

City of Lewiston

Emergency Small Business Assistance Program Application

Program Overview

Please review the following information.

The City of Lewiston (City) has established the Lewiston Emergency Small Business Assistance Program to provide flexible grants to businesses who have experienced economic hardship due to the October 25th tragedy.

For questions or accommodations completing applications contact Brian Doyle, City of Lewiston Economic Development Specialist at (207) 513-3000 x3276 or email bdoyle@lewistonmaine.gov.

AMOUNT OF FUNDING:

\$10,000 maximum with demonstrated costs greater than or equal to the amount requested.

ELIGIBILITY REQUIREMENTS: (Can you answer YES to Questions 1-5 below?)

1. Must be a for-profit business operating legally within the City of Lewiston.
2. Must have a physical establishment occupying commercial space within the City of Lewiston.
3. Must have documentable business income loss due to the shelter-in-place order, including business income comparisons and narrative description of impacts.
4. Must be in good standing with no outstanding tax liens or legal judgments.
5. You are an eligible applicant and your business type is not one that is specifically listed as ineligible below.

INELIGIBLE APPLICANTS:

Ineligible applicants include, but are not necessarily limited to:

- Independent Contractors
- Home-Based Businesses
- Check Cashing Agencies
- Cannabis-Related Businesses
- Gun Shops
- Pawn Shops
- Liquor Stores
- Adults Entertainment Businesses
- Member-Service Organizations (social clubs)
- Businesses with owners who hold an ownership interest (percentage) in any other business applying for this grant.



IF YOU ANSWERED 'NO' TO ANY OF THE ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE PROGRAM.

A. Business Information

Case Id:

Name:

Address:

A. Business Information

Please provide the following information.

A.1. Legal Name of Business

A.2. Business Name (Doing Business As)

A.3. Business Address

A.4. What year was the business established?

A.5. Type of Business

A.6. Federal Employer Identification Number (FEIN)

A.7. UEI (Unique Entity ID):

Find this information on [HERE](#)

A.8. Please provide a description of the business and services/products offered:

A.9. Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties?

Yes

No

If "Yes," please explain:

A.10. Has this business been funded through any other public sector grant /loan program in the last five years?

Yes

No

A.11. Does the business qualify as woman owned?

Yes

No

If yes, what year?

A.12. Does the business qualify as minority owned?

Yes

No

B. Contact Person

Case Id:

Name:

Address:

B. Contact Person

Please provide the following information.

B.1. Owner/Authorized Signers Name:

B.2. Owner Home Address

B.3. Owner Telephone

B.4. Owner Email Address

B.5. List all owners and percent ownership

Principal / Owner Name	Percentage of Ownership

C. Eligibility

Case Id:

Name:

Address:

C. Eligibility

C.1. LMA National Objective. Provide a brief description of your business. What goods or services do you provide and which neighborhood(s) do you primarily serve (Low to Moderate Income Area)? If you do not know then indicate – *I don't know*.

C.2. LMCMC National Objective. How many employees do you have? Include all owners and count both full- and part-time employees. (If more than 5 skip to question 4).

C.3. Please list all owners, family household size and FY2022 IRS adjusted gross income.

List all Principals/Owners– Provide Title(s):

Principal / Owner Name	Household Size	FY2022 Adjusted Gross income

C.4. LMJ National Objective. Without this assistance, will permanent jobs be lost?

- Yes-please indicate number of jobs that will be lost _____
- No

C.5. Is the business owned by any of the following: an employee, agent, consultant, officer, or elected official or appointed official of the City of Lewiston?

- Yes
- No

D. Employees

Case Id:

Name:

Address:

D. Employees

Please provide the following information.

D.1. Total number of current employees in the business.

D.2. Provide a list of current employees, including the owner, officers and full/part-time employees. Note that income self-certification will be required for all employees designated as Low/Moderate Income (LMI).

Employee Name	Employee Job Title	Type of Employee (FT/PT)	Annual Wage/Salary	Is this a LMI Employee?	Will Requested Funding be Used to Retain this Employee?

E. Funding Request

Case Id:

Name:

Address:

E. Funding Request

Please provide the following information.

E.1. Briefly describe how the shelter-in-place orders affected your business.

E.2. How much funding are you requesting? (Currently, the max loan amount offered is \$10,000).

E.3. Please describe how this grant will help your business maintain sustainable operations:

E.4. USE OF FUNDS: All expenditures must be reasonable, allowable and necessary for the type business requesting the funding. Funds under this Program may not be used to reimburse expenses incurred prior to Grantee approval of loan or grant. Please describe funds in the "Other" line item (if applicable)

Funding Use	Amount (\$)	Date Expected to be Incurred	Other
Payroll			
Mortgage Obligations			
Rent			
Debt Payments			
Inventory			
Other Operating Costs*			
Total			

*Please explain other operating cost:

E.5. Anticipated Project Start Date (When funds will be begin to be spent).

E.6. Anticipated Project End Date (All costs must be expended by March 15, 2024).

F. Required Documentation

Case Id:

Name:

Address:

F. Required Documentation

- Photo ID of all applicants (State or Federal issued)
- Company's Business Registration
- Business General Liability Insurance
- Financial records which clearly establish the financial impact of the shelter-in-place orders and likely impact on future business operations.
- Completed [IRS W-9 Form](#)
- Personal Income Tax Return of all owners (2022) for the past 1 year (only if C.2. LMCMC National Objective)
- Completed [CDBG Self-Certification Form](#) (only if C.4. LMJ National Objective)

G. Submit

Case Id:

Name:

Address:

G. Submit

Once an application is submitted, it can only be “Re-opened” by an Administrator.

AREA BENEFIT

All Applicants:

- I certify that I have the authority to apply for this grant on behalf of the business described herein.
- I certify that the grant will be used for business purposes only and not for household, personal, or consumer usage.
- I understand that I will be responsible for providing receipts, cancelled checks to show how the funds were spent.
- I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under the provision of the United States Criminal Code U.S.C. Title 18, Section 1001.
- I certify that my business partner or business owner and I are not going through bankruptcy proceedings.
- I certify that I have not applied for funding for the same expenses that I am applying for in this application. Should I receive other funding for the same purpose, I will return the CDBG assistance. See duplication of benefit language.

For C.2. LMCMC National Objective

- I understand that should my business be approved for the grant that I will need to provide income documentation for all owners (2022 1040) classified as Low/Moderate Income (LMI) if LMC.

C.4. LMJ National Objective

- I understand that should my business be approved for the grant that I will need to provide self certification forms for all employees classified as Low/Moderate Income (LMI) for job retention purposes.

H. Signature

Case Id:

Name:

Address:

H. Signature

Federal Suspension and Debarment Certification:

Federal Executive Order 12549 prohibits federal, state, and local public agencies receiving grant funding from contracting with individuals, organizations, or companies who have been excluded from participating in federal contracts or grants. The purpose of this certification is for the contractor/vendor to advise the City of Lewiston, in writing, of any current Federal Suspension and Debarment.

Debarment Certification. By signing and submitting a response to this application, I certify that this business and its principals are not currently suspended or debarred by any Federal Department or Agency from participating in Federal Funded Contracts.

Authorized Signatory, Title