

**CITY OF EVERETT**  
Office of the Mayor

**Carlo DeMaria**  
Mayor



**Everett City Hall**  
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Everett, MA  
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**City of Everett Grant Program**  
**Supporting Women and Minority Owned Businesses**

The City of Everett is awarding a total of \$100,000 for a grant program for small minority-owned businesses and small women-owned businesses. Both types of business must have between 6 to 50 employees and have been impacted by the COVID-19 pandemic to be eligible. Non-profit organizations that are dedicated to supporting socially and economically disadvantaged Everett residents may also apply.

Eligible Everett businesses and organizations may apply for a grant of up to \$10,000. Applications will be accepted until November 30, 2021. In effort to support as many businesses and organizations as possible, the City reserves the right to award less than the grant amount requested. Please complete the following information.

\* indicates a response is required. Completed applications may be emailed to: [Everett.Mayor@ci.everett.ma.us](mailto:Everett.Mayor@ci.everett.ma.us). Please include the word "**Grant**" in the subject line. Or you may mail your completed application to:

**Women and Minority Owned Business Grant Program**  
**c/o Office of Mayor DeMaria**  
**484 Broadway**  
**Everett, Massachusetts 02149**

**Business or Organization Information**

• Business Name: \*

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• DBA or (Trade Name):

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• Business Email: \*

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• Business Phone Number: \*

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• Cellphone Number for Business Representative:

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• Business Address: \*

Street Address: \_\_\_\_\_

Street Address *Line 2*: \_\_\_\_\_

City State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

• Applying as: \* (circle one)

Sole Proprietor Partnership LLC Independent Contractor S-Corp C-Corp Nonprofit Other

• EIN (Tax Id Number): \* \_\_\_\_\_

(Please enter your SSN if you don't have an EIN)

• Business Start Date: \* \_\_\_\_\_

Date: \_\_\_\_\_

• Number of Employees: \* \_\_\_\_\_

• Type of Business: \* \_\_\_\_\_

Ex: Restaurant, Trucking, Health Care, etc.

For nonprofits, what is the mission of your organization? \_\_\_\_\_

• Did your business receive aid from any other programs related to COVID-19? \*

Yes No

• If yes, through what program did you receive funding?

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• When did you receive that aid?

Date: \_\_\_\_\_

• Please enter the amount you received.

Amount: \_\_\_\_\_

#### *Owner's Information*

• First Name, Last Name: \* \_\_\_\_\_

• E-mail: \* \_\_\_\_\_

• Mobile Phone Number: \* \_\_\_\_\_

• Percentage Ownership (%): \* \_\_\_\_\_

Please List Additional Owners with 20% or More Ownership Interest:

• Home Address: \* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business License or Certificate: Please provide a copy of your current business certificate or license issued by the City of Everett.

**Basis of Need**

• **How will you use the proceeds of funds?** If you receive a grant, you will be required to provide proof of the funds being used for the intended purpose.\* Examples of how funds may be used:

Payroll/ Operational Expenditure/PPE/ Health and Safety Improvements/Mortgage Payment/ Lease or Rent Payment/Property Damage/Utilities

Other: \_\_\_\_\_

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• **How has your business suffered as a result of the coronavirus pandemic?** Or, if applying as a non-profit organization, how are you helping disadvantaged members of the community during the pandemic?

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**Demographic Information:**

This funding opportunity is designed to provide relief to women and minority-owned small businesses in Everett or to non-profit organizations that support socially and economically disadvantaged community members.

The following information is requested to ensure that the City of Everett awards these grant funds to intended businesses and non-profits.

• Gender:

Female/ Male/Trans-Gender/Non-Binary/Prefer not to say

• Ethnic Origin: \*

Hispanic/Non-Hispanic

• Race (circle one): \*

Black or African American Latino/a/x or Hispanic Asian American Indian or Alaskan Native Hawaiian or Other Pacific Islander White Other

• Please check veteran status: (circle all that apply)

Veteran/ Currently Enlisted/None of the Above