



PLYMOUTH ONE FUND GRANT APPLICATION

In collaboration, the Plymouth Area Chamber of Commerce and Masks4Meds present the Plymouth One Fund to support the vibrancy of Plymouth's small business community during the COVID-19 pandemic. The Plymouth One Fund will provide financial assistance in the form of unrestricted grants to support rent, employee salaries, and operating costs. The Plymouth Area Chamber of Commerce will administer the funds and with guidance from a committee comprised of members of the Chamber will award the grant to local small businesses. Small businesses are asked to complete the below application form to determine eligibility. The Plymouth One Fund intends to release multiple funding rounds as monies become available. This goal is dependent on contributions and our hope is to continue to grow.

Eligibility Requirements:

- o Must be a Plymouth business employing no more than 20 full-time-year-round employees
- o Must be current in all local, state and federal obligations (taxes, assessments, etc.)
- o Must be impacted by the COVID19 Pandemic
- o Preference will be given to year-round, community minded, brick and mortar businesses.

Grant Conditions:

- o Grant proceeds must be used for operational expenses such as rent, payroll, inventory, and utilities. Documentation such as a copy of a utility bill, rent invoice, etc. is required at application submittal.
- o Grants may not be used for capital expenses or payment of taxes or assessments.
- o Typical Grant award will be between \$500-\$5,000 to eligible small businesses.
- o You do not have to be a member of the Plymouth Area Chamber of Commerce to apply.

Your application will be kept confidential, except to those involved in the review process.

Applications can be submitted via email or mail to: Plymouthonefund@plymouthchamber.com
Plymouth Area Chamber of Commerce 134 Court Street, Plymouth, MA 02360

PLYMOUTH ONE FUND APPLICATION

SMALL BUSINESS RELIEF GRANT

BUSINESS INFORMATION

Business Legal Name:

Doing Business As (DBA):

Applicant/Business Owner Name(s):

List the following for each owner specified above: Legal Name, Title Office, % of Ownership
(Owner is defined as: 1) Proprietor, 2) Limited Partner who owns 20% or more interest and each General Partner 3) Stockholder or Entity owning 20% or more non-voting or voting stock, or 4) Limited Liability Company member owning 20% or more non-voting or voting membership.)

Business Physical Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email Address:

Federal E.I.N.:

Business established date:

Current management since: *(date current applicant purchased business if different from above)*

Business property owned or leased:

If leased, please list property owner, and contact number:

Business Activity/Type of Business:

Excluding Owner(s), list the total number of employees as of February 29, 2020. *Specify the number of full-time employees, number of part-time employees and average weekly hours for part time employees.*

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

**SUMMARY OF THE IMPACT OF COVID19 TO YOUR BUSINESS
(I.E. LOST REVENUE, LAY OFFS, FURLOUGH EMPLOYEES, CLOSURE, ETC.)**

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Dollar amount of estimated loss:	Name of Bank, Credit Union or Financial Institution and primary contact:
Please provide average monthly gross revenue prior to February 29, 2020:	Please provide annual gross revenue prior to February 29, 2020:

PROPOSED USES OF FUNDS

Documentation such as a copy of a utility bill (prior to February 29, 2020), rent payment, receipts, etc. is requested with application.

AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Other(specify):

Total Relief Grant Funds Request (Max \$5,000)

Does the business or listed owner(s) have any outstanding judgements, tax liens, pending or threatened bankrupt proceeds, pending or lawsuits against them, or criminal proceedings?
Yes No

If yes, please explain:

Does the business or listed owner(s) have any outstanding judgements, tax liens, pending or threatened bankrupt proceeds, pending or lawsuits against them, or criminal proceedings?
Yes No

If yes, please explain:

If granted funding, would you like a portion to go towards becoming a member of the Plymouth Area Chamber of Commerce? (Base membership costs is \$300)
Yes No I am already a member

Additional questions

1. Has the business requested funding, including grants and loans of any kind, from other sources since May 28, 2020 relating to financial hardship resulting from COVID19? If "yes", please list all other funding sources applied to and the corresponding amounts awarded.
2. Total amount requested from all funding sources:
3. Is your business currently closed? What is your plan for re-opening at the date of application?

4. How have you adapted your business model? What types of new methods have you tried during the COVID19 pandemic to retain your business?

5. Describe how the funds requested from the Plymouth One Fund will be used? (Please be specific, including timelines and dollar amounts.)

6. How many weeks or months will the funds requested from the Plymouth One Fund sustain your business? (Please be specific, including timelines.)

7. Please include any additional information that you believe should be considered as part of this application that was not addressed in a previous question.

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the Plymouth Area Chamber of Commerce. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

SIGNATURE: _____ Date: _____

Name (please print): _____

Title (please print): _____

By checking each box below, the undersigned hereby certifies that the statement is true or valid.

- I confirm that my business is located within the Town of Plymouth and the business maintains all proper licenses and permits for operation.
 - I confirm that the business is current with all local, state, and federal taxes.
 - I am a business employing no more than 20 full-time employees
 - I have provided documentation and/or supporting receipts to help verify the economic hardship suffered as a result of COVID19
 - I agree to document and report the economic impact to the business as a result of this grant, including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs.
 - I confirm grants received will be used for operational expenses such as rent, payroll, inventory and utilities and have provided proper documentation.
1. Application for the Plymouth One Fund DOES not guarantee award of funding.
 2. The committee has full discretion of who deems funding and the amount of grant awards.
 3. The total amount awarded will be based on available funds.
 4. All businesses receiving funds must complete a W-9 prior to funding disbursement.
 5. It is the sole responsibility of the applicant to determine or to seek independent advice to determine tax implications to the applicant and its owners associated with any funds received by the Plymouth One Fund.

I certify that the above information, to the best of my knowledge is accurate and true. I understand that the Plymouth Area Chamber of Commerce will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may be treated as a default and any money received will be returned.

Name: _____ Title _____

Signature: _____ Date _____