

City of Everett
American Rescue Plan Act (ARPA)
State Local Fiscal Recovery Funds (SLFRF)



**EC 2.34: Non-Profit [501(c)3 or 501(c)19] &
EC 2.29 Small Business and Local Arts Economic Recovery Grant**

Federal Assistance Listing Number (ALN): 21.027

Please read the **Notice of Funding Availability Guidelines** prior to completing this application. Submit completed applications and required documents electronically by **Monday, June 30, 2025 at 7:30 PM to: ecoc@aol.com** or hand deliver to **Everett Chamber of Commerce: 467 Broadway, Everett, MA 02149.**

ORGANIZATION INFORMATION:

Legal Name of Organization: _____

Doing Business As (dba): _____

Federal Tax ID Number (EIN): _____

UEI Number (only if available): _____

Organization Physical Address: _____

Mailing Address (if different): _____

Organization Telephone Number: _____

Website (optional): _____

Date Organization Founded: _____

Tax Exemption Status (only if applicable): _____

Contact Person (First and last name): _____

Title: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

1. Please provide your organization's mission or vision statement (What is your organization's primary purpose?):

2. Please identify your organization classification/type:

- ☐ Non-Profit
☐ Small Business
☐ Local Arts Organization (Either a Small Business or Nonprofit)

3. If your organization is a nonprofit, please identify which certification it currently holds. **Please note, any other nonprofit designation is ineligible for this grant award.**

- ☐ 501(c)3
☐ 501(c)19

4. If your organization is a small business or local arts organization, please confirm you meet the following criteria. **Please note, not meeting all criteria below will result in being ineligible for this grant award.**

- ☐ Your business has no more than 500 employees, or if applicable, the size standard in number of employees established by the Administrator of the Small Business Administration (SBA) for the industry in which the business concern or organization operates
(link: <https://www.sba.gov/document/support-table-size-standards>)
☐ Your business meets the definition of Section 3 of the Small Business Act
(link: [15 USC 632: Small-business concern \(house.gov\)](#))
☐ Your business is independently owned and operated
☐ Your business is not dominant in its field of operation

5. Is this organization currently in good standing with the city and current on local taxes?

- ☐ Yes
☐ If no, please explain what is delinquent or outstanding:

9. How many estimated residents or households does the organization serve on an annual basis (Please provide estimated numbers depending on how service is tracked. Estimated ranges are acceptable)?

☐ Total Everett Households: _____

☐ Total Everett Residents: _____

10. How many estimated residents or households does the organization serve on an annual within the groups listed below (Please provide estimated numbers depending on how service is tracked. Estimated ranges are acceptable.)?

☐ Black or African American: _____

☐ American Indian or Alaskan Native alone, non-Hispanic: _____

☐ Asian: _____

☐ Native Hawaiian & Other Pacific Islander: _____

☐ Other non-white races: _____

☐ Unknown

11. How many estimated residents or households does the organization serve on an annual within the ethnic communities listed below (Please provide estimated numbers depending on how service is tracked. Estimated ranges are acceptable.)?

☐ Portuguese: _____

☐ Haitian: _____

☐ French: _____

☐ Vietnamese: _____

☐ Nepalese: _____

☐ Hispanic or Latino: _____

☐ Other: _____

☐ Unknown

6. Is this organization currently in good standing and in compliance with all applicable Federal, State and Local Laws?

☐ Yes

☐ If no, explain:

7. In the space below, please provide the number of full-time and number of part-time employees.

Number of full-time employees: _____

Number of part-time employees: _____

Total: _____

8. Please identify the type of goods or services your organization/business provides to City residents.

☐ Food Assistance

☐ Education Assistance: Pre-K/Early learning

☐ Education Assistance: K-12

☐ Affordable Childcare

☐ Workforce development or Job training

☐ Mental/behavioral health programs

☐ Substance abuse prevention and treatment

☐ Domestic violence prevention and treatment

☐ Housing assistance (homelessness support, affordable housing services)

☐ Other, describe below:

GRANT REQUEST INFORMATION:

12. Enter Total Amount of Grant Request: _____

Note: *The City and Chamber reserve the right to award less funds than requested. Applicants should be prepared to discuss what a reduction would look like for the grant request.*

13. Type of Grant Requested (Select one of the following):

☐ Funds to cover COVID-19 related economic loss (e.g., loss of fundraising revenue or donations, reduction in revenue, etc.) and/or funds to cover increased expenses related to COVID-19 for small businesses or nonprofits (e.g., increased cost of goods, uncompensated staff cost related to increases in service demand due to the pandemic, etc.). ***To be eligible, applicant must provide financial evidence – see required documents section below.***

☐ Funds to cover direct expenses related to COVID-19 for small businesses or nonprofits (e.g., purchase of cleaning supplies, social distancing measures, PPE, etc.). ***To be eligible, applicant must provide proof of expenditures (receipts or paid invoices) and purchases must be dated post March 3rd, 2021.***

☐ Funds for small business or nonprofit technical assistance and counseling (e.g., costs for business plan reviews, loan applications, mentoring, financial literacy counseling, and technology services including website development). ***To be eligible, applicant must complete a Technical Assistance and Counseling Budget Worksheet***

☐ Funds for **small business** startup or expansion costs (e.g., Equipment/supplies, incorporation/legal fees, office or lease space, marketing/website development, furniture/supplies, utilities, payroll). ***To be eligible, applicant must 1) be a small business, 2) complete a Business Startup/Expansion Budget Worksheet, 3) submit a business plan, and 4) be located in a QCT area in the city.***

14. If awarded, detail and describe what the grant funds will be used for:

COVID-19 IMPACTS SUSTAINED

15. Describe the impact the COVID-19 public health emergency has had on the organization's **operations** (e.g., increased/decrease in demand for services, operation modifications due to social distancing, staffing changes, impacts to volunteer numbers, periods of closure or shutdown, implementation of mitigation efforts to contain the spread of COVID, etc.).

16. Describe the impact the COVID-19 public health emergency has had on the organization's **finances** (e.g., increased or new expenses, reduced/canceled fundraising or donation opportunities, loss of earnings, decline in revenue, etc.). Please be explicit. This narrative should detail and support the total recovery grant amount you have requested.

FINANCIAL/INSURANCE INFORMATION

17. Dates covered by the organization's fiscal year (FY): _____
18. Please identify the types of insurance the organization carries and note the maximum amount per occurrence.
- ☐ General Liability \$: _____
- ☐ Automobile Liability \$: _____
- ☐ Workers Compensation \$: _____

REQUIRED DOCUMENTS IF APPLYING FOR:

FUNDS TO COVER COVID-19 RELATED ECONOMIC LOSS

Please review the City of Everett [American Rescue Plan Act Notice of Funding Availability Programs and Guidelines document](#) for information regarding required documents to submit. Additional documents may be required during the application review process, at the City and Chamber's discretion. Applicants will be notified in such cases.

All applicants must provide the following:

- ☐ Copy of current IRS W-9 Tax Form.
- ☐ Copy of the organization's Articles of Incorporation
- ☐ Completed Duplication of Benefit worksheet.
- ☐ Completed Conflict of Interest Form.
- ☐ Completed Financial Certification Statement
- ☐ Copies of receipts/invoices for COVID-related expenditures (if applicable)

Nonprofit applicants must also provide:

- ☐ Copy of IRS letter or certificate verifying tax-exempt status.
- ☐ Copy of 2019, 2020, 2021, 2022, 2023 and 2024 Tax Forms (990 form) *
- ☐ Copy of the Statement of Activities for years 2019, 2020, 2021, 2022, 2023 and 2024*

**Please note, providing tax and financial information back as early as possible will likely result in a greater impact calculation and greater opportunity to receive maximum funding. If operations began after 2019, you must only provide tax forms for the years your organization was in operation.*

Small Business applicants must also provide:

- ☐ Copy of active State Business Registration, or local business registration/license
- ☐ Copy of Minority, Women, or Disadvantaged Business Enterprise or Veteran Owned Enterprise (Only if applicable)
- ☐ Copy of 2019, 2020, 2021, 2022, 2023, and 2024 Tax Forms*
- ☐ Copy of the Statement of Activities for years 2019, 2020, 2021, 2022, 2023 and 2024*

**Please note, providing tax and financial information back as early as possible will likely result in a greater impact calculation and greater opportunity to receive maximum funding. If operations began after 2019, you must only provide tax forms for the years your organization was in operation.*

REQUIRED DOCUMENTS IF APPLYING FOR:

REIMBURSEMENT FOR COVID-RELATED EXPENSES

Please review the City of Everett [American Rescue Plan Act Notice of Funding Availability Programs and Guidelines document](#) for information regarding required documents to submit. Additional documents may be required during the application review process, at the City and Chamber's discretion. Applicants will be notified in such cases.

All applicants must provide the following:

- ☐ Copy of current IRS W-9 Tax Form.
- ☐ Copy of the organization's Articles of Incorporation
- ☐ Completed Duplication of Benefit worksheet.
- ☐ Completed Conflict of Interest Form.
- ☐ Copies of receipts/invoices for COVID-related expenditures (must be post March 3rd, 2021)

Nonprofit applicants must also provide:

- ☐ Copy of IRS letter or certificate verifying tax-exempt status.

Small Business applicants must also provide:

- ☐ Copy of active State Business Registration, or local business registration/license
- ☐ Copy of Minority, Women, or Disadvantaged Business Enterprise or Veteran Owned Enterprise (Only if applicable)

REQUIRED DOCUMENTS IF APPLYING FOR:

FUNDS FOR TECHNICAL ASSISTANCE AND COUNSELING

Please review the City of Everett [American Rescue Plan Act Notice of Funding Availability Programs and Guidelines document](#) for information regarding required documents to submit. Additional documents may be required during the application review process, at the City and Chamber's discretion. Applicants will be notified in such cases.

All applicants must provide the following:

- ☐ Copy of current IRS W-9 Tax Form.
- ☐ Copy of the organization's Articles of Incorporation
- ☐ Completed Duplication of Benefit worksheet.
- ☐ Completed Conflict of Interest Form.
- ☐ Completed Technical Assistance and Counseling Budget Worksheet

Nonprofit applicants must also provide:

- ☐ Copy of IRS letter or certificate verifying tax-exempt status.

Small Business applicants must also provide:

- ☐ Copy of active State Business Registration, or local business registration/license
- ☐ Copy of Minority, Women, or Disadvantaged Business Enterprise or Veteran Owned Enterprise (Only if applicable)

**REQUIRED DOCUMENTS
IF APPLYING FOR:**

FUNDS FOR BUSINESS STARTUP OR EXPANSION

Please review the City of Everett [American Rescue Plan Act Notice of Funding Availability Programs and Guidelines document](#) for information regarding required documents to submit. Additional documents may be required during the application review process, at the City and Chamber's discretion. Applicants will be notified in such cases.

All applicants must provide the following:

- ☐ Copy of current IRS W-9 Tax Form
- ☐ Copy of the organization's Articles of Incorporation
- ☐ Completed Duplication of Benefit worksheet
- ☐ Completed Conflict of Interest Form
- ☐ Completed Business Startup/Expansion Budget Worksheet
- ☐ Business startup or expansion plan for review
- ☐ Copy of active State Business Registration, or local business registration/license (if expanding)
- ☐ Copy of Minority, Women, or Disadvantaged Business Enterprise or Veteran Owned Enterprise (Only if applicable)

SIGNATURE

I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the City of Everett grant program guidelines.

Grant Preparer

_____	_____
Print Name	Title
_____	_____
Signature	Date

Organization CEO, Executive Director or Authorized Representative

_____	_____
Print Name	Title
_____	_____
Signature	Date

Instructions: All applicants are required to fill out and submit this worksheet with their application. Incomplete worksheets are terms for application rejection.

The "Total Need" value will be the total value of the proposed need or impact identified in your application. This amount will be identified by the grant reviewer based on the budget documentation submitted or the financial documentation provided in your application. You must then list all alternate funding sources that have been or are planned to be received and utilized for **this same need or purpose** (e.g., CARES Act Funding, PPP loans, County COVID grants, CBDG funds, etc.). If you haven't received any alternate funding for this same need or purpose, please enter "N/A" in the Subtotal Box in Column D.

A	B	C	D	E
Funding Sources	Brief Description of Use	Date Received	Amount Received	Total Need
Total Need (\$value) for intended use of City ARPA SLFRF Grant Funds				<i>To be populated by Grant Reviewer</i>
Insurance proceeds				
Charitable Contributions				
Nonprofit Sources				
Other Federal, State, or Local funding sources or grants received (list all below)				
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
SUBTOTALS				
UNMET NEED = ([Column E] - [Subtotal Column D])				

Name of Organization/Applicant: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

Conflict of Interest Disclosure Form - Beneficiaries

Federal, State, and Local law prohibits employees and public officials of the city from participating on behalf of the city in any transaction in which they have a financial interest absent a Conflict-of-Interest Disclosure. This questionnaire must be completed and submitted by each applicant for ARPA SLFRF funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's owners would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any owner(s) of the applicant's business who currently is or has/have been within one year of the date of this application, a city employee or consultant, or a member of the city Council or the Chamber of Commerce? ☐ Yes ☐ No

If yes, please list the names(s) below:

2. Will the ARPA SLFRF funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a city employee, consultant, or a member of the city Council or the Chamber of Commerce? ☐ Yes ☐ No

If yes, please list the name(s) below:

3. Is there any member(s) of the applicant's staff or owner(s) of the applicant's business who are business partners or family members of a city employee, consultant, or a member of the city Council or Chamber of Commerce? ☐ Yes ☐ No

If yes, please list the name(s) below:

If you answered "YES" to any of the above, the city and Chamber of Commerce will review to determine whether a real or apparent conflict of interest exists.

Name of Beneficiary Organization: _____

Name of Authorized Official: _____ Date: _____

Authorized Official's Title: _____

Signature of Authorized Official: _____ Date: _____

FINANCIAL CERTIFICATION STATEMENT

All of the financial statements and related informational documents provided to the Chamber of Commerce in support of the City of Everett's ARPA SLFRF Small Business and Nonprofit Recovery Program were prepared in accordance with generally accepted accounting principles and the information presented is, to the best of my knowledge, a true, accurate, and complete statement of our financial condition for the time period covered below.

I understand and agree to provide audited financial statements to the Chamber of Commerce for the periods identified immediately if such statements are prepared. I further understand and agree that in the event audited financial statements materially differ from any relied upon information such that the claimed negative economic impact is reduced or eliminated, the Chamber of Commerce may rescind, in whole or in part, the grant award amount and request reimbursement of funding.

The following periods are covered by this certification:

Insert Dates: _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____

Printed Name: _____

Date: _____

Title: _____

Organization: _____

Instructions: Applicants applying for a **Small Business STARTUP/EXPANSION grant** are required to complete and submit this worksheet with their application. Applicants are to fill out the budget according to the specifics of their actual needs. Please review the budget category description prompts to assist in filling out your budget. If a budget line item does not apply to your project, who should leave it blank. Incomplete budget templates are terms for application rejection.

PLEASE NOTE: To be eligible, applicant must be a small business and 1) complete this Business Startup/Expansion Budget Worksheet, 2) submit a business plan, and 3) be located in a QCT area in the city.

A	B	C	D
Budget Category	Budget Category Description Prompts	Applicant Budget Description	Total Estimated Cost for the line item (Total Need \$)
Business supplies, equipment, or furniture	Costs associated with purchasing new equipment, supplies or furniture if required for your startup or expansion .		
Legal fees	Costs associated with legal fees for business start up including incorporation or formation fees, or fees associated with business permits and licenses. This may also include general legal advice and consultation, tax planning and compliance, employment law compliance, and contract drafting or review.		
New Office or Lease Space	Costs associated with leasing or securing new office or business space within the city. This may include covering rental or lease costs for a specified number of months.		
Marketing or website development	Costs directly associated website development or marketing to attract new customers, increase brand awareness, or increase sales/service.		
Operations costs	Costs directly associated with operations which may include utilities, payroll, rent, or lease costs.		
Other	Please specify:		
TOTAL			

Name of Organization: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____



Instructions: Applicants applying for a **Small Business or Nonprofit Beneficiary TECHNICAL ASSISTANCE AND COUNSELING grant** are required to complete and submit this worksheet with their application. Applicants are to fill out the budget according to the specifics of their actual needs. Please review the budget category description prompts to assist in filling out your budget. If a budget line item does not apply to your project, who should leave it blank. Incomplete budget templates are terms for application rejection.

A	B	C	D
Budget Category	Budget Category Description Prompts	Applicant Budget Description	Total Estimated Cost for the line item (Total Need \$)
Business Plan Reviews or Assistance	Costs associated with reviewing or advising on your organizations current business plan		
Loan Application submissions	Costs associated with submitting loan applications for your organization. This is NOT to be used to cover actual loan costs, just costs associated with applying for a loan.		
Mentoring and or Financial Literacy Counseling	Costs associated with counseling directly related to financial decision making, managing risks, and maximizing financial opportunities for your organization		
Techonolgy services	Costs directly associated website development, cybersecurity, customer relationship management (CRM) software, email hosting/management services, cloud storage and backup solutions, IT support, and point of sale (POS) systems		
Other	Please specify:		
TOTAL			

Name of Organization: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

Everett city, Massachusetts

○ Display Sources

P9 | 2020 Decennial Census

Source: undefined |