

PLYMOUTH AREA ONE FUND GRANT APPLICATION

The Plymouth One Fund was established in collaboration with Masks4Meds and the Plymouth Area Chamber of Commerce to support the vibrancy of Plymouth's small business community during the COVID-19 pandemic and provide important resources in the form of financial support to help ease the impacts of the global pandemic. However, the long-term goal is to continue the initiative indefinitely to ensure small businesses have options for support when experiencing financial hardships. Since 2020 The Plymouth Area Chamber of Commerce, a trusted local foundation, has been the operating organization which oversees the foundation, grant awards and fundraising efforts to continue to grow this important fund for our small business community.

Small businesses are the backbone of our community and what makes our towns special, vibrant and attractive to live, work, visit and enjoy! The Plymouth Area Chamber of Commerce will always be committed to doing all we can to help our local business community and ensure they are strong and vibrant and provide support to those who may need immediate assistance when faced with unexpected hardships. We recognize that having the Plymouth Area One Fund available is imperative to maintain the integrity and vitality of our small businesses.

Eligibility Requirements:

- The Plymouth Area One fund is for small businesses, who are independently owned and operated and have been impacted by an unexpected hardship and meet the qualifications outlined in the "Who should apply" below.
- Businesses must be in a good financial standing with banks, creditors, financiers, and vendors.
- Applications must be submitted within 60 days of hardship.

Grant Conditions:

- Grant proceeds must be used for operational expenses for your business, marketing, and/or expert consultants. Documentation is required at the time of submittal.
- Grants may not be used for capital expenses or payment of taxes or assessments.
- Businesses cannot apply for a grant more than once in a 5-year span.
- Typical grant awards will be between \$500-\$5,000 to eligible small businesses.
- You do not have to be a member of the Plymouth Area Chamber of Commerce to apply.
- You must have a business or business address in one of the 9 towns the PACC serves.
- Preference will be given to year-round businesses.

You should apply for the Plymouth Area One Fund if:

- You are a business with 20 full-time equivalent or less employees (per location applying for).
- Businesses who have experienced hardships such as fires and floods (not natural disasters).
- Family hardships such as deaths, deployments and long-term illnesses which require you to close your business.
- Robberies and/or vandalism over \$5k.
- You are able to show a considerable financial loss due to unforeseen hardships.

What does not qualify for Plymouth Area One Fund funding:

- Closures or damages due to any weather-related events i.e.: Hurricane, Snow, Power Outages.
- Unexpected business shutdown due to construction projects, including water, road work, anything DPW related.
- If you have previously received funding from the Plymouth Area One Fund
- Seasonal closures
- Elective closures i.e.: jury duty, vacations, childbirth and incarceration
- You choose not to open although have the opportunity to do so, verses being forced to shut down

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 or Plymouth Area Chamber of Commerce, Attn: Plymouth Area One Fund, 100 Armstrong Road, Suite 204 - Plymouth, MA 02360.

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SMALL BUSINESS 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 today's date. *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 HARDSHIP

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

PROPOSED USES OF FUNDS	
If awarded what will the funds be used for.	
AMOUNT OF REQUEST	USE
\$	
\$	
\$	
\$	
\$	
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? 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 open? If so, please list the hours of operation.
4. How have you adapted to this hardship?
5. Describe how the funds requested from the Plymouth Area One Fund will be used? (Please be specific, including timelines and dollar amounts.)

6. Do you anticipate having to close your business?

7. Will these funds help sustain your business?

8. 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 filings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide supporting documentation, if necessary.

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

Eligibility Certifications & Disclaimers

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

- I confirm that my business is located in Plymouth, Kingston, Duxbury, Marshfield, Pembroke, Plympton, Halifax, Hanson or Carver and 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 my hardship.
- I confirm grants received will not be used for capital expenses.

1. Application for the Plymouth Area 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 hardship and 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 Area 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 _____