



DOING BUSINESS IN
#LOWELL
THERE'S A LOT TO *like.*



Lowell COVID Relief Fund for Small Businesses Application ****Deadline To Apply: January, 22, 2021 @ 12 PM EST****

Please attached the following documentation to this paper application. Please note that your application won't be accepted until we receive these documents:

1. Most Recent Business Tax Returns (W-9)- older than 2018 is not acceptable
2. Copy of Lease Agreement/ Mortgage for your business
3. A copy of your most recent business payroll (if applicable)
4. A copy of your valid business certificate (d/b/a or registration with the Commonwealth of MA)
5. A complete W-9 Form (attached to this application) if you don't have a **Vendor #** with the City of Lowell (or if you're not sure)

If you have any questions, please reach out to the City of Lowell Economic Development staff at DoBizinLowell@lowellma.gov or by calling 978-674-1435

Applications can be mailed (postmarked no later than application's deadline) to:

**City of Lowell Department of Planning & Development
Attn: Christine McCall; Director of Economic Development**

**JFK Civic Center
50 Arcand Drive; 2nd Floor
Lowell, MA 01852**

You can also coordinate with the Economic Development staff for pick-up or drop-off by emailing

DoBizinLowell@lowellma.gov or by calling 978-674-1435

Thank you!!



Part I: Applicant's Information

1. Full Name of business owner: _____
2. Phone Number (best phone # to reach during business hrs.) _____
3. E-mail address: _____
4. Applicant's Home Address: _____ City: _____
State: _____ ZIP: _____
5. What's your gender? Male Female Non-binary
6. What's your race? Hispanic or Latino Not Hispanic or Latino
7. What is your ethnic background?
 White American Indian/ Alaska Native
 Black/ African American Native Hawaiian/ Other Pacific Island
 Asian American Indian/ Alaska Native and White
 Asian and White Black/ African American and White
 American Indian/ Alaska Native and Black/ African American
 Other Multi-Racial
8. Total **Annual Gross Income of Applicant** (individual income, not including immediate family members living in household) : \$ _____

PART II: Business Information:

1. Business Name: _____
2. Business Address: _____, **Lowell, MA**, _____
3. Type of Business:
 Retail



- Restaurant/ Food Service
- Personal Service (Beauty Salon, Barber Shop)
- Childcare
- Healthcare
- Technology/ IT
- Other: _____

4. Type of Business Structure

- Sole Proprietor (D/B/A)
- Partnership (GP, LP, or LLP)
- C-Corporation
- S-Corporation
- LLC
- Not-for-profit

5. Check All that apply:

- Latino-owned business
- Asian-American owned business
- LGBTQ-owned business
- Woman- owned business
- White-owned business
- Disable-owned business
- Veteran-owned business
- Immigrant-owned business
- Other Minority-owned business

6. In business since (MM/YY: _____

7. Do you own or rent: _____

8. If you rent, how much is your monthly rent? _____



9. Are you current on your monthly rent payments? Yes No

If No, how much do you currently owe? _____

10. Have you received rent relief from your landlord? Yes No

If Yes, please describe the type/amount of rent relief received to date:

11. How many more years/months do you have left on your current lease agreement?

My lease is month to month

Less than 6 months

6 m – 1 yr.

1-3 yrs.

More than 3 yrs.

12. Total number of full-time (FT) and part-time (PT) employees* (excluding owner) in February, 2020:

Full – Time: _____ Part-Time: _____

(*full-time employees = 40hrs. week)

13. Total number of full-time (FT) and part-time (PT) employees (excluding owner) currently on payroll:

Full – Time: _____ Part-Time: _____

14. If you currently do not have any employees on payroll due to COVID-19 , are you committed to hire/ rehire at least one (1) full-time job or full-time job equivalent within the next six (6) months of receiving assistance?

Yes No



PART III: Financial Assistance Needs:

1. What are the financial challenges your business is facing due to COVID-19? (check all that apply):

- Payroll Purchase of Inventory
 Pay vendors Utility Payments
 Lease/Mortgage payments
 Purchase of PPE's and other workplace/ business public safety measures

2. Please describe in more detail the current impact of COVID-19 on your business:

3. How much have you lost in revenue (%) for the month of November, compared to November of last year (2019):

- Less than 25%
 25-50%
 50-75%
 Over 75%

4. Is your business currently open?

- Yes, maintaining regular business hours
 Yes, but reduced business hours
 No, temporarily closed

5. Do you have insurance that will cover your business loss?

- Yes No



6. Are you making the best effort to continue to operate your business?

- Yes No

7. In the past eight (8) months have you applied to the following financing programs?

(Check all that apply)

- SBA Economic Injury Disaster Loan (EIDL)
 SBA Payroll Protection Plan (PPP)
 SBA Bridge Loan
 SBA Micro-Loan
 The HartBeat of Main Street Grant Program
 State Small Business Grant Program (MA Growth Capital Corp.)
 Bank's Loan or Line of Credit
 Unemployment Benefits
 Other financial assistance
 I have not apply for financial assistance to date

8. If funding has been received to date, please list the name(s) of the program(s) and total funding received for each:

9. If funding has been received to date, how has it been used for? (i.e. Payroll, working capital, PPEs):



10. If you receive funding from this program, how are you planning on using these funds?

PART IV: Declaration:

1. Have you ever been charged or convicted of any criminal offense other than a minor motor vehicle violation?

Yes No

2. Are you part of a political party, a campaign, a public official or a business entity formed by or for the benefit of any public official?

Yes No

3. Are you an employee of the City of Lowell?

Yes No

I certify that the information on this application is true and accurate to the best of my knowledge. I also understand that the demographic and income information I provided is subject to verification by the Federal Housing and Urban Development Department (HUD).

(Applicant's signature)

(Print Name)