



## Small Business & Non-Profit Organization Assistance Eligibility Criteria.

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***For the purposes of this Assistancet:***

A small business is defined as employing not more than 25 employees and having operations in eligible census tracts in Springfield, MA (Examples: a trade name on file with the state of Massachusetts or Business Certificate.)

A non-profit entity is defined as having a Springfield address organized and operated for a collective, public, or social benefit (non-profit status may be demonstrated by supplying the organization's MA-990 form or 501(c) incorporation documents). The applicant must be in good standing with the Massachusetts Secretary of the State in terms of required business/non-profit filings.

Non-profits must demonstrate proof of their 501(c) status.

The applicant must provide a listing of all state or federal assistance applied for and/or received over the last two (2) years (i.e., PPP loans, etc.).

The applicant must supply written statement that will identify a need or negative impact due to the Covid-19 public health emergency to your organization/business and an explanation as to how the assistance award would address the identified need or negative impact.

### **Application Information**

Date of Application Submission: \_\_\_\_\_

Applying As? [ ] Business [ ] Non-Profit

Name of Business or Non-Profit: \_\_\_\_\_

Business/Non-Profit Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Description of Business/Non-Profit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant is a non-profit organization, what do you estimate has been lost to fundraising restrictions, in dollars, since 3/3/21?

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Applicant's Primary Contact Name: \_\_\_\_\_

Applicant's Primary Contact Phone Number: \_\_\_\_\_

Applicant's Primary Email: \_\_\_\_\_

Number of employees currently? \_\_\_\_\_

Did the applicant have any closures due to the Covid-19 public health emergency? [ ] Yes [ ] No

If Yes, on what dates and for how long? \_\_\_\_\_

During the closure how much does the applicant estimate was spent on:

Mortgage/Rent? \_\_\_\_\_

Utilities? \_\_\_\_\_

Insurances? \_\_\_\_\_

Other operating costs? \_\_\_\_\_

What does the applicant estimate the decreased revenue or gross receipts to be during the closure, in dollars?

Please explain: \_\_\_\_\_

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Did the applicant make any physical plant changes or renovations for social distancing purposes or to adopt safer operating procedures (plexiglass barriers, partitions, dividers, outdoor dining, signs, directional cones, etc.) if so, what does the applicant estimate the cost to be, in dollars?

Please explain: \_\_\_\_\_

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Was the applicant required to have reduced seating or other social distancing restrictions that resulted in lost revenue and if so, what did that cost the organization in dollars?

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Did your labor costs increase to retain employees, if so, what do you estimate the cost to the applicant to be in dollars?

Please explain: \_\_\_\_\_

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Did the applicant pay a premium, above regular pay, to the front line or essential workers, if so, what do you estimate the cost to be in dollars?

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Did the applicant conduct any Covid-19 testing or contact tracing, if so, what do you estimate the cost to be in dollars?

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What does the applicant estimate has been spent on Personal Protective Equipment, (enhanced cleaning products, disposable masks, disposable gloves, face shields, hand sanitizers, surface cleaners, etc.)?

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What does the applicant estimate supply chain disruptions have cost?

Please explain: \_\_\_\_\_

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What does the applicant estimate the overall harmful consequences of the economic disruptions resulting from or exacerbated by the Covid-19 public health emergency to total to the business or non-profit in dollars?

Are there other examples of economic disruptions caused or exacerbated by the Covid-19 public health emergency not mentioned above?

Please explain: \_\_\_\_\_

Is the applicant a Minority-Owned Business (Minority-owned business means a business concern which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.)?

What type of coaching assistance is the applicant requesting?

Technical  Marketing  Accounting  Other (Please write here) \_\_\_\_\_

**Acknowledgment**

Applicants should expect that awards will only be granted after the grant agreement is signed stating the application, and all statements contained therein are true, accurate, and complete as of the effective date of the application.

I Understand

\_\_\_\_\_  
**SIGNATURE**

***Assistance will be awarded for coaching assistance based upon funds available and the number of applications received for an amount up to and not to exceed \$1,000.00.***

***Applications may be emailed to the HOPE CDC***

**[Please email: info@thehopecdc.org](mailto:info@thehopecdc.org)**