

Massachusetts Department of Housing and Community Development
Community Development Partnership (CDP)
Regional Business Builderssm Center
Self-Declaration Form and Micro-enterprise Eligibility 2010

Part 1: Applicant Information

Date: _____

Name of Applicant: _____

Home Address: _____ Town _____ Zip _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

email: _____

Part 2: Microenterprise Ownership

Name of business _____

Product or service _____ Type of business _____

Business Address if different from above _____

Web Address (URL) _____

Is this a business start-up? Yes No Date business was/will be established _____

Business form of ownership: Sole proprietorship Corporation Partnership

S Corporation Limited Partnership Other _____

Number of Employees (include owner/s) _____

Check this box if you would like updates on Business Builder Programs emailed to you

The following information is used for HUD/HCD statistical purposes only.

Sex: Male Female Age _____

Racial Background: White Black/African American Asian Hispanic

American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Other (Multi-Racial) Asian and White American Indian/Alaskan Native and White

Black African American and White American Indian/Alaskan Native and Black African American

Check if Applicable: Handicapped Female Head of Household Aged 60 or older

Part 3: Applicant Income Eligibility. For all household members, including yourself, please complete the following information.

To the Applicant: The company or organization named above is applying for or has received services paid for with Federal funds to assist its operations. A condition of receiving those funds is that family income information be collected from each applicant. The information you provide will be kept confidential.

Is the address listed in Part 1 your principal residence? Yes No

How many people are in your household? _____

Check here if you or a member of your household is presently unemployed.

Check here if all or part of your household income is from seasonal employment.

1. Please circle the number of persons in your household in the first row of the table below.

Family Size	1	2	3	4	5	6	7	8
Low Income	27,400	31,300	35,200	39,100	42,250	45,400	48,500	51,650
Moderate Income	43,800	50,050	56,300	62,550	67,600	72,600	77,600	82,600

2. Is your total gross household income for the last twelve months equal to or below the amount indicated in the row labeled "Low Income" for the size of your household? Yes No

3. If you answered "No" to question 2 above, is your total household income for the last twelve months equal to or below the amount indicated in the row labeled "Moderate Income" for the size of your household? Yes No

Part 4: Acceptance of the Complaints and Grievances Policy

As of this date, I have received from the CDP Comprehensive Business BuildersSM Program a copy of their Complaints and Grievance Policy. Attached –last page. Retain this page for your records.

Signature: _____ Date: _____

Part 5: Applicant Acceptance of the Comprehensive Business BuildersSM Program.

I, the applicant, understand that the information provided on this application will be utilized by the staff of the CDP's Comprehensive Business BuildersSM Program to determine if I am eligible for the services of the Comprehensive Business BuildersSM Program.

I certify that all information given for the purpose of obtaining assistance under the CDP Comprehensive Business BuildersSM Program is truthful and accurate to the best of my knowledge. I understand that any falsification of information, or discrepancies, may lead to the termination of involvement with the Comprehensive Business BuildersSM Program.

Date: _____

Signature: _____ Title: _____

Print Name: _____

<p>I am a citizen of the United States <input type="checkbox"/></p> <p>OR</p> <p>I reside in the United States after being legally admitted for permanent residence <input type="checkbox"/></p> <p>_____</p> <p>Sign Date _____</p>

The CDP has a designated area on our website to highlight businesses that participate in our programming. We would be delighted to include you on our website as well.

If you are interested, please check below the information you would like us to include and sign underneath.

- Business name
- Business mailing address (please provide if different than on page 1)
- Business telephone (please provide if different than on page 1)
- Contact name (please indicate if someone other than yourself)
- E-mail address (please provide if different than on page 1)
- URL or web site address
- Description of your business (please provide a brief description of your business/product/services below)

Signature _____

**Community Development Partnership
Comprehensive Business BuildersSM Program**

Confidentiality Agreement

The Comprehensive Business BuildersSM Program (CBBP) staff and its contracted consultants must never discuss confidential CBBP client or client's business issues outside of the confines of the Comprehensive Business BuildersSM Program Centers. It is prohibited for the CBBP staff, or its contracted consultants, to discuss confidential matters with anyone outside the context of gathering and/or sharing of information essential to the business assistance process.

Clients of the CBBP must never discuss or repeat to others confidential issues that might be overheard while they are at the Centers. Due to the open nature of the CBBP space, we ask you to please respect the right of all of our clients to speak freely about their businesses while using the Centers.

I, _____, acknowledge the seriousness and importance of confidentiality and will abide by the terms of this agreement.

Client Signature

Date

CBBP Staff/Consultant

Date

**Massachusetts Department of Housing and Community Development
Community Development Partnership
Comprehensive Business BuildersSM Program**

Grievance Procedure

GRIEVANCE POLICY & PROCEDURE

- A. The Program Manager will be responsible for handling any initial grievance with a goal of resolving any issues.
- B. The Grant Administrator will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
- C. Grievances should be submitted to the Grant Administrator in writing. Individuals interested in filing a grievance may contact the Grant Administrator for assistance in doing so.
- D. The Grant Administrator has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Grant Administrator will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The DHCD Small Cities Program Representative will be notified of any grievance.
- E. The Grant Administrator will initiate a file that includes the original grievance, a report of findings, and a copy of the Grant Administrator's determination and notification. The outcome of the grievance will also be documented.
- F. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
- G. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.