

Bristol County Economic Development Consultants Small Business Stabilization Loan/Grant Fund

BACKGROUND: The Bristol County Economic Development Consultants (BCEDC) established this loan/grant fund assistance program with funding provided by the City of Fall River Community Development Agency through the Community Development Block Grant (CDBG) Program, Catalog of Federal Domestic Assistance (CFDA) Number 14.218, Grant Number B-20-MW-25-0007 under Title I of the Housing and Community Development CHCD Act of 1974, as amended, Public law 93-383, governed by 24 CFR Part 570. This loan/grant fund is intended to assist small businesses impacted by COVID19. Businesses with less than 500 employees and less than \$5 million in revenues are eligible to apply. Under the Small Business Stabilization Loan/Grant Fund (SBSLG). BCEDC will provide funding up to \$50,000 which can be used for working capital, machinery, equipment, furnishing and fixed assets.

FEES: BCEDC charges a \$20 Credit Check Fee for any Owner with more than 20% ownership
BCEDC charges a \$250 application fee upon application submittal (non-refundable)
BCEDC charges a 2% origination fee at closing for all loans (non-refundable)
Legal fees are 1% of the loan plus recording fees

ELIGIBLE BUSINESSES: Business MUST be located within Fall River.

- Manufacturing
- Retail
- Wholesale
- Service
- Non Profit Child Care Centers
- Other Commercial/Industrial

LOAN COLLATERAL: All appropriate business assets and personal assets as BCEDC deems necessary to sufficiently secure the loan. All loans will be personally guaranteed by all principals with 20% or more ownership.

MANAGEMENT CAPACITY: The business must demonstrate management capacity and/or willingness to accept close consultation and assistance throughout the life of the loan.

TERMS AND JOB REQUIREMENTS: The Small Business Stabilization Loan/Grant Fund Program will consist of a maximum loan/grant of \$50,000, a 6 year term with a 1% interest only rate for Years 1-3. At the end of the three years the loan principal will convert into a 50% grant so long as the business retains or creates a minimum of two low and moderate income persons for loans less than \$35,000 or three full time jobs for low and moderate income persons for loans \$35,000 and above. The remaining 50% loan principal will be termed out for the remaining three year period at 3% and will require documented job creation/retention.

In the event that the borrower fails to retain and/or create the stipulated amount of jobs for low and moderate income persons within the initial three year loan term, the loan/grant will be terminated and borrower will be required to repay the loan/grant in full.

Businesses will be required to report to the BCEDC on a semi-annual basis regarding job creation/retention activities. Failure to submit job report information will cause a loan default and the entire loan/grant will be due immediately.

GEOGRAPHIC COVERAGE: Small businesses located within the City of Fall River.

ACCEPTABLE USES OF LOAN PROCEEDS: Working capital and purchase of equipment, furniture, machinery, supplies and materials.

NON-ACCEPTABLE USES OF LOAN PROCEEDS: Repayment of delinquent real estate, sales or withholding taxes, repayment of personal investment in business.

PROCESS: BCEDC has a Loan Review Committee which typically meets during the first week of the month to review and process loan applications. Normally it takes approximately 30 days or less once a complete loan application is submitted to obtain a loan determination. Following a favorable loan determination the Loan Review Committee's decision will be presented to the full BCEDC Board of Directors for ratification at their monthly meeting, which is held the second week of the month. If the loan is approved by the Board of Directors the loan client will receive a series of documents for review and execution including a commitment letter and memorandum of agreement. Once these documents are executed and returned to BCEDC, BCEDC will contact legal counsel to schedule a closing. Closings can typically be scheduled within a week from the date the above-mentioned documents are returned; however, it is subject to legal counsel's availability.

All of the information submitted for our review must be signed and dated. Please contact the Bristol County Economic Development Consultants (BCEDC) with any questions or comments at 508.324.2620.

* Disclaimer: This loan program and any specific loans are contingent upon the availability of funds. If at any time this funding source is depleted, this loan program and any commitments to fund specific loans may become null and void.

FOR MORE INFORMATION CONTACT

Bristol County Economic Development Consultants
139 South Main Street, Suite 400
Fall River, MA 02721-5354
Tel: 508.324.2620
Fax: 508.677.2840

BCEDC STAFF

Attorney Kenneth Fiola, Jr.
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**BRISTOL COUNTY ECONOMIC DEVELOPMENT CONSULTANTS
LOAN APPLICATION**

LOAN APPLICATION INSTRUCTIONS:

- Complete and sign all forms:
 - Application Form
 - DUNS Number
 - Credit Authorization Form
 - Statement Detailing Loss of Income Caused by COVID19
 - Personal Financial Statement
 - Use of Loan/Grant Proceeds
 - Assurances
 - Resolution of the Board of Directors*
 - Miscellaneous Info
 - Job Creation and/or Job Retention Forms
 - Authorization for Verification of Information
 - Memorandum of Agreement

- Include the past three years corporate, federal and state tax returns
- Include your own personal tax return for past three years
- Evidence that all City, State and Federal Taxes are current
- Copies of all licenses and permits necessary to operate*
- Certificate of Corporate Existence (provided by the Secretary of State, MA)*
- Certificate of Good Standing (provided by the Secretary of State, MA)
- Articles of Organization / Incorporation (Certified by Secretary of State, MA)
- Partnership Agreement / Documentation*
- Evidence of Sole Proprietorship / Ownership (attach Scheduled C)*
- Appraisals (or other acceptable proof of collateral value)*
- Copy of business lease*
- Executed Landlord Consent and Waiver Form*
- Return all of the above information as soon as possible, please call immediately with questions.

*If applicable

SBSLG FUND APPLICATION

Bristol County Economic Development Consultants (BCEDC)

\$250.00 Application fee

Date _____

The undersigned hereby submit(s) application for a loan in the amount of

_____ Dollars \$(_____)

For the purpose of _____

BUSINESS RECORD

- Corporation
- Partnership
- Proprietorship

Name of Business _____

Kind of Business _____ Telephone No. _____

Address _____
(Street) (City or Town) (State) (Zip)

E-Mail/Web Site _____

Year Business Established _____ Annual Rent \$ _____ Lease Expires _____

Business Checking Account _____
(Name of Bank)

PRINCIPALS

Name _____ Date of Birth _____

Residence _____ S.S. No. _____

Residence Telephone No. _____ Number of years at present residence _____

Number of Dependents _____

Previous Residence _____

Checking a/c (bank) _____ Title of account _____

Balance \$ _____

Savings or Cooperative a/c (bank) _____ a/c no. _____

Balance \$ _____

Real Estate Owned _____ Date Purchased _____

Mortgage held by _____

Cost \$ _____ Valuation \$ _____ Original Mortgage \$ _____ Present Balance \$ _____

Monthly Payments \$ _____ Rental Income \$ _____

Life Insurance: Face Amount Carried \$ _____ Cash Value \$ _____

Subject to Loan of \$ _____

Other Assets: Securities, Market Value \$ _____ Auto (Make & Years) _____

The Lender is hereby authorized to make any investigation, permitted by law, of my credit history.

Signed: _____ Date: _____

EMPLOYMENT INFORMATION

NUMBER OF EMPLOYEES, INCLUDING YOURSELF, AT TIME OF APPLICATION

FULL TIME _____ PART TIME _____

JOB CREATION

NUMBER OF FULL TIME JOBS TO BE CREATED _____

TITLE OF FULL TIME JOBS OF TO BE CREATED _____

NUMBER OF PART TIME JOBS TO BE CREATED* _____

JOB RETENTION

NUMBER OF FULL TIME JOBS TO BE RETAINED _____

TITLE OF FULL TIME JOBS OF TO BE RETAINED _____

NUMBER OF PART TIME JOBS TO BE RETAINED* _____

*PART TIME EMPLOYEES ARE EMPLOYEES WHO WORK 29 HOURS OR LESS

DUNS NUMBER

As a result of using federal funds for this program, the Federal Government now requires all grant applications to obtain a Data Universal Numbering System (DUNS) number provided by Dun & Bradstreet. Assignment of the number is FREE and can be obtained by phone at 1.866.705.5711 or online at <http://fedgov.dnb.com/webform>. The phone process takes about 5-10 minutes and the online registration process may take a few days.

DUNS NUMBER: _____

CREDIT AUTHORIZATION FORM

(TO BE COMPLETED BY ALL OWNERS OR PARTNERS WITH 20% OR MORE OWNERSHIP)

NAME:

ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY #:

NAME:

ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY #:

I (We) authorize the Bristol County Economic Development Consultants or an agent thereof, to obtain any and all credit information required to process a loan under the Revolving Loan Fund.

Name

Date

Name

Date

Name

Date

Please do not leave any questions unanswered.

PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

Name _____ Date _____

Address _____

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named Lender, for claims and demands against the under signed submits the following as being a true and accurate statement of the undersigned's financial condition on the preceding date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against the undersigned, the undersigned will immediately and without delay notify the said Lender, and unless the Lender is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business.

ASSETS					LIABILITIES				
Cash on hand and in Banks					Notes payable to Banks - Secured				
U.S. Government Securities - see schedules					Notes payable to Banks - Unsecured				
Listed Securities - see schedules					Notes payable to relatives				
Unlisted Securities - see schedules					Notes payable to others				
Accounts and Notes Receivable Due from relatives and friends					Accounts and bills due				
Accounts and Notes Receivable Due from others - good					Unpaid income tax				
Accounts and Notes Receivable Doubtful					Other unpaid taxes and interest				
Real Estate owned - see schedule					Real Estate Mortgages Payable - see schedule				
Real Estate Mortgages Receivable					Chattel Mortgages and other Liens payable				
Automobiles and other Personal Property					Other debts - itemize				
Cash Value - Life Insurance									
Other Assets - itemize									
					TOTAL LIABILITIES				
					NET WORTH				
TOTAL ASSETS					TOTAL LIABILITIES & NET WORTH				

NOTICE: Do not include any income from Alimony, Child Support or Separate Maintenance Payments, unless you desire the Lender to rely upon such income.

SOURCES OF INCOME	PERSONAL LIABILITIES
Salary \$	Date of Birth _____ S.S. Number _____
Bonus and Commission \$	
Dividends \$	Business or Occupation _____
Real Estate Income \$	Partner or Officer in any other venture _____
If Alimony, Child Support or Separate Maintenance Payments is included as Income, please advise how received <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Agreement	Number of Dependents _____

Other Income - Itemize (Do not include any income from Alimony, Child Support or Separate Maintenance Payments, \$ Unless you desire the Lender to rely upon such income.

TOTAL

Is any of the Income in the above section likely to be reduced before the credit requested would be paid off? No Yes If Yes, Explain:

(COMPLETE SCHEDULES ON NEXT PAGE)

CONTINGENT LIABILITIES		GENERAL INFORMATION
As endorser, co-maker or guarantor	\$	Are my assets pledged? - see schedule
On leases or contracts	\$	Are you a defendant in any suits or legal actions?
Legal Claims	\$	
Provision for Federal Income Taxes	\$	Personal Bank Accounts carried at
State Income Taxes	\$	
Other special debt	\$	Are you now or have been involved in bankruptcy proceedings within the past 14 years? Explain:

SCHEDULE OF U. S. GOVERNMENTS, STOCKS AND BONDS OWNED			
No. of shares or Face value (Bonds)	Description	In name of	Market value

SCHEDULE OF REAL ESTATE MORTGAGES RECEIVABLE				
Description of Property covered	Date of Acquisition	In name of	Amount	Maturity

SCHEDULE OF REAL ESTATE OWNED						
Description of property and improvements	Date Acquired	Title in name of	Cost	Market Value	Mortgage	
					Amount	Maturity

SCHEDULE OF LIFE INSURANCE CARRIED, INCL. N.S.L.I. AND GROUP INSURANCE				
Amount	Name of Company	Name of Beneficiary	Cash Surrender Value	Loans

SCHEDULE OF ASSETS PLEDGED		
Description	Value	To Whom Pledged

(COMPLETE SCHEDULES ON NEXT PAGE)

GIVE NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED			
Name	Date		Basis

I hereby certify that the facts set forth in this Personal Financial Statement are true and complete to the best of my knowledge. The Lender is hereby authorized to make any investigation, permitted by law, of my credit history.

Signed under the penalties of perjury this _____ day of _____, 20_____

Signature

USE OF LOAN/GRANT PROCEEDS

Land Acquisition	\$ _____
Land Improvement	_____
Purchase and/or Remodel Existing Building	_____
New Construction	_____
Purchase and/or Repair of Machinery/Equipment	_____
Purchase of Furniture or Fixtures	_____
Working Capital	_____
Other	_____
Total Loan Requested	\$ _____

Summary of Collateral Coverage

Explain Collateral to be used _____

Value offered to Bristol County Economic Development Consultants

Market value of assets as collateral for loan	\$ _____
Less: Prior Liens	_____
Equals: Value of Assets Available to BCEDC	_____

Bristol County Economic Development Consultants

Less: Amount of Loan	\$ _____
Equals: Collateral in Excess of Loan Amount	_____

Asset Coverage Ratio

Assets Available to BCEDC	\$ _____
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ASSURANCES

The applicant gives assurance of compliance with the Title VI of the Civil rights Act of 1964, as amended. The Act prohibits discrimination on grounds of race, sex, color, religion, marital status, handicap, age or national origin.

The applicant further gives assurances that:

The applicant will comply with Federal and State air and water regulations and obtain all necessary permits and certifications for all environmental requirements.

The applicant warrants that all Federal, State and Municipal tax liabilities are current, and that no assets of the borrower are encumbered due to non-payment of taxes.

The funding of this Project will not result in the relocating of jobs from one labor area to another.

Flood Hazard Insurance will be obtained when needed.

The applicant will insure accessibility to the handicapped for construction projects to which the public will have access.

The applicant is a citizen or legal resident of the United States.

The applicant will wherever possible give consideration for employment to the long-term underemployed and unemployed residing in this area.

I have read and given these assurances and affix my signature on this
_____ day of _____, 20 _____.

Signed: _____

Title: _____

RESOLUTION OF BOARD OF DIRECTORS

1. RESOLVED, that the Officers of the Corporation named below, or any one of them, or their, or any one of their duly elected or appointed successors in office, be and they are hereby authorized and empowered in the name and on behalf of this Corporation and under its corporate seal to execute and deliver to JOBS FOR FALL RIVER, INC. d/b/a Bristol County Economic Development Consultants, One Government Center, Fall River, MA in the form required by JOBS FOR FALL RIVER, INC., the following documents: (a) loan application, the total thereof not to exceed the amount of \$ _____, maturing on such date or dates and bearing interest at such rate or rates as may be prescribed by JOBS FOR FALL RIVER, INC.; (b) applications for any renewals or extensions of all or any part of such loan or loans and of any other loans, heretofore or hereafter made by JOBS FOR FALL RIVER, INC. to this Corporation; (c) the promissory note or notes of this corporation evidencing such loan or loans or any renewals or extensions thereof; and (d) any other instruments or agreements of this Corporation which may be required by JOBS FOR FALL RIVER, INC. in connection with such loans, renewals, and/or extensions; and that said officers in their discretion may accept any such loan or loans in installments and give one or more notes of this Corporation therefore, and may receive and endorse in the name of this Corporation any checks or drafts representing such loan or loans or any such installments;

2. FURTHER RESOLVED, that the aforesaid officers or any one of them or their duly elected or appointed successors in office, be and they are hereby authorized and empowered to do any acts, including but not limited to, the mortgage, pledge, or hypothecation from time to time with JOBS FOR FALL RIVER, INC. of any or all assets of this Corporation to secure such loan or loans, renewals and extensions, and to execute in the name and on behalf of this Corporation and under its corporate seal or otherwise, any instruments or agreements deemed necessary or proper by JOBS FOR FALL RIVER, INC., in respect of the collateral securing any indebtedness of this Corporation;

3. FURTHER RESOLVED, that any indebtedness heretofore contracted and any contracts or agreements heretofore made with JOBS FOR FALL RIVER, INC. on behalf of this Corporation, and all acts of officers or agents of this Corporation with said indebtedness or said contracts or agreements, are hereby ratified and confirmed;

4. FURTHER RESOLVED, that the officers referred to in the foregoing resolutions are as follows:

_____	_____	_____
(Printed Name)	(Title)	(Signature)
_____	_____	_____
(Printed Name)	(Title)	(Signature)
_____	_____	_____
(Printed Name)	(Title)	(Signature)

5. FURTHER RESOLVED, that JOBS FOR FALL RIVER, INC. is authorized to rely upon the aforesaid resolutions until receipt of written notice of any change.

SIGNED this _____ day of _____, 20 _____, by _____, its _____ duly authorized.

Name/Title

MISCELLANEOUS INFORMATION

Are Tax Liabilities Current? YES NO. If NO, please provide details on separate sheet.

Is the business an endorser, guarantor, or co-maker for an obligation not listed in the financial statements? YES NO. If YES, please list contingent liability on separate sheet.

Has the business or a principal owner ever declared bankruptcy? YES NO. If YES, please provide details on separate sheet.

Is the business or part in any lawsuits? YES NO. If YES, provide details on separate sheet.

Are any of the business's assets encumbered by lines or attachments of any type? YES NO. If YES, please provide the following information:

What _____ By Whom _____ Amount _____

What _____ By Whom _____ Amount _____

What _____ By Whom _____ Amount _____

Does the business have a pension fund? YES NO

Does the business have a profit sharing plan? YES NO

Are you a US Citizen or lawful permanent resident? YES NO

If you are a lawful permanent resident, please provide your Alien Registration Number:

Do you have any past due tax liabilities or tax liens (not as a result of the COVID19 pandemic)?

YES NO

If yes, please identify tax liability lien and amount:

JOB CREATION AND/OR RETENTION FORMS AND REPORTING

I, (WE), THE UNDERSIGNED HEREBY COMMIT TO CREATING AND/OR RETAINING A MINIMUM OF THREE (3) JOBS FOR LOW AND MODERATE INCOME PEOPLE FOR LOANS FROM \$35,000 TO \$50,000 AND TWO (2) JOBS FOR LOW AND MODERATE INCOME PEOPLE FOR LOANS FROM \$1,000 TO 34,999.

I, (WE), AGREE TO HAVE OUR EXISTING EMPLOYEES COMPLETE THE ATTACHED JOB RETENTION FORMS AND NEW HIRES TO COMPLETE THE JOB CREATION INTAKE FORM AND SUBMIT EITHER OF BOTH FORMS TO BCEDC AS PART OF THIS APPLICATION.

I, (WE), AGREE TO CREATE THE NEW JOBS STATED WITHIN FIRST FIFTEEN MONTHS FROM THE EXECUTION OF THE LOAN AND RETAIN A SPECIFIED MINIMUM OF TWO (2) OR (3) EXSITING JOIBS FOR THE TERM OF THE LOAN.

I, (WE) AGREE TO PROVIDE BC EDC WITH QUARTERLY LABOR STATUS REPORTS THROUGHOUT THE TERM OF THE LOAN.

I, (WE) ACKNOLWEDGE THAT FAILURE TO PROVIDE THESE FORM TO PROVIDE BC EDC WITH THESE FORMS WILL CAUSE A LOAN DEFAULT AND THE ENTIRE LOAN WILL BE DUE IMMEIDATELY.

PRINCIPAL'S SIGNATURE (i): _____

DATE: _____

PRINCIPAL'S SIGNATURE (ii): _____

DATE: _____

PRINCIPAL'S SIGNATURE (iii): _____

DATE: _____

PRINCIPAL'S SIGNATURE (iv): _____

DATE: _____

EMPLOYEE INCOME CERTIFICATION

JOB RETENTION

(To be filled out by employees)

DATE: _____

EMPLOYEE: _____

ADDRESS: _____

JOB TITLE: _____

PLEASE CIRCLE IF JOB IS FULL OR PART TIME? IF PART TIME, HOW MANY HOURS? _____

Please provide the information requested on this form so that we can verify to the Fall River Community Development Agency that your employment here is achieving the goals of the City of Fall River Community Development Program. The information will be placed in your **confidential** personnel file and is available to only a limited number of company officials. This information is also subject to verification by the Fall River Community Development Agency.

Thank you.

STEP 1: CIRCLE THE SIZE OF YOUR FAMILY AND FAMILY INCOME. COUNT YOURSELF AND ALL FAMILY MEMBERS LIVING AT HOME.

CIRCLE FAMILY SIZE CIRCLE INCOME

Family Size	Low Income 80%	Other Income 60%	Very Low Income 50%	Extremely Low Income 30%
1	40,800	30,600	25,500	15,300
2	46,600	34,980	29,150	17,500
3	52,450	39,360	32,800	19,700
4	58,250	43,680	36,400	21,850
5	62,950	47,220	39,350	23,600
6	67,600	50,700	42,250	25,350
7	72,250	54,180	45,150	27,100
8	76,900	57,660	48,050	28,850

6/1/16

STEP 2: PLEASE CIRCLE ABOVE OR BELOW IN THE FOLLOWING QUESTION:

PRIOR TO YOUR EMPLOYMENT, WAS YOUR FAMILY'S TOTAL ANNUAL INCOME **ABOVE** OR **BELOW** THE AMOUNT FOR YOUR FAMILY SIZE AS STATED ABOVE?

STEP 3: A. PLEASE INDICATE YOUR RACIAL GROUP

Ethnic Category	Total Persons	#Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

B. SEX: ___ MALE ___ FEMALE

C. ARE YOU A FEMALE HEAD OF HOUSEHOLD? ___ YES ___ NO

D. ARE YOU A PERSON WITH A DISABILITY? ___ YES ___ NO

ARE YOU ENROLLED IN AN EMPLOYER SPONSORED HEALTH PLAN: ___ YES ___ NO

STEP 4: PLEASE COMPLETE.

NAME: _____

SIGNATURE: _____ DATE OF HIRE: _____

PRIOR TO YOUR EMPLOYMENT, WERE YOU REFERRED TO THIS
JOB BY THE FALL RIVER CAREER CENTER? ___ YES ___ NO

THANK YOU FOR YOUR HELP!

EMPLOYEE INCOME CERTIFICATION

JOB CREATION INTAKE FORM

(To be filled out by each new employee)

DATE: _____

EMPLOYEE NAME: _____

ADDRESS: _____

JOB TITLE: _____

PLEASE CIRCLE **FULL** OR **PART TIME** POSITION.

IF PART TIME HOW MANY HOURS PER WEEK? _____

ARE YOU ENROLLED IN AN EMPLOYER SPONSORED HEALTH PLAN: ___ YES ___ NO

Please provide the information requested on this form so that we can verify to the Fall River Community Development Agency that your employment here is achieving the goals of the City of Fall River Community Development Program. The information will be placed in your **confidential** personnel file and is available to only a limited number of company officials. This information is also subject to verification by the Fall River Community Development Agency.

Thank you.

STEP 1: CIRCLE THE SIZE OF YOUR FAMILY AND FAMILY INCOME. COUNT YOURSELF AND ALL FAMILY MEMBERS LIVING AT HOME.

CIRCLE FAMILY SIZE

CIRCLE INCOME

Family Size	Low Income 80%	Other Income 60%	Very Low Income 50%	Extremely Low Income 30%
1	40,800	30,600	25,500	15,300
2	46,600	34,980	29,150	17,500
3	52,450	39,360	32,800	19,700
4	58,250	43,680	36,400	21,850
5	62,950	47,220	39,350	23,600
6	67,600	50,700	42,250	25,350
7	72,250	54,180	45,150	27,100
8	76,900	57,660	48,050	28,850

6/1/16

STEP 2: PLEASE CIRCLE ABOVE OR BELOW IN RESPONSE TO THE FOLLOWING QUESTION:

PRIOR TO YOUR EMPLOYMENT, WAS YOUR FAMILY'S TOTAL ANNUAL INCOME **ABOVE** OR **BELOW** THE AMOUNT FOR YOUR FAMILY SIZE AS STATED ABOVE?

STEP 3: A. PLEASE INDICATE YOUR RACIAL GROUP

Ethnic Category	Total Persons	#Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

B. SEX: ___ MALE ___ FEMALE

C. ARE YOU A FEMALE HEAD OF HOUSEHOLD? ___ YES ___ NO

D. ARE YOU A PERSON WITH A DISABILITY? ___ YES ___ NO

E. ARE YOU CURRENTLY UNEMPLOYED OR HAVE BEEN UNEMPLOYED FOR THE LAST SIX MONTHS ___ YES ___ NO

STEP 4: How did you hear about JOB

- Job Posting at Fall River Career Center
- Job Posting at Housing Authority
- Website of Social Media Outlet
- Job Posting in Local Newspaper
- Other _____

STEP 4: PLEASE COMPLETE.

NAME: _____

SIGNATURE: _____ DATE OF HIRE: _____

PRIOR TO YOUR EMPLOYMENT, WERE YOU REFERRED TO THIS JOB BY THE FALL RIVER CAREER CENTER? ___ YES ___ NO

AUTHORIZATION FOR VERIFICATION OF INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING:

The information contained in this statement is provided to BC EDC to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that BC EDC is relying on information provided herein in deciding to grant credit or guarantee thereof. Each of the undersigned warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify BC EDC immediately and in writing of any changes in name, address, or employment and of any material adverse change in (i) any information contained in the statement; (ii) any financial condition of the undersigned; and (iii) in the ability of any of the undersigned to perform its (or their) obligations to the BC EDC. In absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify BC EDC as required above, or if any of the information herein should be inaccurate or incomplete in any material respect, BC EDC may declare the indebtedness immediately due and payable. By signing below, you authorized BC EDC to make or have made any credit, employment or investigation inquiry that BC EC deem appropriate. As long as any obligation of the undersigned to the BC EDC is outstanding, the undersigned will supply financial and job creation/retention information to the BC EDC as requested.

PRINCIPAL'S SIGNATURE (i): _____

DATE: _____

PRINCIPAL'S SIGNATURE (ii): _____

DATE: _____

PRINCIPAL'S SIGNATURE (iii): _____

DATE: _____

PRINCIPAL'S SIGNATURE (iv): _____

DATE: _____

MEMORANDUM OF AGREEMENT

In consideration of the lending assistance made available through Jobs for Fall River, Inc., d/b/a the Bristol County Economic Development Consultants (BC EDC), via one of the following loan funds: the Economic Development Administration Loan Revolving Loan Fund, SBA Microloan Loan Program, the Covid 19 Small Business Stabilization Loan Fund or other non-federal loan funds,

I hereby certify that:

1. _____ will create ___ full time employment position(s) within fifteen months form the execution of the loan and/or retain ____ full time employment positions for the entire term of the loan. All new positions created will be made available to individuals with low and moderate income levels. All reported retained potions will be held by individual with low and moderate income levels.
2. _____ will utilize the Federal Employment Services and local Career Center and WIB organization as a source of job referrals.
3. _____ will, to the extent needed, utilize appropriate job training programs for new hires to prepare low/moderate income (LMI) persons for jobs regarding special skills or education.
4. _____ will cooperate with BC EDC monitoring efforts to verify compliance with procedures established to provide LMI persons with first consideration for jobs. Mastery School of Learning will further recognize and acknowledge BC EDC's right to monitor hiring practices, to verify income levels of applicants and to review records.
5. _____ will provide BC EDC with a listing of permanent job titles of jobs to be made available to LMI individuals.
6. _____ will inform BC EDC as to which jobs, if any, will require specialized training or skills;
7. _____ will provide BC EDC with a new Personnel Data Sheet on each applicant considered and/or hired for an employment opportunity in the form provided by BC EDC attached hereto.
8. _____ will inform BC EDC as to which jobs, if any, will require specialized training or skills.

PRINCIPAL'S SIGNATURE (i): _____
DATE: _____

PRINCIPAL'S SIGNATURE (ii): _____
DATE: _____

LANDLORD'S CONSENT AND WAIVER OF LIEN

Premises:

Tenant:

In consideration of Jobs for Fall River, Inc., extended financial accommodations to _____ for which Tenants have executed personal Guarantees, the undersigned, being the owner and landlord of the above described premises, hereby agrees to waive any claim against, lien upon or security interest in the equipment described in the Security Agreement, dated _____, attached or to be attached to the aforesaid premises and in which Jobs for Fall River, Inc., its successors and/or assigns may have a security interest, but also to waive any claim against or lien upon equipment which may hereafter be described in a Security Agreement attached to or hereafter to be attached to the aforesaid premises until such time as all moneys due on such Security Agreement shall have been paid in full.

The Landlord further agrees to interpose no objections to the entry by Jobs for Fall River, Inc., its successors and/or assigns, upon said premises for the purpose of removing said equipment in the event of default by the tenant under the provisions of said Security Agreement.

Signed and sealed on behalf of the successors and assigns of the undersigned this _____ day of _____ 20.

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, SS.

FALL RIVER _____, 20

On _____, 20 _____ before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which was a current Driver's License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

Notary Public
My commission expires: _____