

TOWN OF ATHOL

RENT REBATE GRANT PROGRAM

PROGRAM PURPOSE:

The Rent Rebate Grant Program is designed to help facilitate the establishment of small businesses within the Downtown (see attached map entitled “Athol Downtown Planning Boundary Map” for eligible businesses located in the red planning boundary). The program allows the Town of Athol’s Downtown Vitality Committee (“DVC”) to provide rental assistance that is created to help small businesses locating into **VACANT storefronts** that have a minimum of 750 square feet of area during the first two years of operation by reducing the cost of overhead expenses – or an existing business looking to relocate into a vacant storefront in the district. **The rental space must be vacant for a minimum of one year for eligibility.**

FUNDING SOURCE:

Town Meeting voted at its June 2023 Town Meeting to provide for a match of \$20,000 to allow vacant storefront grants beginning in January of 2024; this was approved by the Massachusetts Economic Assistance Coordinating Council as well.

PROGRAM BENEFITS:

The Rent Rebate Grant Program provides commercial rent subsidies for a two-year period. **The maximum total per business is \$6,000 the first year and \$4,000 the second year, divided into equal monthly payments. (\$500 per month first year; \$333 per month second year).** This is a reimbursement program and documented rent payments will be reimbursed on a quarterly basis.

DESIGNATED AREA AND LOCATION:

Eligible businesses must be located in currently vacant storefronts within the designated areas in the map in the Downtown Vacant Storefront District map.

ELIGIBLE BUSINESSES AND CONDITIONS:

Businesses eligible for this program must be “for profit” businesses new to the Downtown, or a business that exists in Athol that is looking to relocate into a vacant space in the Downtown.

Business must have a minimum of 750 square feet of area during the first two years of operation by reducing the cost of overhead expenses – or an existing business looking to relocate into a vacant storefront in the district with a minimum of 750 square feet area.

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.

Payments will cease if a tenant discontinues the business, moves the business, purchases the building, or fails to comply with any and all building, fire, health, planning, or zoning codes or regulations applicable to the business.

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.

The rent charged by the landlord for the new tenant cannot be higher than the previous rent charged unless more than one year has elapsed since the space was occupied AND the landlord can demonstrate the new rent is the market rent.

The landlord cannot be the tenant/applicant.

The rent will not be reimbursed to the business owner until the business is open for operations and rent receipts are submitted to the OPCD.

The property must not have any outstanding governmental liens.

IF A BUSINESS MOVES OR DISCONTINUES THE BUSINESS, THEY WILL BE REQUIRED TO PAY BACK ANY GRANT FUNDS PREVIOUSLY PROVIDED TO THEM BY THE TOWN OF ATHOL.

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 Rent Rebate 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 Rent Rebate 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 Rent Rebate Grant Program**

SELECTION CRITERIA:

The Rent Rebate Program is intended to target and recruit new businesses that provide a significant enhancement to the Downtown. Applicants for the Rent Rebate Program will be evaluated by the Town of Athol Downtown Vitality Committee ("DVC") based on the Rubric for Rental Assistance Program on the last page of this application.

In addition, all applications for the Rent Rebate Program will be considered on the degree to which they meet the selection criteria and on the AVAILABILITY OF PROGRAM FUNDS. Funding is available on applications that are **complete** in meeting all criteria and on a "first come-first serve" basis. The Town of Athol DVC reserves the sole authority to approve or disapprove applications based on what it views to be in the best interest of the town.

For further information contact the Town of Athol's Office of Planning & Community Development at 584 Main Street, Room 29, Athol, MA 01331, (978) 721-8500 X519.

Date Received in OPCD _____

**Town of Athol
Rent Rebate Program
Part A – Business Owner Application**

Instructions:

Complete all items carefully and accurately to the best of your knowledge and return to:

Office of Planning and Community Development
584 Main Street, Room 29
Athol, MA 01331

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?

Business Type of Products or Services: _____

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)

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 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.

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.

3. Lease

A signed copy of the lease is required with this application.

4. Certification

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

Printed Name of Principal Owner

Signature

Date

Date Received in OPCD _____

Town of Athol
Rent Rebate Program
Part B – Property Owner/Landlord Application

Instructions:

Complete all items carefully and accurately to the best of your knowledge and return to:

Office of Planning and Community Development
584 Main Street, Room 29
Athol, MA 01331

1. Property Owner/Landlord Information:

Property Owner(s)/Landlord's Name _____

Property Owners Mailing Address: _____

Telephone Numbers _____

E-Mail: _____

Name of Business _____

Business Owner's Name _____

Business Address (Leased Premises) _____

Does the business owner or the business have any relationship to the Property Owner/
Landlord? _____ No _____ Yes – Please explain

2. **Site & Lease Information**

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: _____

Indicate any rate increase: _____

Is the subject space currently vacant? ____Yes ____No

How long has the space been vacant? _____

Name of Previous Tenant_____

Previous rental rate: \$_____per month \$_____per square foot

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.

3. **Certifications**

Are all real estate and personal property taxes due the Town of Athol paid in full?

Subject Property: ___Yes ___No (please explain on supplemental sheet)

Other Properties: ___Yes ___No ___N/A

Are all Athol water and sewer bills due paid in full?

Subject Property: ___Yes ___No (please explain on supplemental sheet)

Other Properties: ___Yes ___No ___N/A

Are you involved in any litigation with the Town of Athol?

Subject Property ___Yes ___No (please explain on supplemental sheet)

Other Properties: ___Yes ___No ___N/A

Is the property in compliance with any and all building, fire, health, planning, or zoning codes or regulations applicable to the business?

Subject Property: ___Yes ___No ___N/A

Notices: If the business owner is approved for this program, authorized payment will be made directly to the landlord and to the landlord's address identified on the lease. Please submit a copy of the signed lease with this application.

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

Printed Name of Property Owner

Signature

Date