



Office of Housing & Community Development

608 Pleasant St, New Bedford, Massachusetts 02740 Telephone: (508) 979.1500 Facsimile: (508) 979.1575

"STOREFRONT REIMBURSEMENT PROGRAM"

PROGRAM DESCRIPTION:

The purpose of this program is to provide financial assistance for necessary rehabilitation/restoration of commercial storefront/businesses located within the Eligible Census Tracts of New Bedford. Work cannot begin until written approval has been received from the Office of Housing & Community Development.

NO APPLICATION WILL BE ACCEPTED IF WORK HAS ALREADY BEEN COMPLETED.

ELIGIBLE PROPERTIES	Commercial storefronts located within the eligible census tracts of New Bedford.
ELIGIBLE ACTIVITIES	Work eligible shall be limited to the exterior of that portion of the building that is considered by the Office of Housing and Community Development to be the commercial storefront and appropriate signs and awnings.
INTEREST RATES	Funding for this program is a direct grant. The reimbursement will represent the approved cost for materials only of the authorized work.
LOAN AMOUNTS	Direct grant up to a maximum of \$2,000 per storefront/business.

STOREFRONT REIMBURSEMENT PROGRAM PROGRAM GUIDELINES

The purpose of this program is to provide financial assistance for necessary rehabilitation or restoration of commercial storefronts located within the City of New Bedford. To be eligible, business must be located within low/moderate income areas (eligible census tracts areas) and the business must provide services to residents within the low/moderate income neighborhood. Please call the Office of Housing & Community Development at 979-1500 to determine eligibility.

- 1. To this end, the following guidelines have been established. Please pay special attention to the fact that work cannot begin until written approval has been received from the Office of Housing and Community Development. NO APPLICATION WILL BE ACCEPTED IF WORK HAS ALREADY BEEN COMPLETED.
 - Funding shall be available to owners or lessee of commercial storefronts who agree to make approved repairs or alterations to their property. Application must be reviewed and approved by this office before beginning the project. Once approved, a commitment/approval letter and agreement will be sent to applicant. Funding will be provided as a reimbursement once the **approved work has been completed and paid** for by the applicant.
- 2. The amount of the reimbursement will depend upon the total amount of authorized work. In general, the reimbursement will represent the approved cost for <u>materials only</u>; however, the reimbursement cannot exceed \$2,000.00. The approved cost will be lower of two acceptable bids submitted in writing. <u>The contractor bids must separate labor and material costs.</u> The bid from the contractor undertaking the project must be accompanied by a signed non-collusion affidavit.
- 3. Work eligible shall be limited to the exterior of that portion of the building that is considered by the Office of Housing and Community Development to be the commercial storefront/business and appropriate signs and awnings.
- 4. Proposed work must be submitted to the Office of Housing and Community Development for review by the Rehabilitation Specialist. If the work is to be a sign, awning, or alterations to the facade, a detailed plan and sketch describing the proposed work must be submitted for review. Work cannot begin without prior written approval from this office.
- 5. Owners or (tenants with written permission from the owner(s)), may apply for reimbursement. One reimbursement per business is allowed per fiscal year (July 1 June 30). A business will be limited to a total of three (3) reimbursements per business location.

- 6. All real estate taxes due the city of New Bedford for the subject property must be paid in full.
- 7. If a reimbursement is approved, applicant will be required to sign an agreement with the City of New Bedford in such form as required.
- 8. Reimbursement means no payment is issued until the project has been paid in full by the applicant. PAID IN FULL invoices and/or cancelled checks are required as proof of payment(s) for the purpose of reimbursement.
- 9. No application should be considered to have been approved or rejected until notification to that effect is received in writing from the Office of Housing and Community Development. Any work included in an application, which was undertaken prior to authorization, may be excluded from an approved list of eligible work items.
- 10. If the building is located within the designated Historic District any exterior work must be reviewed and approved by the New Bedford Historical Commission. Applicant must obtain a Certificate of Appropriateness from the Historic Commission and submit with the application. That Commission can be contacted through the Office of Housing and Community Development.
- 11. The Office of Housing and Community Development reserves the right to make the final determination as to appropriateness, suitability and necessity of requested work items. Further, this body reserves the right to make the final determination as to whether work was carried out according to approved specifications.
- 12. A Unique Entity ID (UEI) must be submitted with the application. This is a HUD requirement with no cost to the applicant. A number can be obtained going to www.SAM.gov. Information is enclosed.



Quick Start Guide for Getting a Unique Entity ID



SAM.gov is an official website of the United States government. There is **no** charge to register or maintain your entity registration in SAM.gov.

You can get a Unique Entity ID for your organization without having to complete an entity registration. If you only conduct certain types of transactions, such as reporting as a sub-awardee, you may not need to complete an entity registration. Your entity may only need a Unique Entity ID. <u>Learn more about the difference between getting a Unique Entity ID only and registering your entity</u>.

If your entity is registered in SAM.gov, you already have a Unique Entity ID

If you have an active or inactive registration in SAM.gov today, you've already been assigned a Unique Entity ID. It's available on your entity registration record in SAM.gov. <u>Learn how to view your Unique Entity ID</u>.

If your entity is not registered in SAM.gov and you only want a Unique Entity ID

If you want only to get a Unique Entity ID and do not want to complete an entity registration in SAM.gov, follow these steps:

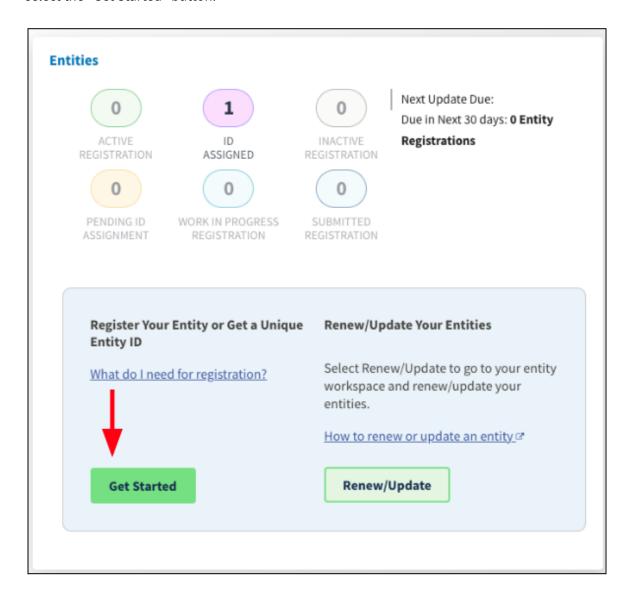
 Go to SAM.gov and select "Sign In" from the upper right corner of the page. If you do not have a SAM.gov account, you must create one. SAM.gov uses Login.gov for usernames and passwords. <u>View more help with using Login.gov</u>. Once you create your user account, return to SAM.gov to complete your profile.





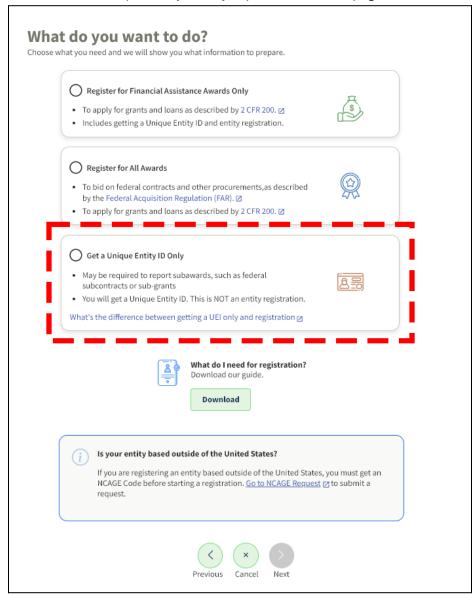


2. After you sign in, the system will navigate you to your Workspace. On the "Entities" widget, select the "Get Started" button.



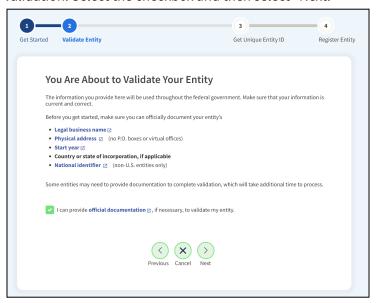


3. Select the "Get Unique Entity ID only" option on the next page.

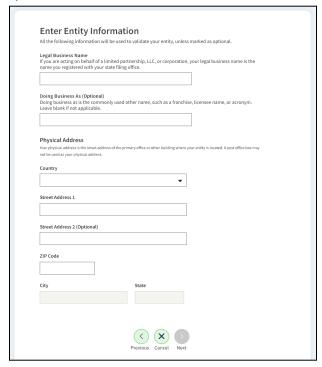




4. Next, the "You Are About to Validate Your Entity" page displays. It lists the information used to validate your entity. You may need to submit documents later in the process to complete validation. Select the checkbox and then select "Next."

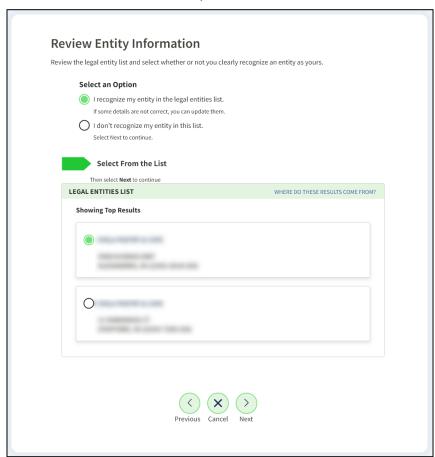


5. On the next page, enter your entity's legal business name, doing business as name (if applicable), and physical address, then select "Next." All fields are required, unless marked as optional.





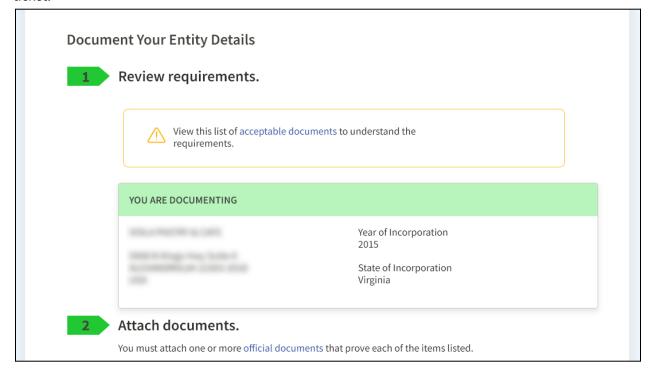
- 6. Your entity name and address will be <u>validated</u> by the SAM.gov entity validation service (EVS). The EVS independently verifies the uniqueness of an entity.
 - a. If the EVS has your entity information or has entities with similar information, the next page will show a list of entities.
 - i. If your entity information is shown in the list, select "I recognize my entity in the legal entities list. If some details are not correct, you can update them." Then select the entity from the list, then select "Next."
 - 1. You should select this option if all entity details are correct or if a few details are missing or incorrect. For example, your legal business name is shown, but LLC or Corp is missing, or an old address for your entity is shown. Go to step 7.



- b. If your entity is not listed, select "I don't recognize my entity in this list." then select "Next." Go to step 8.
- c. If the EVS does not have any entities that resemble your information, the next page will ask for your start year and state of incorporation. (You won't see a list of entities at all.) Go to step 9.



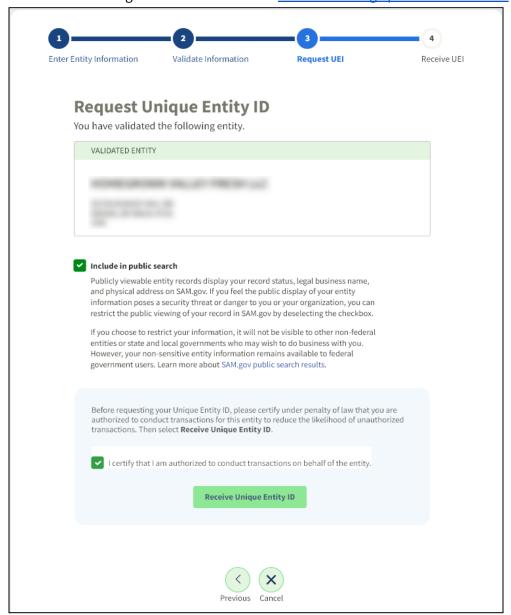
- 7. If you choose "I recognize my entity in the legal entities list," the next page will ask you to confirm your entity details. If some information is missing or incorrect, select "No." If all information is complete and correct, select "Yes" and go to step 11.
 - a. Then, the next page will allow you to update information that needs to be corrected.
 - b. Once corrected, the next page will ask for your entity's start year and state of incorporation.
- 8. If you choose "I don't recognize my entity in this list," the next page will ask for your entity's start year and state of incorporation.
- 9. Enter your start year and state of incorporation, then select "Next."
 - a. Start year could be your year of incorporation, your "established date," the year you legally began doing business, or you received your employer identification number (EIN). If your entity is incorporated, use your year of incorporation.
 - State of incorporation could be where you incorporated your organization, filed your certificate or articles of formation, or where the organization is located, if not incorporated.
- 10. If your entity information was not shown in the entity list or if information needs to be updated, you must submit documentation to prove your information. If this is the case for your entity, you will be navigated to a page where the required information will be listed, and you can upload documents. Check your documents against the list to ensure they are acceptable and to avoid unnecessary delays due to unacceptable documents. Once you submit your documents, you will get a reference ID number and you will have to wait until the EVS has entered or updated your validation data before you can proceed. You can find more information here with detailed descriptions on how to upload documentation to submit a ticket.







11. For entities that did not need to update entity information, or for those who have passed entity validation with the EVS, on the next page you will choose whether to allow your entity record to be publicly displayed in SAM.gov. Note that if you deselect this box and restrict the public display of your entity, only you and federal government users will be able to search and view your entity record on SAM.gov. However, your non-sensitive entity information remains available to federal government users and is available through public data services.

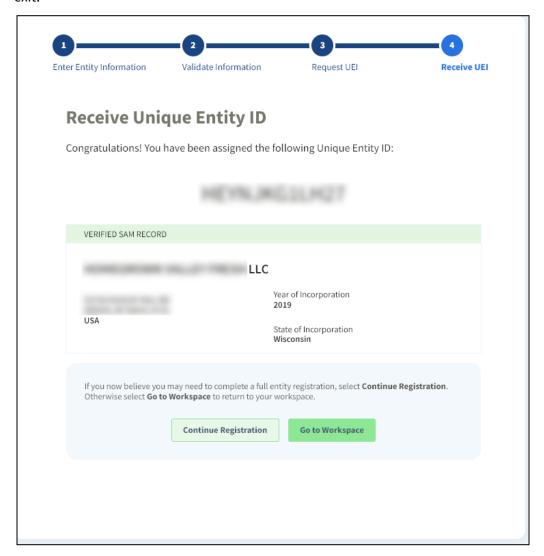


12. You must certify under penalty of law that you are authorized to conduct transactions for the entity. Then, select "Receive Unique Entity ID."





13. The next page will display your Unique Entity ID. If the entity already has a registration or a Unique Entity ID, you will see informational alerts at the top of the page with more details. You can begin to use the Unique Entity ID for your entity right away. Select "Go to Workspace" to exit.



STOREFRONT REHABILITATION REIMBURSEMENT APPLICATION

APPLICANT INFORMATION							
APPLICANT NAME:							
APPLICANT ADDRESS:							
APPLICANT TELEPHONE NUMBER:							
BUSINESS INFORMATION							
BUSINESS NAME:							
BUSINESS ADDRESS:							
BUSINESS TELEPHONE NUMBER:							
TYPE OF BUSINESS:							
UNIQUE ENTITY ID (see information sheet)							
BUSINESS IS (check one)	NEW		EXISTIN	NG			
APPLICANT IS	OWNER			LEAS	HOLDER		
IF LEASEHOLDER PLEASE PROVIDE NAME AND ADD	RESS						
NAME:	ADDRES	SS:					
REHABILIITATION INFORMATION – PLEASE CHECK	ONE AND PR	OVIDE A E	RIEF DES	SCRIPT	ION		
STOREFRONT REHABILITATION:							
SIGN INSTALLATION:							
AWNING INSTALLATION:							
SUBMISSION CHECKLIST (PLEASE PROVIDE ALL O	THE FOLLO	WING)					
If Leaseholder: written permission from owner to do proposed rehabilitation							
Two (2) written proposals with cost breakdown by materials and labor.							
Signed Non-Collusion Affidavit with selected bidder (the qualified lowest bidder).							
Written description of proposed rehabilitation work.							
Drawings and design of any proposed improvements, sign or awning.							
If located within the Historic District, a Certificate of Appropriateness must be obtained from the Historic Commission and submitted with application.							
Must obtain a Unique Entity ID (see enclosed information)							
Copy of sign permit from Department of Inspectional Services							
•							

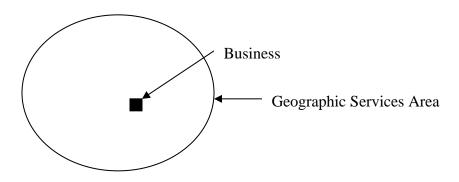
The applicant hereby certifies that information contained in this application and all information furnished for the development of this application is true to the best of his/her knowledge or

APPLICANT PRINTED:	
APPLICANT SIGNATURE:	

STOREFRONT GRANT REIMBURSEMENT PROGRAM

The Grant is utilizing funding from the federal Community Development Block Grant Program(CDBG) and the Business being assisted must be located in an income eligible census tract. Please complete the following information:

BUSINESS NAME:						
BUSINESS LOCATION/ADDRESS:						
IS THE BUSINESS REASONABLY ACCESSIBLE TO NEIGHBORHOOD RESIDENT?:		YES		NO		
		BUS	INESS	SERVICE	AREA	A.
THIS GRANT MUST ASSIST BUSINESSES THAT SERVICES RESIDENTS THAT RESIDE WITHIN LOW AND MODERATE INCOME CENSUS						
TRACTS. PLEASE DESCRIBE THE TYPE OF BUSINESS AND THE SERVICES AREA THE BUSINESS BENEFITS:						
Service Area:] < .25 mile	: <u></u>	.25	50 mile] > .50 mile



NON-COLLUSION AFFIDAVIT

(To be completed by Bidder)

I/We	, depose and say that: I/We am an
(owner, partner, office	, representative or agent) of
1 • 1	the bidder that has submitted the attached
bid:	
I/We	, depose and say that: I/We are the
applicants to rehabilit	ion property located at
	, New Bedford, Massachusetts:
I/We are fully informe	I respecting the preparation and contents of the attached
•	circumstances respecting such bid:
Such bid is genuine an	l is not a collusive or sham bid:
representatives, employany way colluded, cornother bidder, firm or puthe contract for which bidding in connection indirectly, sought by a any other bidder, firm any other bidder or to the bid price of any other connivance or unlawfor	rebidder, nor any of their officers, partners, owners, agents, wees or parties in interest, including these affiliates, have in pired, connived or agreed, directly or indirectly with any rson, to submit a collusive or sham bid in connection with the attached bid has been submitted, or to refrain from with such contract, or has in any manner, directly or greement or collusion or communication or conference with or person, to fix the price or prices in the attached bid or of ix any overhead, profit or cost element of the bid price or er bidder, or to secure through any collusion, conspiracy, agreement, any advantage against the city of New interested in the proposed contract: and
tainted by any collusion part of the applicant of	ted in the attached bid are fair and proper and are not n, conspiracy, connivance or unlawful agreement on the bidder, nor any of their agents, representatives, owners, n interest, including these affiliates.
Signed under the pain	and penalties of perjury:
Bidder's Signature	Applicant's Signature
Bidder's Signature	Applicant's Signature
Date	Date

NON-COLLUSION AFFIDAVIT

(To be completed by Bidder)

I/We	, depose and say that: I/We am an
	, representative or agent) of
	, the bidder that has submitted the attached
bid:	
I/We	, depose and say that: I/We are the
applicants to rehabilita	
	, New Bedford, Massachusetts:
I/We are fully informed	I respecting the preparation and contents of the attached
bid and of all pertinent	circumstances respecting such bid:
Such bid is genuine and	l is not a collusive or sham bid:
representatives, employ any way colluded, const other bidder, firm or per the contract for which a bidding in connection a indirectly, sought by ag any other bidder, firm, any other bidder or to a the bid price of any oth connivance or unlawfur	bidder, nor any of their officers, partners, owners, agents, rees or parties in interest, including these affiliates, have in pired, connived or agreed, directly or indirectly with any rson, to submit a collusive or sham bid in connection with the attached bid has been submitted, or to refrain from with such contract, or has in any manner, directly or reement or collusion or communication or conference with or person, to fix the price or prices in the attached bid or of ix any overhead, profit or cost element of the bid price or er bidder, or to secure through any collusion, conspiracy, agreement, any advantage against the city of New interested in the proposed contract: and
tainted by any collusio part of the applicant or	ted in the attached bid are fair and proper and are not a, conspiracy, connivance or unlawful agreement on the bidder, nor any of their agents, representatives, owners, a interest, including these affiliates.
Signed under the pains	and penalties of perjury:
Bidder's Signature	Applicant's Signature
Bidder's Signature	Applicant's Signature
Date	 Date

Storefront Reimbursement Program Tax Verification Form

Name of Applicant:
Address of Subject Property:
Plot/Lot:
Owner of Property: