

# Concord-Carlisle Community Chest Concord Together Business Fund Grant Application 2020

REQUEST for PROPOSALS

For a BLANK VERSION of this FORM, please visit <https://www.ccommunitychest.org/apply-for-a-concord-together-business-grant/>  
and look for "Concord Together Business Fund - PDF Form" .

Please contact us with any questions about the application process at:  
[info@ccommunitychest.org](mailto:info@ccommunitychest.org) or 978-369-5250

\* Required

1. Email address \*

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Concord Together Business Grant Program is a short term emergency relief program to aid distressed businesses in the Concord area. By completing this application, the business owner affirms that their business does not have the adequate resources from its own assets, conventional financing, or insurance to recover from COVID-19 pandemic.

**Funds may be used toward the following:**

- Physical reconfiguration for store fronts to comply with COVID-19 guideline requirements
- Personal Protective Equipment
- Rent abatement
- Other operational support, ie. workforce payroll, utilities, improving ecommerce capabilities

Completed applications will be accepted on a rolling basis.  
The grant contact will be notified for further questions and regarding grant decisions.

**Submission and Grant Reporting Requirements**

- Submission of prior 12-month revenue and expense statement;
- Proposed budget specifying how grant funds will be used;
- Submission of historical Business Information
- Submit a post-grant report to include a one-page update 6 months following grant award or once funds are expended. Includes financial report.

**Business Overview**

2. Business Name \*

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3. Mailing Address \*

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4. Town \*

*Mark only one oval.*

Concord

Carlisle

5. Zip Code \*

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6. Website

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7. Primary Contact Name \*

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8. Primary Contact Title \*

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9. Primary Contact Phone \*

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10. Primary Contact E-mail \*

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## Business Information

11. Business Description \*

Describe the type of business, services and/or products you provide.

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12. Operations during COVID-19 closure

Please describe how your business has functioned since March. Did you close completely, offer curbside pick up, delivery services, take-out, or any other methods.

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13. How many employees does your business typically staff during a year? \*

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14. How many people are currently on staff?

*Check all that apply.*

	Full time	Part time
0-5	<input type="checkbox"/>	<input type="checkbox"/>
5-10	<input type="checkbox"/>	<input type="checkbox"/>
10-12	<input type="checkbox"/>	<input type="checkbox"/>
12-15	<input type="checkbox"/>	<input type="checkbox"/>
15-20	<input type="checkbox"/>	<input type="checkbox"/>
More than 20	<input type="checkbox"/>	<input type="checkbox"/>

15. How many years have you been in business in Concord? \*

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16. Do you want to save your results and quit for now? \*

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will not submit your application but send you a link to your Saved draft application.

*Mark only one oval.*

Yes

No

## Funding Request

17. Description of Need \*

Why do you need these grant funds?

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18. Describe in detail the specific services the funding will support. How will these funds help your business? \*

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19. How will you use these funds? \*

*Mark only one oval.*

- Physical reconfiguration to comply with COVID-19 guidelines
- Personal Protective Equipment
- Rent abatement
- Other operational support, ie. workforce payroll, utilities, improving ecommerce capabilities

20. Amount Requested \*

Enter Numbers only, no symbols. Maximum request is \$4,000.

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21. If you do not receive these funds, how would your business be impacted?

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22. Annual Budget (Gross Income) \*

You can pull this from your taxes. Enter Numbers only, no symbols.

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23. Annual Budget (Gross Expenses) \*

You can pull this from your taxes. Enter Numbers only, no symbols.

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24. Please list other financial sources of support you have received and amounts. Including PPP, EIDL, grants.

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25. What is your revenue change from 2019 to 2020 YTD? Use percentage only.

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26. How many months of operating expenses do you have in reserve?

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27. Do you want to save your results and quit for now? \*

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will not submit your application but send you a link to your Saved draft application.

*Mark only one oval.*

Yes

No

## Annual Budget

Please submit your top line operating budget (gross revenues and gross expenses) broken into broad categories. Be sure to note specifically how these grants funds would be used to help your business.

If you do not have a detailed budget, please use this template:

<https://www.cccommunitychest.org/wp-content/uploads/2020/06/Business-budget-template.xlsx>

SEND BUDGET TO: [info@ccccommunitychest.org](mailto:info@ccccommunitychest.org) with Subject Line "Business Name- Budget"

28. Do you want to submit your answers? \*

*Mark only one oval.*

Yes, I want to submit my form.

No, I need to review my answers.

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