



CITY OF BANGOR

Bangor Microenterprise Assistance COVID-19 Relief Program Application

I. BUSINESS INFORMATION

Business name (legal): _____ Business phone: _____

Business Mailing address: _____

City, State, ZIP: _____

Please provide a brief description of the type of business for which you are applying for funding:

Business owner name: _____

Business owner phone: _____

Business owner mailing address: _____

City, State, ZIP: _____

Contact email: _____

Do you own 100% of the business? YES ___ NO ___ (if no, additional documentation required below)

Address of primary operating facility:

How long has your business been in operation? _____ (mm/yyyy)

Was your business's gross annual revenue (AGI) less than \$2.5 million in 2019? Yes ___ No ___

What is the legal structure of your business?

___ Corporation ___ LLC/LLP ___ Sole Proprietorship ___ Partnership ___ S Corp

Is this a for profit business? Yes ___ No ___

Current number of employees, including yourself: Full time: _____ Part time: _____

Have you applied for and/or received other COVID-19 related funding? Yes ___ No ___

Are you or any persons directly or indirectly, financially responsible for or associated with this business, employed by the City of Bangor or an elected official of the City of Bangor? Yes ___ No ___

II. GRANT AMOUNT REQUESTED

Amount Requested: \$ _____ (\$5,000 Maximum)

Eligible Use of Funds: Up to **3 Months** of normal business operating expenses (If the application is successful you will be required to provide documentation of these expenses prior to reimbursement)

EXPENSES	AMOUNT FOR 3 MONTHS	MONTHS INCLUDED
Business Rent		
Wages & Benefits		
Utility Cost		
Supplies		
Business Taxes		
Business Mortgage Payment		
Other Business Operational Expenses <i>Please specify:</i>		
Other Business Operational Expenses <i>Please specify:</i>		
Other Business Operational Expenses <i>Please specify:</i>		
Other Business Operational Expenses <i>Please specify:</i>		

III. REQUIRED CERTIFICATION AND SUBMITTALS

- Must submit business owner’s personal 2020 Federal Income Tax Return or 2019 tax return if the 2020 return has not been filed.
- Must provide a list of all current employee names and positions, whether they are full or part time, hours per week, and benefits provided.
- Must submit documentation of the reduction of at least 15% of sales. Please provide the gross sales each month for all of 2019 and February, March and April, 2021. (average monthly gross sales in February, March, and April of 2021 must be at least 15% less than the average monthly gross sales in 2019). Funds/payments due in the future, but not yet collected, are not considered loss of sales.
- Must disclose all funds received, or applied for and not yet received, for COVID-19 related assistance and the exactly how these funds were used. (Finance Authority of Maine (FAME) COVID-19 Relief Loan Programs; Small Business Administration: Paycheck Protection Program (PPP); Economic Injury Disaster Loans (EIDL) etc.)
- Must submit a complete list of all owners if more than one (1) and current W-9.

IV. PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:

U.S.C. Title 18, Sect. 1001 provides: "Whoever, in any matter within the jurisdiction of any agency or department of the United States knowingly and willfully falsifies or makes false or fictitious or fraudulent statements or representations, or makes or uses any false writing or document, knowing the same to contain false, fictitious, or fraudulent statements or entries shall be fined not more than \$10,000 or imprisoned not more than 5 years".

This application and documents associated with it may be subject to disclosure under Maine's Freedom of Access Act in the event of a public records request except to the extent the documents are confidential.

If you have any questions regarding this application or associated documents call (207)992-4280.

Owner Signature: _____ Date: _____

For Office Use Only:

Date Received:	Application Number:
Approved:	Declined: