

## **TOWN OF ATHOL**

### **BUSINESS ASSISTANCE GRANT: PROGRAM AND APPLICATION OVERVIEW**

#### **PURPOSE:**

The Downtown Vitality Committee (DVC) established this grant program to provide financial assistance to businesses undertaking growth or expansion projects and to stimulate investment in vacant space in downtown Athol located within the area of the attached Athol Downtown Planning Boundary Map as denoted in red that have a minimum of 750 square feet (see attached map entitled “Athol Downtown Planning Boundary”).

#### **FUNDING SOURCE:**

Town Meeting voted at its June 2023 Town Meeting to provide for a match of \$20,000 to allow vacant storefronts beginning in January of 2024. The Municipal Vacant Storefront Program provides a \$10,000 tax credit to business owners and a \$10,000 local match is required (this is the town meeting funding).

#### **AMOUNT OF FUNDING:**

The Downtown Vitality Committee will issue grants to cover approved project costs up to \$10,000 for one business beginning in January of 2024.

#### **DESIGNATED AREA AND LOCATION:**

Eligible businesses must be located in currently vacant storefronts within the designated areas in the Athol Downtown Planning Boundary Map in the Downtown. The map included as part of these guidelines will serve as the official boundaries for program eligibility.

#### **METHOD OF FUNDING:**

The applications selected for funding shall be determined by the DVC at one of its regularly scheduled meetings. Applicants are strongly encouraged to attend this meeting to discuss their project. The DVC may score applications according to the attached rubric created to help determine what projects to fund. The rubric is intended as a guide and the DVC has final discretion regarding what applications to fund. This means that even if your project scores highly on the rubric, it might not get funded if the board finds a different project more compelling. If awarded funds, the applicant shall enter into a grant agreement with the Town of Athol. The approved applicant must then submit invoices and/or proof of payment to the Town, and the Town will directly pay the vendor or the applicant, as appropriate.

If you are applying for rental assistance, the Town will make a reimbursement payment to the applicant up to the amount approved, upon proof of payment of rent (see separate Town of Athol Rent Rebate Grant Application to be submitted vs. This application for other improvements).

#### **TIMING OF FUNDING:**

Applications may be submitted anytime but are only reviewed quarterly. At this time, the DVC considers and approves grants **at its February and June 2024 meetings**, which occur on the second

Tuesday of the month at 6pm in Town Hall. **Applicants should submit proposals at least three weeks before the aforementioned meeting.**

### **ELIGIBILITY REQUIREMENTS AND GUIDELINES:**

Applicants must be a for profit business seeking to do one or more of the following; or an existing business looking to relocate in Athol:

- For the purposes of this program this could mean establishing a new business or relocating an existing business in Athol for any of the following reasons:
  - Interior renovations (e.g., walls, flooring, ceiling, lightning, bathrooms, kitchens, etc.; Merchandising components (shelving, counters, menu boards, displays, etc.);
  - Retail and food service equipment (e.g., grease traps, cash registers, computers, ovens, etc.); Furniture and fixtures (e.g., tables, seating, etc.);
  - sign and façade improvements (e.g., exterior signs, awnings, window displays, etc.);
  - parking lot expansions.

**NOTE: Improvements may only be made on historic buildings if requisite permits and approvals for such are acquired in advance of this application.**

### **GRANTS MAY NOT BE USED FOR THE FOLLOWING:**

- Working capital to cover normal operating expenses (e.g., maintenance and repair);
- Inventory purchases;
- Salaries, employee benefits, wages and bonuses.
- Businesses on the second floor – it must be a first-floor business.
- The applicant business must have an executed multi-year (2 year minimum) lease with an acceptable market or below market monthly lease rate. Occupancy must occur within 30 days of application approval, unless otherwise authorized in writing by the Director of Planning and Development.
- The rental space must be in compliance with all federal, state and local building, fire, health, planning and zoning codes and regulations.
- The landlord must be current in all municipality applied taxes, utility bills or loans. Payments will cease if the landlord fails to be current with payments for property taxes, water and sewer bills, assessments or town sponsored loan programs ; if the business owner moves or discontinues the business, purchases the building, or fails to comply with all building, fire, health, planning, or zoning codes or regulations applicable to the business – **AND THE BUSINESS WILL NEED TO PAY BACK THE TOWN OF ATHOL ANY PAYMENTS PREVIOUSLY PROVIDED TO THEM.**
- The landlord cannot be the tenant/applicant.
- The property must not have any outstanding governmental liens.
- Applicants must itemize all expenses for which they are seeking funding – this may be a supplemental sheet in addition to any receipts that will be submitted.
- If a business has not been established for less than two years, the applicant must submit a business plan that includes the following:

- History and description of business;
- Target customer base? (I.e., single, married with children, married with a specific income range, age, gender, ethnicity);
- Size of your target customer base within a 1 mile range; 2 mile range from the downtown;
- What competitors are located within the 1-mile range; 2 mile range from the downtown;
- How you benchmark yourself against your prospective competitors and how you intend to compete;
- Copy of franchise agreement, if applicable
- Name of affiliate and/or subsidiary firm;
- Balance sheet, profit and loss statement for existing businesses for the previous three years;
- Current balance sheet and current operating statement (not over 60 days old) for existing businesses;
- Listing of all existing business loans/debt financing including:
  - Original date and amount;
  - Balance owed;
  - Interest rate;
  - Monthly payment;
  - Security and;
  - Loan status (current/delinquent)
  - Number of current employees, by job category, including hourly wage/salary;
  - Number of positions to be created, by job category, including hourly wage/salary

#### **INELIGIBLE APPLICANTS**

The DVC reserves the right to approve or disapprove any application subject to available funding and a determination as to whether a particular application meets the purposes of this program. Applications under the following circumstances are considered ineligible:

- The applicant **has received an award from the DVC's Business Assistance Grant Program or Rental Assistance Grant Program within the current fiscal year.** Recipients of grant funds may apply for other projects in a different fiscal year.
- **The applicant is seeking an award for a project that has already been funded through the DVC's Business Assistance Grant Program or Rental Assistance Grant Program.** If an application is not funded, the applicant may re-submit that application for consideration at any time. **However, under no circumstances can one business be eligible for both the Business Assistance Grant Program and the Rental Assistance Grant Program.**
- Applications seeking reimbursement for expenses incurred more than one year from submittal.
- Businesses located on the second floor **as the MVSP program will only provide funding for businesses on the first floor.**

#### **PROCUREMENT AND REIMBURSEMENT STRUCTURE:**

The procurement and reimbursement process are summarized below:

- All grant applications must include itemized project costs as well as applicable cost estimates or quotes for the proposed project.
- After receiving notification that an application has been selected for funding, the applicant must enter into a signed grant agreement with the Town of Athol, which must be fully executed by the Town Manager and the applicant.
- Unless the applicant requests that the Town of Athol pay the invoice directly, and this request is deemed appropriate by staff, then payment will be made upon completion of the work or purchase to the Town of Athol before any reimbursement payment will be remitted.
- All funds awarded through the DVC's Business Assistance Grant Program **must be expended within one year of the DVC's motion to award those funds.**

#### **ADDITIONAL REQUIREMENTS:**

- All grant funded projects may be featured in DVC marketing and communications, including but not limited to the Town of Athol's website and social media accounts;

#### **LICENSES:**

- If funds are to be used for construction, the contractor shall obtain and maintain any and all licenses, certifications and/or permits required for any activity to be undertaken as part of the scope of work, along with appropriate insurance coverages. Before payment can be remitted, the applicant must provide evidence that the appropriate permit applications have been submitted.

#### **APPLICATION INSTRUCTIONS:**

Please complete the entire application and submit, with attachments, either via email or hard copy to:

Heidi Murphy  
Assistant Town Planner/Grants Administrator  
584 Main Street, Room 29  
Athol, MA 01331  
978-721-8500 X519

#### **Attachments:**

- ☐ Completed Application
- ☐ Completed business plan (new businesses only)
- ☐ Property Owner letter of support (if applicable)
- ☐ Estimates/quotes for proposed cost of project (if applicable)
- ☐ Copy of lease (if applicable)

\* Other materials may be deemed necessary at the DVC's discretion.

NOTE: The DVC reserves the right to reject any application that is incomplete or does not meet the application requirements or advance the goals of the program.

1. Applicant and Property Owner Information:

Applicant Name (Business Owner) \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. Business and Financial Information:

Name of Business: \_\_\_\_\_

Business Website Address \_\_\_\_\_

Business Street Address \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Type of Business and the Percent of Business if Mixed (Check All That Apply)

\_\_\_\_\_% Sole Proprietorship

\_\_\_\_\_% LLC-Limited Liability Co.

\_\_\_\_\_% Partnership – No. Of Partners \_\_\_\_\_

\_\_\_\_\_% Cooperative

\_\_\_\_\_% Start-Up (please note, no temporary/pop-up uses allowed under MVSP Program)

\_\_\_\_\_% Expansion of Existing (additional site)

\_\_\_\_\_% Relocation of Existing Business

\_\_\_\_\_% Take-Over of an Existing Business and Relocation to this Site

Do you have previous experience running a business? \_\_\_\_Yes \_\_\_\_No

Was your business previously located in Athol? \_\_\_\_Yes \_\_\_\_No

If YES, where was the business located, how long were you there and what are the reasons for the move?

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Business Type of Products or Services: \_\_\_\_\_

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Is your business minority-owned, women-owned, or veteran-owned? *In order to check any of these boxes, at least 51% of ownership must identify with that group.*

- ☐ Minority-Owned (MBE)
- ☐ Women-Owned (WBE)
- ☐ Veteran-owned (VBE)

Please describe how the business will use the requested grant funds:

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Please indicate the total cost of the project:     \$\_\_\_\_\_

Estimate the date when grant funded project activities will be complete: \_\_\_\_\_(mm/dd/yy)

Please use the space below to itemize the expenses that will be covered by grant funds:

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If you do not receive grant funds, will your business still proceed with the project?

☐ Yes

☐ No

Please briefly explain your answer to the above question relative to business proceeding if you do not receive grant funds:

Days and Hours of Operation:

Days Open \_\_\_\_\_

Hours Open \_\_\_\_\_

Employment Data

Full Time Staff (include self) \_\_\_\_\_

Part Time Staff \_\_\_\_\_

Seasonal Staff \_\_\_\_\_

Business Owner's Investment Data:

Space Improvement: \$ \_\_\_\_\_

Equipment & Display \$ \_\_\_\_\_

Product Stock (For Opening) \$ \_\_\_\_\_

Marketing (First 6 Months) \$ \_\_\_\_\_

Sources of Funding

Total Estimated Cost to Open \$ \_\_\_\_\_

Funds Invested by Owner \$ \_\_\_\_\_

Other Sources of Funding        \$ \_\_\_\_\_

Name of financing sources and amounts: (e.g., Citizens Bank - \$35,000 bank acct/loan)

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Total Amount of Square Feet occupied and leased by business \_\_\_\_\_ sq feet

Term of Lease: \_\_\_\_\_ years

Term Options    %        Yes \_\_\_\_\_ yrs.    No \_\_\_\_\_

Rental Rate        \$ \_\_\_\_\_ per month    \$ \_\_\_\_\_ per square foot

Identify other monthly charges: \_\_\_\_\_

Please attach your Certificate of Good Standing from the Massachusetts Department of Revenue (DOR)

- If the business is not currently in operation, you must submit a personal Certificate of Good Standing from the Massachusetts Department of Revenue; or
- If you are conducting business but, in another state, you must submit a Certificate of Good Standing (or their equivalent form) from the state in which you are currently operating.

Please indicate your projected date for commencement of occupancy of the vacant storefront and your demonstrated commitment to occupy the space for a term of not less than two years.

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**If you are an existing business**, please attach your Doing Business as Certificate (“DBA”) from the Commonwealth of Massachusetts; or if your business exists in another state and you wish to relocate to Athol, please provide us with a copy of your DBA certificate from the state your business currently is located in.

**If you are an existing business:** Corporations, LLCs and other business entities need to register with the Secretary of the Commonwealth before beginning business in Massachusetts. Please attach your proof of filing with the Commonwealth of Massachusetts; or if your business currently exists in another state and you wish to relocate to Athol, please provide us with a copy of your filing with the state agency from the state your business is currently located in.



If a business has not been in operation for less than two years, the application must include a business plan. The applicant must submit a business plan that includes the following:

- History and description of business;
- Target customer base? (I.e., single, married with children, married with a specific income range, age, gender, ethnicity);
- Size of your target customer base within a 1-mile range; 2 mile range from the downtown;
- What competitors are located within the 1-mile range; 2 mile range from the downtown;
- How you benchmark yourself against your prospective competitors and how you intend to compete;
- Copy of franchise agreement, if applicable
- Name of affiliate and/or subsidiary firm;
- Balance sheet, profit and loss statement for existing businesses for the previous three years;
- Current balance sheet and current operating statement (not over 60 days old) for existing businesses;
- Listing of all existing business loans/debt financing including:
  - Original date and amount;
  - Balance owed;
  - Interest rate;
  - Monthly payment;
  - Security and;
  - Loan status (current/delinquent)
  - Number of current employees, by job category, including hourly wage/salary;
  - Number of positions to be created, by job category, including hourly wage/salary/number of hours

Priority will be given to those businesses that have had their business plan reviewed by one of the following: (Applications should include a letter from the reviewing organization if applicable):

- Small Business Administration (SBA)
- SCORE
- An organization funded by the Massachusetts Growth Capital Corporation to provide technical assistance to small businesses;
- A Community Development Corporation;
- The Massachusetts Small Business Development Center (SBDC)
- Or other outside, non-affiliated service providers.

Explain how your business will benefit and enhance the area in which you are locating and how your business will compliment other businesses within the area; how the business will be adding value to the local business community environment; and how the business will have potential synergy with other existing downtown businesses.

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3. Lease

A signed copy of the lease is required with this application. (Please note that OPCD will grant a conditional, pre-approval letter for a period of up to 15 days (about 2 weeks), content upon final execution of an acceptable lease and subject to the grant requirements of the Town of Athol.

4. Certification

The undersigned certifies that the above information provided herein is true and accurate.

\_\_\_\_\_  
Printed Name of Principal Business Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have read and understand the guidelines of the DVC's Business Assistance Grant Program. I understand the funds are based on the approval of the Town of Athol's Downtown Vitality Committee subject to the availability of funds. I hereby certify that the information provided in this application is complete.

\_\_\_\_\_  
Signature, Business Owner

\_\_\_\_\_  
Signature, Landlord/Property Owner

\_\_\_\_\_  
Date