



CITY OF SPRINGFIELD

Mayor Domenic J. Sarno

Downtown Dining District Fund



Loan Program Application

Please return complete application with application fee to:

Brian Connors
City of Springfield
Office of Planning & Economic Development
70 Tapley Street, Springfield, MA 01104
Phone: (413) 787-6020
E-mail: Bconnors@springfieldcityhall.com

INTRODUCTION

The City of Springfield Downtown Dining District Fund (DDDF) has been designed to attract and assist full service restaurants seeking to locate in Springfield's downtown dining district. It is the intent of this program to encourage and promote investment and job creation through financial assistance in the district. This program is capitalized by the City through the United States Department of Housing and Urban Development (HUD) Section 108 Loan Program. As such all applicants will be required to abide by all applicable HUD Section 108 rules and regulations.

The City of Springfield has recently undergone a significant amount of investment in its downtown including a new UMASS downtown facility, the New England Public Radio studio relocation, and the redevelopment of 1550 Main Street. Ongoing projects include the MGM Springfield \$950 million mixed use entertainment complex, the \$94 million Union Station renovation, a new Dr. Seuss Museum, and the Springfield Innovation Center. All of these major activities, and many others, have developed a need for a concentrated dining district in the center of Springfield's historic downtown. This Fund has been developed to help encourage that District's growth. A map of the district can be found in this application.

This Fund does not seek to relocate existing restaurants from one location to this district, rather it seeks to attract experienced restaurateurs who wish to open additional locations/concepts.

THE FUND/TERMS

The Fund has been established via a Section 108 Loan granted by the United States Department of Housing and Urban Development (HUD) to the City of Springfield, in the amount of \$1.5 million. The goal of the program is to stimulate the development and improvement of a minimum of 7 to 10 high-quality restaurant concepts within the targeted district. All use of funding must be compliant with HUD regulations, terms and conditions.

Applicants may apply for between **\$50,000 and \$200,000** to fund working capital, FF&E, M&E, and other physical improvements to new or existing restaurants in the district. Terms are flexible, however most loans will be structured to allow interest-only payments for up to two years, with principal and interests payments commencing in the second year of the loan according to a 10-year repayment term. The Loans will also carry a 20-year amortization with a balloon payment at the end of the 10-year term, depending on borrower needs. Interest rates will vary, however rates are expected to be very competitive, likely between 2%-4% depending upon market conditions.

Applicants will be expected to provide sufficient collateral and a personal guarantee to secure the loan. Applicants and its affiliated entities must also be fully compliant with City of Springfield Municipal Ordinances and be current on municipal and State taxes. The City of Springfield reserves the right to refuse any applicant on the grounds of non-payment of local, state, and federal fees and taxes and non-compliance with municipal ordinances. Program is dependent on availability of funds.

APPLICATION FEE

This application needs to be fully completed and submitted with a non-refundable fee of **\$100.00** by check made to "City of Springfield". The fee is non-refundable and will not be returned regardless of success or failure of application.

ELIGIBLE APPLICANTS

Any experienced restaurateur that proposes to add value to the restaurant climate of the target area. The DDDF program will seek to fund concepts that provide a lively mix of full service eateries for residents, students, and visitors. In and near the district there are already several existing full service restaurants, which will serve as anchors for additional restaurant development. The goal of the program is not to duplicate styles of existing restaurants in the district, but to add diversity to the existing mix. Existing full-service restaurants within the district that meet the criteria and are considering a significant investment may also apply to the fund. The fund will **not** consider loans to restructure existing debt or for improvements that have already occurred. The fund may consider other food-based businesses such as fresh/prepared food markets/delis, locally produced/developed food or beverage tasting facilities, and other unique concepts that would add significant value to the district.

INELIGIBLE APPLICANTS

The program will not consider applications from the following:

- National Chains
- Nightclubs
- Bars
- Fast Food/Discount Food
- Start-up concepts (no restaurant ownership experience from applicant team)
- Restaurants without full-service/wait staff
- Any establishment that derives less than 50% of its revenue from food sales
- Applications seeking to restructure debt or fund improvements that have already occurred

HOURS OF OPERATION

The fund seeks to encourage the development of unique full service restaurant concepts that will foster activity during the evening and on weekends in the district. As such, the Fund will only assist ventures that will commit to be open to the public no less than six (6) Days per week and a minimum of five (5) hours per day, and otherwise pledge to significantly meet the needs to visitors, residents, tourists and event attendees.

FOOD SALES REQUIREMENT

The fund will not finance bar/nightclub concepts, and will require a quarterly submittal of sales receipts, broken out for food and alcohol. In order to be in compliance with the loan terms, restaurants will need to remain over 50% of sales on food for the life of the loan term. Applicants not meeting this metric will be deemed in default. The fund may consider other food-based businesses - fresh/prepared food markets/delis, locally produced/developed food or beverage tasting facilities, and other unique concepts that would add significant value to the district.

STANDARDS OF QUALITY

The fund seeks to encourage the development of concepts that adhere to the highest standards of design and quality, in terms of design, space layout, finish detail, presentation, and product. In addition, any changes to the exterior of buildings must meet applicable standards including, when applicable, Urban Renewal Plan review.

The applicant must be able to convey to the Loan Review Committee a sense of what the finished restaurant experience will be like. This should be adequately conveyed through pictures, artist renditions, sample menu, and by other similar means. The City and Review Committee may elect to require the applicant work with the architects or other designers and consultants to further refine the proposed concept.

TARGET AREA

The program is focused to assist ventures seeking to locate, or are already located in Springfield's dining district, as defined in the enclosed map. Ventures must occupy or plan to occupy locations on the first floor of buildings. The City and review committee may elect to consider applicants near the boundaries, upper floors, or other circumstances on a case-by-case basis if a compelling case can be made for positive impact to the targeted district.

APPLICATION REVIEW PROCESS

Each application will first be reviewed by the DDDF Loan Review Committee according to the following criteria:

- Overall investment/leverage of additional funds
- Job Creation
- Project concept
- Impact on district (does it reactivate a vacant storefront, improve streetscape, etc.)
- Past experience/success of applicant

- Does it provide something the district doesn't already have

The expected review time for the DDDF Review Committee, once a complete application is submitted, is 30 days. Should the application be recommended for approval, it would then be sent to the DDDF Loan administrator for a thorough financial and credit review before proceeding to closing.

SUMMARY OF PROGRAM

Loan Range: \$50,000 - \$200,000

Application Fee: \$100 in the form of a check made to "City of Springfield" due at time of submittal, non-refundable.

Interest Rate: TBD at time of closing, generally fixed between 2%-4%.

Term: 10 years. Flexible options available including payments of interest-only for up to two years.

Use of Funds: Design, Construction, Equipment, Working Capital for full-service restaurants in dining district. Funds cannot be used to refinance existing debt or obligations or to fund items or activities that have already been purchased.

Eligibility Requirements: Experienced restaurateurs proposing to bring a new or substantial redevelopment of a full-service restaurant in the designated dining district. Loans will only be considered for food-based businesses (more than 50% sales of food products). The fund may consider on a case-by-case basis other food-based businesses - fresh/prepared food markets/delis, locally produced/developed food or beverage tasting facilities, and other unique concepts that would add significant value to the district.

Equity Match Requirements: Applicant should document a minimum match of 20% of the total project cost

Collateral: Collateral will be required in the form of the Borrower's real estate holdings, business assets, and personal guarantees of the business owner. The amount of the collateral required will be proportional to the amount of the loan requested.

Federal Requirements: The loan pool is funded via the HUD Section 108 Loan Program. As a result, the project is expected to fulfill basic requirements of the HUD/Section 108/Community Development Block Grant program, particularly as they relate to job creation goals, project impacts upon the environment, and the Davis/Bacon Act. It is the responsibility of the borrower to ensure that these requirements are met, and all applicable backup information is provided to the City of Springfield and its agents as requested. Throughout the term of the loan, the City of Springfield and/or its designated agent will monitor Borrower compliance with the terms of the Program. As part of this compliance the City of Springfield and/or its designated agent may inspect company records and payrolls for the limited purpose of ensuring compliance. Applicants will be expected to create a minimum of 1 full-time job (or FTE) for every \$50,000 of loan request.

Loan Closing: Should the loan be approved by the Loan Review Committee and financial review approval, the applicant will work with the City of Springfield and/or its designated agent to close on Loan. It is expected the applicant will pay all legal costs associated with the loan closing including any and all bank and financial institution fees for service.

Program Availability: Program is available based on availability of funds through the United States Department of Housing and Urban Development. The City of Springfield has the right to deny any application based on funding availability and/or any cause in the best interest of the city.

Please return complete application, required appendix forms, checklist, and application fee to:

Downtown Dining District Program

City of Springfield

Office of Planning & Economic Development

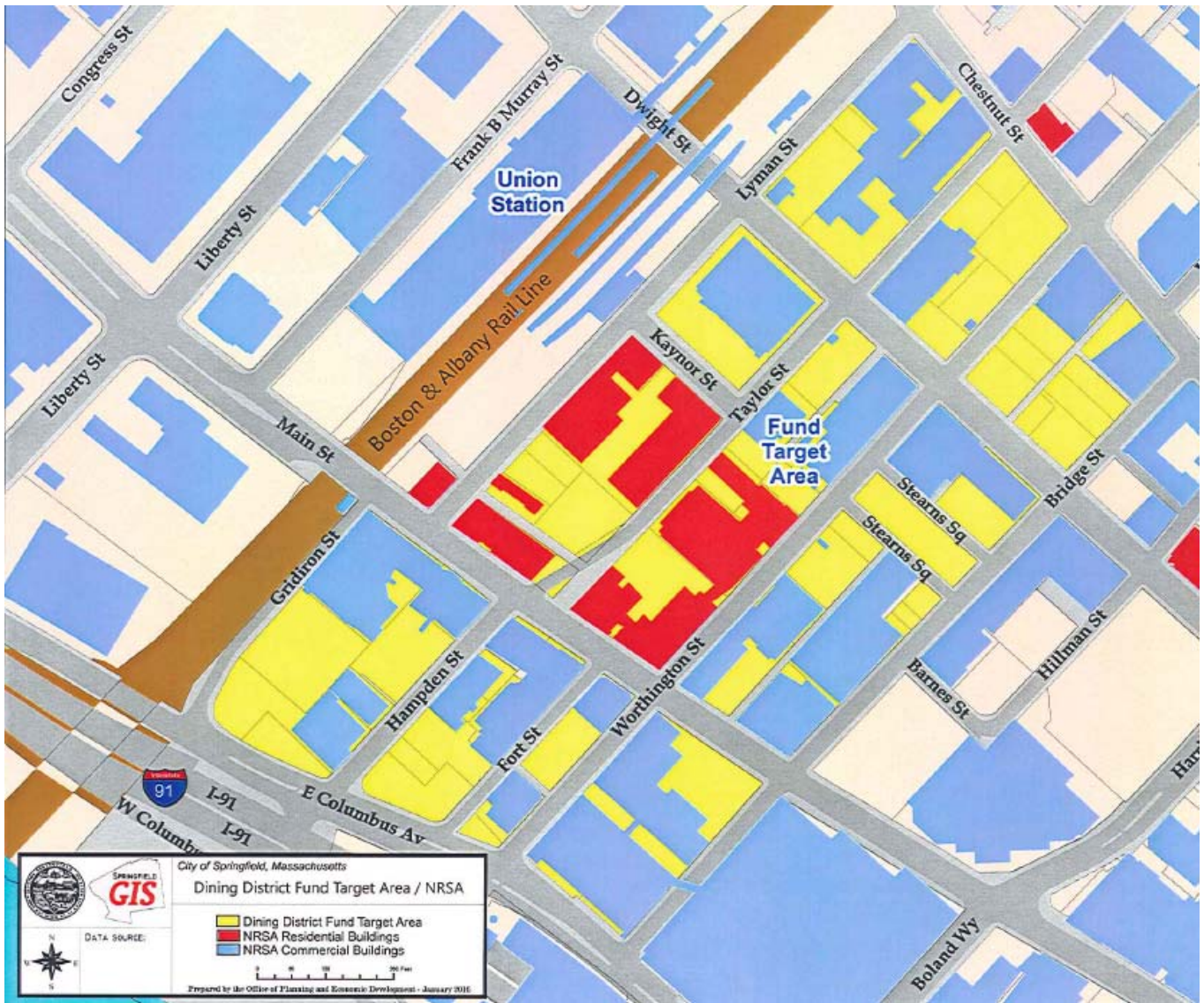
70 Tapley Street, Springfield, MA 01104

Phone: (413) 787-6020

E-mail: Bconnors@springfieldcityhall.com

DOWNTOWN DINING DISTRICT FUND MAP OF TARGET AREA

TARGET AREA: The Fund will consider applications for projects within the area detailed below, highlighted in yellow. The area is generally bounded by Chestnut Street to the East, Bridge Street to the South, East Columbus Avenue to the West, and Gridiron and Lyman Streets to the West.



**DOWNTOWN DINING DISTRICT FUND
LOAN PROGRAM APPLICATION**

DATE RECEIVED BY CITY (CITY TO FILL OUT): _____

APPLICATION CONTACT INFORMATION

NAME:

COMPANY NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

OFFICE PHONE:

CELL PHONE:

EMAIL:

PROPOSED PROJECT INFORMATION

1) PROPOSED RESTAURANT/BUSINESS NAME:

2) PROJECT ADDRESS: _____ SPRINGFIELD, MA

3) IS PROJECT LOCATED IN TARGET AREA (SEE MAP ABOVE): YES _____ NO _____

4) DESCRIBE TYPE OF BUSINESS (STYLE OF FOOD, PRICE POINTS, ETC.):

5) HAVE YOU ATTACHED A PROPOSED MENU TO THIS APPLICATION: YES _____ NO _____

6) HAVE YOU ATTACHED RENDERINGS/ARTIST SKETCHES OF THE PROPOSED PROJECT? YES _____ NO _____

7) PLEASE DESCRIBE EXPECTED ANNUAL SALES BREAKDOWN:

_____ % FOOD SALES

_____ % ALCOHOL SALES

_____ % ENTERTAINMENT

_____ % OTHER _____ (PLEASE DESCRIBE)

100% TOTAL

8) DO YOU UNDERSTAND THAT THIS PROGRAM REQUIRES A MINIMUM OF 50% SALES TO BE GENERATED FROM FOOD SALES, AT ALL TIMES, THROUGHOUT THE LIFE OF THE LOAN, AND THAT NON-COMPLIANCE WILL BE CONSIDERED AN ITEM OF DEFAULT? THIS WILL REQUIRE REGULAR REPORTING OF SALES INFORMATION TO THE CITY AND ITS AGENTS.

YES, I UNDERSTAND AND AGREE _____ NO _____

9) PLANNED HOURS OF OPERATION

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

10) WILL THIS BE A NEW CONCEPT FOR THE OWNERSHIP GROUP? YES _____ NO _____

11) PLEASE DESCRIBE (OR ATTACH RESUMES) APPLICANT EXPERIENCE IN RESTAURANT OWNERSHIP:

12) ARE YOU CURRENTLY WORKING WITH AN ARCHITECT? IF YES, PLEASE PROVIDE CONTACT INFORMATION:

13) WILL YOU OWN OR LEASE THE PROPOSED PROPERTY LOCATION?

14) WHAT ARE YOUR LEASE TERMS (Monthly cost, term dates, renewal options, etc.):

15) PLEASE PROVIDE PROPERTY OWNERS NAME AND CONTACT INFORMATION:

FUNDING REQUEST (Please attach contractor/equip estimates)

16) TOTAL ESTIMATED PROJECT COST (do not include property acquisition costs): \$

17) TOTAL BEING REQUESTED FROM THIS PROGRAM: \$

18) TOTAL BEING PROVIDED BY APPLICANT FUNDS ON HAND: \$

19) TOTAL BEING PROVIDED BY OTHER PRIVATE FINANCING: \$

20) BASIC BUDGET FOR DDDF LOAN REQUEST

<u>USE</u>	<u>AMOUNT</u>
WORKING CAPITAL	\$
EQUIPMENT	\$
CONSTRUCTION	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

21) PLEASE DESCRIBE IN DETAIL HOW YOU WOULD UTILIZE DDDF LOAN FUNDING (ATTACH MORE IF NEEDED):

22) PLEASE DESCRIBE ANY OTHER PUBLIC BENEFITS WHICH YOU EXPECT YOUR PROJECT TO PRODUCE (REHABILITATION OF A HISTORIC BUILDING, PROVIDE JOB TRAINING, ADDITIONAL TAX REVENUE, STREETScape IMPROVEMENT, ETC.)

23) DO YOU EXPECT TO APPLY FOR/UTILIZE A LIQUOR LICENSE? YES _____ NO _____

24) DO YOU EXPECT TO PROVIDE SEASONAL OUTDOOR DINING? YES _____ NO _____

25) EXPECTED NUMBER OF PERMANENT JOBS: FULL-TIME _____ PART-TIME _____
(Please provide more information in the appendix, Employer Job Form)

APPLICATION CHECKLIST

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION

- Copy of your business certificate
- Business Plan/Business History of project team, resumes for all key personnel, 3 years of income statements/ cash flow projections
- Most recent 2 years Federal Income Tax Returns (every co-borrower, part owner, etc.)
- If funding is committed from other sources, include a copy of the commitment letter(s).
- If funding from other source(s) was rejected, include a copy of the rejection letter(s)
- Employer Job Form (included)
- W-9, Vendor Form, DUNS #, and Tax Certification Affidavit (included)

Note: Please visit <http://www.sba.gov/content/getting-d-u-n-s-number> for assistance on how to get a DUNS number – they are free to get for any business entity.

- Copies of artists' drawings, renderings, site plans or architectural plans
- Copies of contractor/vendor estimates for project expenses
- Copy of the Lease Agreement for proposed space if applicable
- Copy of the Purchase and Sale agreement if applicable
- Copy of Liability Insurance Cover Sheet
- Copy of Workers Comp Insurance if applicable
- \$100 non-refundable application fee, by check, made to "City of Springfield" and submitted with application
- DDDF Financial Application (next page)
- National Objective statement (included)
- Davis/Bacon statement (included)
- Credit/Background approval statement (included)

DDDF FINANCIAL APPLICATION

Restaurant/Project Name	AMOUNT REQUESTED	PROGRAM MAXIMUM	MONEY CAN NOT BE USED FOR
	\$	\$200,000	Existing debt, prior expenses

PROJECT INFORMATION

Company Name:	Business Phone: ()	Federal Tax ID:	Social Security Number (if you do not have a FID): - -
Mailing Address: St./PO Box	Home Phone: ()	FAX Number: ()	E-Mail Address: @
City:	State:	Zip:	Contact Name:

Restaurant/Proposed Project Name and location (if different from above):

Street:	City:	State:	Zip:
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COMPANY NAME

Company Name:	DBA:		
Company Address: St./PO	City:	State:	Zip:
Registered with City of Springfield : Yes No	State of Incorporation/Formation/Registration		

Type of Ownership: (Circle One)

Sole Proprietor	Partnership	Corporation	Limited Liability Corp.	Limited Liability Partnership
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OWNER INFORMATION (List all owners below)

Name:	Percent of Ownership:	%	Title:
Name:	Percent of Ownership:	%	Title:
Name:	Percent of Ownership:	%	Title:
Name:	Percent of Ownership:	%	Title:

LIST ALL OTHER LENDERS THAT ARE INVOLVED WITH THIS PROJECT

First Lender:	Original Amount \$	Interest Rate:	Maturity Date:	Monthly Payment:	Balance Owing:
Phone #: () -	FAX #: () -	Account Number: #		\$	\$
Second Lender:	Original Amount: \$	Interest Rate:	Maturity Date:	Monthly Payment:	Balance Owing:
Phone #: () -	FAX #: () -	Account Number: #		\$	\$

COPY OF CERTIFICATE OF INSURANCE THAT INDICATES LIABILITY AND WORKERCOMP INSURANCE

Description line should indicate: **The City of Springfield is listed as additional insures per length of the contract.** Policy No.:

PLEASE PROVIDE A BRIEF EXPLANATION OF YOUR PLANNED USE OF LOAN PROCEEDS

Rehab: Yes No If Yes, give date: (mo/yr)

Describe structural improvements needed such as heating, electrical and mechanical systems, new roof, etc...

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APPLICANT INFORMATION

Duns Number:

Has the borrower used or done business under any other names(s)? Yes" No *If Yes list Name(s):

Do you have any City of Springfield funded projects out of compliance? Yes No

Do you currently owe any City of Springfield, state, or federal taxes, fees, and/or fines? Yes No

The signer(s) certify that he/she is authorized to execute this Application and that all information and documents submitted, including federal income tax returns, are true, correct and complete. The signer(s) further agrees to notify the Lender promptly of any material change in any such information. If the Applicant is a corporation, limited liability company, partnership, or limited liability partnership all owners/principals listed must sign and include their title. The signer(s) understands and agrees that this application is subject to final approval.

Applicant=s Signature _____	Title _____	Date _____
Applicant=s Signature _____	Title _____	Date _____
Applicant=s Signature _____	Title _____	Date _____
Applicant=s Signature _____	Title _____	Date _____
Applicant=s Signature _____	Title _____	Date _____

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EMPLOYER JOB FORM

_____ (hereby referred to as "the Business") located at _____ (Street Address) Springfield, MA agrees to **create/retain _____ (FULL TIME) job(s)** with the assistance received through the HUD's Section 108 Program. For purposes of this Agreement, 40 hr-week job is considered full time. **As the business owner, I certify that without this financial assistance, the jobs indicated would not be created and/or retained because _____.**

The Business certifies that the federally funded program has filled the following job(s):

Job Title	Job Type (see HUD's Definitions)	Hours per week	Health Benefits Offered (Yes/No)	Job Made Available to Low/Mod Income Individuals (Yes/No)

For the purpose of ensuring compliance under HUD regulations, the Business agrees to make available to the City of Springfield's Office of Community Development any and all records and evidence related to the filling of these positions; including a listing by job title of the permanent jobs filled (job categories form attached), number of jobs with employer sponsored health care benefits, income verification and race/ethnicity.

I certify the information provided is true, correct and complete.

Business Owner Signature

Date

PRINT Name of Business Owner

EMPLOYEE JOB FORM

NOTE: Each employee claimed as a job created/retained must fill out one of these forms. This information will be kept confidential and only used for program reporting.

Employee Name: _____ Name of Employer: _____

Job Title: _____ Date Hired: _____ #of Hrs/Week: _____

Please answer the following questions:

1. Health Benefits provided by Employer? Yes No

2. Race:

White American Indian / Alaska Native

African American Asian

Native Hawaiian/Other Pacific Islander Asian / White

Black / African American / White Other / Multi-racial

3. Hispanic or Latino Ethnicity: Yes No

4. **Circle** the number of persons in your household and **(X)** the corresponding income level

Household Information 2016-2017 Income Limits...			
Persons in Household	Extremely Low (30%) Income Limits	Very Low (50%) Income Limits	Low (80%) Income Limits
1 person	\$17,500 _____	\$17,501-29,150 _____	\$29,151-46,000 _____
2 persons	\$20,000 _____	\$20,001-33,000 _____	\$33,001-52,600 _____
3 persons	\$22,500 _____	\$22,501-37,450 _____	\$37,451-59,150 _____
4 persons	\$24,950 _____	\$24,951-41,600 _____	\$41,601-65,700 _____
5 persons	\$28,440 _____	\$28,441-44,950 _____	\$44,951-71,000 _____
6 persons	\$32,580 _____	\$32,581-48,300 _____	\$48,301-76,250 _____
7 persons	\$36,730 _____	\$36,731-51,600 _____	\$51,601-81,500 _____
8 persons	\$40,890 _____	\$40,891-54,950 _____	\$54,951-86,750 _____

Please note: Income is based on number of persons that are in the household. Each line is according to # of persons in the household. If the income is for a household of 4 with income of \$30,000 they would fall under the “very low” income category; between \$24,951-\$41,600.

I certify the information provided is true, correct and complete.

Employee Signature

PRINT NAME

Date

HUD Job Type Definitions

Officials and Managers

Administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operation.

Includes: officials, executives, middle management, plant managers, department managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

Professional

Occupations requiring either college graduation or experience of such kind and amount as to provide a background comparable to college education.

Includes: accountants and auditors, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, personnel and labor relations specialists, physical scientists, physicians, social scientists, surveyors, teachers, and kindred workers.

Technicians

Occupations requiring a combination of basic scientific knowledge and, manual skill which can be obtained through about 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on the job training.

Includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

Sales

Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks and cashier checkers, and kindred workers.

Office and Clerical

All clerical type work regardless of level of difficulty, where the activities are predominantly non manual though some manual work not directly involved with altering or transporting the products is included. Includes bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

Craft Workers (skilled)

Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. These workers exercise considerable independent judgment and usually receive an extensive period of training.

Includes: the building trades, hourly paid supervisors and lead operators who are not members of management, mechanics and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, arts occupations, hand painters, coaters, decorative workers, and kindred workers.

Operatives (semi-skilled)

Workers who operate machine or processing equipment or perform other factory type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Includes: apprentices (auto mechanics, plumbers, bricklayers, carpenters, electricians, machinists, mechanics, building trades, metalworking trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dressmakers and sewers (except factory), dryers, furnace workers, heaters (metal), laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, stationary firefighters, truck and tractor drivers, weavers (textile), welders and flamecutters, electrical and electronic equipment assemblers, butchers and meat cutters, inspectors, testers and graders, handpackers and packagers, and kindred workers.

Laborers (unskilled)

Workers in manual occupations which generally require no special training to perform elementary duties that may be learned in a few days and require the application of little or no independent judgment.

Includes: garage laborers, car washers and greasers, gardeners (except farm) and grounds keepers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operations, and kindred workers.

Service Workers

Workers in both protective and non protective service occupations.

Includes: attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies), barbers, charworkers and cleaners, **cooks** (except household), counter and fountain workers, elevator operators, firefighters and fire protection workers, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, servers, amusement and recreation facilities attendants, guides, ushers, public transportation attendants, **wait staff** and kindred workers.

DUNS Number

DUNS #: Do you have a DUNS # for your business? Yes _____ No _____

- a. If YES, please provide the DUNS #: _____
- b. If NO, please follow the instructions included in the back of this application - "Obtaining a DUNS #"

Business Structure: corporation___ sole proprietorship_ partnership___
non-profit ___ limited liability company (LLC)___

Business Type/Description: _____

Obtaining a DUNS Number

A Guide for Federal Grant and Cooperative Agreement Applicants

The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors have a DUNS number. (See policy at: <http://www.omb.gov/grants/grants docs>). The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

Data Universal Number System (DUNS) Number

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, Offices, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major Office/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

Obtaining a DUNS Number

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number.* If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

- If you know you do not have a DUNS number. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/Offices have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/Offices have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be delisted from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **FREE** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

To Obtain Your DUNS Number

- Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

1-866-705-5711

The number is staffed from 8 a.m. to 6 p.m. (local time of the caller when calling from within the continental United States). Calls placed to the above number outside of those hours will receive a recorded message requesting the caller to call back between the operating hours.

The process to request number takes about 5-10 minutes.

A DUNS number will be assigned at the conclusion of the call.

You will need to provide the following information:

- Legal Name
- Headquarters name and address for your organization
- Doing business as (DBA) or other name by which your organization is commonly known or recognized
- Physical Address, City, State and Zip Code
- Mailing Address (is separate from Headquarters and/or physical address)
- Telephone Number
- Contact Name and Title
- Number of Employees at your physical location

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number State Identification Number Federal Identification Number

Company: _____

P.O. Box (if any): _____ **Street Address Only:** _____

City/State/Zip Code: _____

Telephone Number: _____ **Fax Number:** _____

List address(es) of all other property owned by company in Springfield: _____

Please Identify if the bidder/proposer is a:

Corporation _____

Individual _____ **Name of Individual:** _____

Partnership _____ **Names of all Partners:** _____

Limited Liability Company _____ **Names of all Managers:** _____

Limited Liability Partnership _____ **Names of Partners:** _____

Limited Partnership _____ **Names of all General Partners:** _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer Authorized Person 's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(Authorized agent) (Bidder/Proposer)
belief, has/have complied with all **City of Springfield taxes** required by law(has/have entered into a Payment Agreement with the City).

Bidder/Proposer Authorized Person 's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C '49A, I, _____ certify under the pains and penalties of perjury that _____,
(Authorized agent) (Bidder/Proposer)
to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

_____ Date: _____
Bidder/Proposer Authorized Person ' s Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss. _____, 2016

Then personally appeared before me [name]_____, [title]_____
of [company name]_____, being duly sworn, and made oath that he/she has read the foregoing document, and
knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and
deed and the free act and deed of [company name]_____.

Notary Public

My commission expires: _____

**YOU MUST FILL THIS FORM OUT COMPLETELY AND
YOU MUST FILE THIS FORM WITH YOUR BID.**

NATIONAL OBJECTIVE COMPLIANCE CERTIFICATE

In accordance with statutes and regulations set forth by the U.S. Department of Housing and Urban Development (HUD), activities funded through the Community Development Block Grant (CDBG) must be used to meet one of the three national objectives named by HUD. Those three objectives are (1) benefiting low-or-moderate-income persons ;(2) preventing or eliminating slums or blight and (3) meeting an urgent need. To be eligible for funding, every CDBG-funded activity must meet on of these here national objectives.

I, _____ , certify that the activity proposed in this application for CDBG funding will meet on of the three national objectives as set forth above. The _____(Title) also certifies that it will maintain sufficient documentation to ensure compliance with national objectives.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(agent title)

DAVIS- BACON CERTIFICATION STATEMENT

I certify that (firms name) _____ will adhere to Section 110 of the Housing and Community Development Act of 1974 (.Act.), 42 U.S.C. 5310 which states that all laborers and mechanic employed by contractors and subcontractors in the performance of construction work greater than \$2,000 in value, financed in whole or in part with grants received under this title shall be paid wages at rate not less than those prevailing on similar construction. In the locality as determined by the Secretary of the Labor in accordance with the Davis Bacon Act, as amendment (40 U.S.C. 276a-5).

I certify that I will provide the City of Springfield and its agents with any requested documentation, access to payroll records and company and project records, to confirm compliance, for the life of the loan agreement.

Applicant's Signature

Applicants Typed Name

Date

For projects with total project costs of over \$2,000, the above signed applicant and any contractors used on the project will need to certify that Davis-Bacon wage rates have been met. Current wage rate determinations can be found at: <http://www.gpo.gov/davisbacon/>

Projects with construction costs under \$2,000 do not need to meet this requirement.

CREDIT/BACKGROUND APPROVAL STATEMENT

The undersigned is providing this information to support the extension of credit by the City of Springfield and the Department of Housing & Urban Development (HUD). The undersigned understands that City of Springfield and its contracted agents are relying on this information for extension of credit, and hereby represents that this information is true, correct and complete.

The undersigned will provide notice of any material adverse change in his/her financial condition including in his/her ability to perform under his/her obligations to the City of Springfield and its contracted agents. The undersigned authorizes any person or consumer-reporting agency to give the City of Springfield and its contracted agent's information it may have on the undersigned. The undersigned authorizes the City of Springfield and its contracted agents to answer questions and/or provide credit information to credit reporting agencies and other parties.

Applicant's Signature

Applicants Typed Name

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	DUNS#:	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) Requester's name and address (optional)	
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

(Only fill out if you are a corporation)

**VOTE OF CORPORATION AUTHORIZING
EXECUTION OF CONTRACT**

I, the undersigned, a resident of _____ in the State of _____ hereby certify that I am the _____ or duly authorized officer of _____, a Massachusetts Corporation duly organized by law and that this is a true, correct and complete copy of vote prepared at a meeting of the Directors of said corporation, duly called and held on _____, at which meeting a majority of the Directors were present and acting throughout.

VOTED: That _____ the _____ of the
(Authorized Official*) (Title)

aforementioned corporation, be and hereby is authorized to affix the corporate Seal, sign and deliver in the name and on behalf of the corporation a contract with the City of Springfield Office of Community Development for _____ in the amount of \$_____ effective for the Fiscal Year 2017 commencing July 1, 2016 and ending June 30, 2017, for activities authorized in accordance with the United States Department of Housing and Urban Development.

I further certify that the said vote as set out above has not been revoked or rescinded and is now in full force and effect, that said vote and action ordered thereby are in pursuance of the By-Laws of this Corporation.

IN WITNESS WHEREOF, I hereto set my hand this _____ day of _____, 2016.

Corporate Seal

Clerk/Secretary

***This Must be the Person Authorized in your By-Laws to sign contracts.**

NOTE: Since an Officer cannot certify to himself, this must be signed by someone other than the one signing the contract.

**CITY OF SPRINGFIELD OFFICE OF PROCUREMENT
36 COURT STREET – CITY HALL
SPRINGFIELD, MA 01103
413-787-6284 Telephone, 413-787-6295 Fax**

VENDOR MAINTENANCE FORM

To be Completed by Vendor (print clearly):

Business Name: _____

DBA: _____

Send Purchase Order To:

Street: _____

City: _____ State: _____ Zip Code: _____

Remit To:

Street: _____

City: _____ State: _____ Zip Code: _____

Federal ID# _____ or SS# _____

Type of Service Providing to City: Technology _____ Medical _____ Contract Labor _____ Service _____

Other: _____

Terms:

Discount % _____ Days to Discount _____ Minimum Order _____ Days to Net: _____

Vendor Class: Minority Owned _____ Woman Owned _____ Minority-Woman Owned _____

Purchase Order Delivery Method: E-Mail: _____ FAX: _____ Regular Mail: _____

Contact Information:

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Business Website: _____

NOTE: This document must be included with your completed W-9 Form in order to be set-up as a City of Springfield Vendor. Mail or fax completed forms to the Office of Procurement. Thank you.