



## ARPA PITTSFIELD GLOW UP! BUSINESS IMPROVEMENT GRANT APPLICATION

Before applying, please [check the map](#) to be sure that your business is located within the disproportionately impacted district of Pittsfield. Businesses must fall within any of the three highlighted areas: 9001 - Downtown, 9002 - Morningside, and 9006 - Westside.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

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

Business Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Numbers: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Business Organization Type:

Sole Proprietor  Partnership  Limited Liability Company  Corporation  Other

### If your business is a Partnership, please tell us about the Ownership/Management.

List the name of each partner, percentage of the business they own, and their title in the business. \_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**Tell us how COVID-19 affected your business. Providing financial details will strengthen your application but are not required.**

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**Describe how the Glow Up! Business Improvement Grant will be used to help your business. Please describe the physical improvements you will pursue that will enhance the experience of foot traffic and provide visual vibrancy to the district. Include photos of the existing façade/areas where grant funds will be used.**

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**Grant Amount Requested \$ \_\_\_\_\_**

**Detail how the requested amount is allocated for planned projects described above:**

Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_  
Use: \_\_\_\_\_ \$: \_\_\_\_\_

**Have you applied for any other COVID-19 financial assistance programs (City of Pittsfield COVID-19 Small Business Grant, 1Berkshire Best Foot Forward, or others)? If yes, please list source and awarded dollar amount.**

\_\_\_\_\_ \$  
\_\_\_\_\_ \$  
\_\_\_\_\_ \$

**The following questions are optional:**

Sex: \_\_\_ Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Non-Binary

Disabled: \_\_\_ Yes \_\_\_ No

Veteran: \_\_\_ Yes \_\_\_ No

Single Family Head of Household: \_\_\_ Yes \_\_\_ No

**Please identify the appropriate racial and ethnic category below:**

American Indian/Alaskan Native \_\_\_

American Indian/Alaskan Native &amp; Black/African American \_\_\_

Asian \_\_\_

Asian/Hispanic \_\_\_

Black/African American \_\_\_

Black/African American/White \_\_\_

Black/Hispanic \_\_\_

Native Hawaiian \_\_\_

Other Pacific Islander \_\_\_

White \_\_\_

White/Hispanic \_\_\_

Other Multi-Racial \_\_\_

**CERTIFICATIONS:**

- I certify that I have the authority to submit this application and execute a grant agreement on behalf of the business entity listed
- I certify that the grant will be used for business purposes only detailed in this application
- I certify that my business is in compliance with all laws of the Commonwealth of Massachusetts, pursuant to Massachusetts General Law, Chapter 62C, Section 49A (b).
- I certify that I am current with all local, state, and federal taxes.
- I certify that my business is located within the Disproportionately Impacted District in the City of Pittsfield and that the business maintains all proper licenses and permits for operation.
- I certify that my revenue has declined because of COVID-19.
- I certify that my business expects to continue operations.
- I certify that the information contained in this application and in the attached documents is true and accurate to the best of my knowledge and is provided for the purposes of obtaining a grant.
- I authorize the Pittsfield Economic Revitalization Corporation to make inquiries, as needed, to verify accuracy of this information.
- I certify that submitting this application in accordance with the instructions constitutes an electronic signature.

I certify that the written-in information, to the best of my knowledge, is accurate and true.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **A COMPLETED APPLICATION SHOULD INCLUDE THE FOLLOWING**

- The application is complete and signed.
- A narrative to describe the economic hardship suffered as a result of COVID-19 and documentation including financial statements and other data as able.
- Photos of the existing façade/areas where grant funds will be used.

### **IF AWARDED THE GRANT, ADDITIONAL ITEMS WILL BE REQUIRED**

- Signed W-9 Form
- Duplication of Benefits Form
- Invoices for acceptable expenditures (I understand that this grant is administered on a re-imbursement basis or two-party checks can be issued). Invoices submitted must be dated after the signed agreement date.

### **SUBMISSION INSTRUCTIONS:**

**By email:** Completed application forms and all attachments can be sent via email to [businessdevelopment@downtownpittsfield.com](mailto:businessdevelopment@downtownpittsfield.com)

**Online:** Online application forms can be found on Downtown Pittsfield, Inc.'s website, <https://downtownpittsfield.com>

**By mail:** Completed application forms and all attachments can be sent via mail to Downtown Pittsfield, Inc., 33 Dunham Mall, Suite 102, Pittsfield, MA 01201

**All applications are due by Tuesday, February 28, 2023 at 11:59 pm.** Emailed and online applications must be received by that date, and applications submitted via mail must be postmarked by February 28.

### **Questions?**

Any grant-related questions may be directed to Rebecca Brien, Managing Director of Downtown Pittsfield, Inc., at 413-443-6501 or [businessdevelopment@downtownpittsfield.com](mailto:businessdevelopment@downtownpittsfield.com)

*Downtown Pittsfield, Inc. and The Pittsfield Economic Revitalization Corporation do not discriminate in their programs and activities based on age, color, gender expression/identity, genetic formation, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.*