



Quaboag Valley Community Development Corporation
 23 West Main Street, Ware, MA 01082
 413-967-3001 FAX: 413-967-3008

MINI GRANT APPLICATION
 For Businesses with Fewer Than 20 Employees

Name _____ Title _____ Phone(s) _____
 Business Name _____ Email _____ FAX _____
 Business Address _____ Zip _____

Determine which category you qualify for (must meet all of the conditions under that category and attach documentation):

- Established Business**
- > 1 year in business
 - DBA certificate or incorporation
 - Fed. ID# if employees
 - One of the following:
 - Proof of tax returns within past three years; or
 - Proof of employing at least one full time equivalent employee

- Start-Up Business**
- < 5 years in business
 - DBA certificate or incorporation
 - Fed. ID # if employees
 - Evidence of business activity through internal financial reports

- Pre-Venture**
- Planning stage
 - Have definite business idea
 - No actual business activity

Grant Amount: up to \$750.00

Staff Certification:

Grant Amount: up to \$500.00

Staff Certification:

Grant Amount: up to \$300

Staff Certification

What will we pay for? Grants are intended to increase the capacity of the business by providing professional services, education or training. Grant funds are not intended for equipment, supplies, purchases, employees or other ongoing business expenses. Grants will be paid directly to Vendors (consultants or trainers) after they sign a three-way agreement among you, the consultant and the QVDC and complete the work to your satisfaction. The QVDC will pay no more than \$75/hour for services. You are encouraged (but not required) to supplement this QVDC grant with your own funds, if needed, to complete your project. Funds are limited and treated on a first-come, first-served basis, provided all documentation, proposals and contracts are in place in a timely fashion (see 30 day policy, page 2). QVDC reserves the right to deny applications not meeting these criteria or not providing complete documentation of eligibility before program funds expire.

2. State the work that needs to be done: _____

3. How will this help your business: _____

4. Identify your consultant -- Choose a, b, c or d

a. I will choose my own I have already contacted this consultant

b. Requested Assistance	Preferred Consultant Name and Contact Information	# hours proposed	Cost Estimate (if available)
_____	_____	_____	_____

c. If available, please provide me with a list of consultants in this field

d. Please contact me to discuss options.

5. Last Step: Authorize Contract

We need to establish an agreement between you and your preferred consultant. Once you have identified your consultant, we will send you a simple one-page proposal which both you and your consultant must sign. By signing this, you both agree to the proposed work including the final cost and amount of time. If the cost exceeds our grant, you must pay the difference directly to the consultant yourself. We do not certify consultants however we do require that consultants show proof of competency when applicable (e.g., license, certification), proof of workers' compensation insurance, if applicable, and complete a W9 form for tax purposes.

Please initial on the line provided:

____I understand that all information provided by the QV CDC or an independent consultant may be accepted or rejected at my discretion at any time. I agree to hold the Quaboag Valley CDC (QV CDC), any third party representative and/or independent consultant harmless against any liability, loss or damage cause by or arising from the use of any and all information or materials furnished by the QV CDC, representative and/or independent consultant in connection with my participation therein

____I certify that all of the information provided in this application is true and correct to best of my knowledge. I further understand the information that I provide may be verified by a third party and it may be used to determine eligibility for program services.

____I certify that I/ am over 18 years of age, that I agree to the terms and conditions of this application and that I am responsible for ensuring that the work for which I may be deemed eligible is completed in a timely manner.

____By submitting this application, I agree to provide QV CDC and it's funders with follow up reports and/or surveys about my business.

____I give my permission to the Quaboag Valley Community Development Corporation (QV CDC) to use my name, the name of my business/organization, and/or my picture or a picture of my business or organization for the purpose of promoting their programs, reporting on their programs, or securing additional funds for their programs.

Signed: _____ **Title:** _____ **Date:** _____

----- **POLICIES** -----

Our 30-day Policy: In an attempt to move projects along and to share grant resources among as many businesses as possible, we have instituted the following policy;

- 1.** Incomplete applications will be allowed 30 days to provide all application documentation.
- 2.** Completed (certified eligible applications) will be allowed 30 days *from certification notice* to identify a consultant.
- 3.** All 3-way contracts among business, consultant and QV CDC will be allowed 30 days for completion. After that, contracts will be terminated, barring pre-approved circumstances.

Remaining Grant Policy: Businesses that have completed a contract but have not used up the maximum allocation for the business category (\$750, \$500 or \$300), may return to the end of the certified eligible applications queue and be in line for additional assistance, if funding persists.

The Quaboag Valley CDC/BAC is an equal opportunity lender and provider and does not discriminate on the basis of age, color, disability, familial status, national origin, race, religion or sex

Questions? Please feel free to call the QV CDC (413-967-3001)