$40,000
- \$50,000
- \$60,000
- \$70,000
- \$75,000

The maximum grant amount a business can apply for is \$75,000 but capped at up to 3 months of operating expenses, as evidenced by 2019 Federal Tax Returns. Grant amounts will be considered for actual expenses for 2020 during the pandemic. Expenses can be considered since March 10, 2020, given that it does not exceed 3 months of operating expenses evidenced by 2019 Federal Tax Returns. The maximum grant amount a business can apply for is \$75,000 but MGCC reserves the right to award less than the amount requested.

NOTE: Business will collect and retain sufficient documentation to demonstrate that the expenses delineated in this application were incurred within the eligibility limits and established for the Sector-Specific Relief Grant Program. Documentation includes, but is not limited to, receipts, invoices, purchase orders, contracts, contemporaneous memoranda, or other relevant materials.

34. What was your average operating expenses for 2019? Instructions: Reference your 2019 Business Tax Return's to locate the "Total Expenses" amount line*

Determine which entity type your business is and fill in the corresponding cell. Only ONE cell in the second column should be filled in.	\$ Total Expenses (Numerical Values Only)	
S-Corp: Line 20 of 1120-S	<input type="text"/>	= \$
C-Corp: Line 27 of Form 1120	<input type="text"/>	= \$
Sole Proprietorship: Line 28 of Schedule-C	<input type="text"/>	= \$
Partnership: Line 21 of Form 1065	<input type="text"/>	= \$
Cooperative Association: Line 24 of Form 1120-C	<input type="text"/>	= \$

		3 Month Expense

35. How will this grant be used to assist your business?*

Category:	\$ (Numerical Value)
Payroll / Benefits to Support and Retain Employees	<input type="text"/>
Rent for Leased Property	<input type="text"/>
Mortgage Payments for Owned Property	<input type="text"/>
Utilities	<input type="text"/>
Interest on Debt Obligations	<input type="text"/>
Other (if other, please explain)	<input type="text"/>
TOTAL (Should not exceed grant amount requested)	0

35A. If "Other" was selected, please explain:

FILE UPLOADS

Documentation Required:

PLEASE BE ADVISED - FAILURE TO PROVIDE THE FOLLOWING DOCUMENTATION BY THE PROGRAM'S DEADLINE MAY EXCLUDE YOUR APPLICATION FROM CONSIDERATION.

Please do not upload any documents that are password protected.

1. A complete copy (all schedules) of your filed 2019 Federal Business Tax Return as submitted to the IRS. If you file Schedule C income, please upload that document in place of a Business Tax Return.
2. A complete copy (all schedules) of your filed 2019 Federal Personal Tax Returns as submitted to the IRS for each business owner with 20% or greater ownership

3. A copy of your License to Operate/Business License/Professional Certification, if applicable
4. Completed and signed IRS [W-9 Form](#) for your business
5. If your business is a LLC, Partnership or Corporation: A copy of your Certificate of Good Standing from the Massachusetts Secretary of State's office. If you need to request a Certificate of Good Standing, click here: <https://corp.sec.state.ma.us/CorpWeb/Certificates/CertificateOrderForm.aspx>. Note: If you do not have a Certificate of Good Standing prior to submission of your application, it will be required prior to funding. Note: All entities organized in other states that operate in Massachusetts must be registered and in good standing in Massachusetts. Note: A Certificate of Good Standing from the Massachusetts Department of Revenue is not required and will not be accepted as a substitute of the Massachusetts Secretary of State's Certificate of Good Standing.
6. If your business is a Sole Proprietorship: A copy of your Business Certificate (DBA) from your city/town
7. A copy of the business owner's valid photo identification (ID). This ID must match the business owner who is an authorized signer that signs this application. Please submit a photocopy of the front and back of the ID. Examples include (submit one): State-issued driver's license/ID card, U.S. Passport book or card, other valid, state or federal issued photo ID

1. A complete copy (all schedules) of your filed 2019 Federal Business Tax Return as submitted to the IRS*

Choose File

Select up to 20 files to attach. No files have been attached yet. You may add 20 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

2. A complete copy (all schedules) of your filed 2019 Federal Personal Tax Returns as submitted to the IRS for each business owner with 20% or greater ownership*

Choose File

Select up to 20 files to attach. No files have been attached yet. You may add 20 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

3. A copy of your License to Operate/Business License/Professional Certification, if applicable

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

4. Completed and signed IRS W-9 Form for your business*

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

5. If your business is a LLC, Partnership or Corporation: A copy of your Certificate of Good Standing from the Massachusetts Secretary of State's office (Not from the Massachusetts Department of Revenue)

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .mobi, .ppt, .pptx, .xls, .xlsx, .zip

6. If your business is a Sole Proprietorship: A copy of your Business Certificate (DBA) from your city/town

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

7. A copy of the business owner's valid state or federally-issued photo identification (ID)*

Choose File

Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .ppt, .pptx, .xls, .xlsx, .zip

DUPLICATION OF BENEFITS CERTIFICATION

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

MGCC requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with these grant funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with these requirements to ensure that there are adequate procedures in place to prevent any duplication of benefits.

I hereby certify that:

· The Sector-Specific Relief Grant Program funds, awarded to my business, does not duplicate/replace any other funds, and/or any funds from the following sources:

1. The SBA Paycheck Protection Program (PPP)
2. Unemployment compensation benefits
3. Insurance claims/proceeds
4. Federal Emergency Management Agency (FEMA) funds
5. Small Business Administration funds
6. Other Federal, State or local funding
7. Other nonprofit, private sector, or charitable funding.

· Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the funds must be repaid if it is determined that such assistance is determined to be duplicative.

I have read and understand the above statement.*

By typing my name in the signature line below, I am signing the document electronically. I agree and understand that my electronic signature has the same meaning, validity, and effect as my handwritten signature.

Signature of Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity*

Please type your full name here.

Date*

Date

Navigate forward to interact with the calendar and select a date. Press the question mark key to get the keyboard shortcuts for changing dates.

CERTIFICATION & SUBMISSION

By checking the below box and submitting, the submitter certifies to the best of their knowledge and belief that the information contained on this application is true and complete. MGCC has the right to terminate any agreement under the Sector-Specific Relief Grant Program if a submitter is found to provide untruthful information. Additionally, if the submitter is found to provide untruthful information, the Sector-Specific Relief Grant Program grant recipient with whom they are affiliated may be required to pay back the full grant amount to their municipality.

I hereby certify that:

- My business is physically located in Massachusetts; and
- My business is a for-profit entity; and
- My business has suffered a loss of income equal to or greater than requested assistance due to COVID-19; and
- My business is currently in operation and intends to stay open or if not in operation has an intent to reopen; and
- My business has been established prior to June 30, 2019; and
- I agree to document and report the economic impact as a result of this grant, including but not limited to, jobs retained, increased sales, participation in other relief programs; and
- Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the city/town in which my business is located, and I am current with all local, state and federal taxes; and
- I am an individual authorized to submit this application and execute a grant agreement on behalf of the business entity listed; and
- The above information, to the best of my knowledge is accurate and true.

I have read and understand the above statement.*

By typing my name in the signature line below, I am signing the document electronically. I agree and understand that my electronic signature has the same meaning, validity, and effect as my handwritten signature.

Signature of Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity*

Date*

Date

Navigate forward to interact with the calendar and select a date. Press the question mark key to get the keyboard shortcuts for changing dates.

Save Draft

APPLY

Last Saved 2 minutes ago

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