



**Business Adaptation
Grant Program
Application Materials**

**Please submit a complete electronic copy of the application by email to BusinessAdaptation@commerceri.com.
The subject line should read "Business Adaptation Grant_[applicantname]," should be submitted as a single PDF file, saved as "Business Adaptation_[applicantname]".**

Applications will be reviewed on a rolling basis and must be submitted no later than 4:00 PM on Monday, November 9, 2020. The Corporation will begin to announce awards as early as November 4, 2020. Questions on the application process may be submitted to BusinessAdaptation@commerceri.com.

1. Applicant Information

Business Name _____

Trade Name/DBA _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Business Phone _____ Website _____

Year Founded _____ Form of Entity _____

Federal Tax ID # _____

DUNS Number _____ Date of Application _____

If you do not have a DUNS number, you may still submit your application while you wait for your DUNS number. Note the DUNS number (federal requirement to receive grant funds) may be requested [here](#). Important: when prompted to select the "Primary Reason for DUNS Number Registration," please select "I'm a US Government Contractor or Grantee" from the dropdown menu. Selecting any other option could result in a 30 day wait for your DUNS number.

Industry _____ NAICS Code # _____

Number of Employees in Rhode Island _____ Year Established _____

Are you a minority, women, or veteran-owned business? Yes No

Is the applicant a subsidiary or affiliate of another company? Yes No

Name of parent or affiliate (if applicable) _____

Primary Contact for Application:

Full Name _____

Job Title _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Email _____

2. Business Adaptation Grant Information

In addition to application fields below, an eligible business must submit copies of:

- **Attachment 1: A copy of the owner's most recent federal tax return.** The first page, if it includes the Business Activity Code, may be provided alone.
- **Attachment 2: A copy of the owner's Driver's License/government-issued identification.**

2-1: Pre-COVID business summary. Describe the products and/or services your business has provided historically.

2-2: Revenue loss. The Business Adaptation Grant Program is targeted for companies with business models (products and/or services) that have been dramatically constrained and significantly impacted by the public health emergency resulting from the COVID-19 pandemic. The program is designed to support affected businesses in adapting their business models and/or operations in substantial ways. **Please select one of the following three options for how you will demonstrate your loss.**

Option A: Attached is my RESTORE Rhode Island Grant Award letter demonstrating I have proven a 30% or more revenue loss

Option B: My revenue loss is calculated below.

Option C: My loss is related to the fact that my business was restricted from operating during the Stay at Home Order, Executive Order 20-14.

Business Adaptation Revenue Loss Calculation (for businesses that selected Option B above only). Please complete questions a through f below to demonstrate that your business suffered at least a 30% loss in revenue (sales) in any one month from March to July of 2020 compared either to (a) the same month in 2019, (b) January 2020, or (c) February 2020. While many organizations have suffered revenue loss at those levels for longer than one month, you only need to provide information for a single month to meet the program's requirements. This may be easiest to show for your worst month, but any month during that period in which you had at least a 30% drop in revenue will do.

- a. What month between March and July where your revenue (sales) dropped by at least 30% due to COVID-19?
- b. What was the dollar amount of your revenue (sales) in that impacted month (from (a) above)?
- c. Which baseline month do you wish to use to compare your impacted monthly revenue? You may choose (1) the same month in 2019 as the impacted month you selected in 2020, (2) January 2020, or (3) February 2020.
- d. What was the dollar amount of your revenue (sales) in that baseline month (from (c) above)?
- e. How much in dollars did your revenue (sales) drop between the baseline month and the impacted month? (D minus B)
- f. What % drop is this? (divide E by D and multiply by 100)?

2-3: COVID Impacts.

- My business is unable to continue its pre-COVID operations (or a portion of its pre-COVID operations) due to public health restrictions or changes in consumer behavior.

Please specify the public health restriction and/or change in consumer behavior that has led to the inability to continue pre-COVID operations:

2-4: COVID Business Impacts. How has your business been negatively affected by COVID-19 public health guidelines or other COVID-19 era-related conditions, and why you must adapt your business? Please focus on your businesses' challenges and your customers' needs -- and describe the problem you are trying to solve.

2-5: Proposed project. Provide a brief summary of the project, its goals, and the approach you will take. Please summarize the investments (e.g. technology, equipment etc.) you plan to make and why they are important for this adaptation or pivot in your business model.

2-7: Why are these expenses necessitated by COVID-19? Due to COVID-19-related restrictions by federal or state governments, including Executive Orders and regulations, funds provided for the proposed project will enable:
(please check all that apply)

- Regaining/retaining the level of business operations observed before March 2020 in light of COVID-19-related restrictions by federal or state governments, including Executive Orders and regulations; or
- Safer customer and/or staff interactions within the business location with respect to public health guidelines aimed at limiting the spread of COVID-19 (e.g., installation of touchless payment technology, addition of an e-commerce platform, staff training); or
- The business to retain or increase the number of full-time workers it employs. The business must attest that this grant will support the continued employment of/hiring of new employees. Note, grant funds can pay for the salary or benefits of additional employees; or
- The business to increase market share or produce a good or service that directly supports the COVID-19 public health response, such as personal protective equipment.

Supplemental explanation (optional). Please feel free to provide any additional information you think will be helpful to demonstrate how the proposed project expenses are necessitated by COVID-19.

2-8: Business Plan. How will this adaptation assist your business, and how do you expect your adapted business to generate a sustainable revenue/sales stream? What are the key drivers to revenue under this plan and what level of revenue do you expect to achieve? Please describe the operational and financial implications and impacts of the adaptation. For the financial impacts, please also provide, to the extent possible and available, quantitative (numerical) responses, laying out your assumptions with backup clearly indicated. The best responses will provide projections on the adapted business' revenue over the next 12+ months.

2-9: Job Retention and Creation. If your project will retain or create jobs, please explain how.

3. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed Business Adaptation Program:

By submitting this application, I hereby certify under the pains and penalties of perjury that:

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or of the State, has not been disqualified from an awarded contract with Rhode Island Commerce Corporation or the State, and has never defaulted on work awarded by the Rhode Island Commerce Corporation or the State.
- The Applicant has not been debarred, suspended or proposed for debarment by any agency or instrumentality of the federal or state government.
- The Applicant has not declared for bankruptcy within the past three (3) years.
- The Applicant was operating prior to February 15, 2020.
- The Applicant is not part of a nationally-owned franchise.
- The Applicant was restricted from operating during the Stay at Home Order, Executive Order 20-14.
- The expenses to be paid or reimbursed with grant funding permit the adaptation of the Applicant's business models and/or operations described in this application in a substantial way.
- The Applicant will not use funding from any other state or federal program to fund activities or expenses funded under this program.

By submitting this application, I authorize the Grantor and the State and its instrumentalities to share any and all information in the possession, custody or control of any such party with the other party concerning the applicant. I also authorize the Grantor and the Rhode Island Division of Taxation to share information concerning the applicant for the purpose of verifying any tax information the Grantor deems relevant to the applicant and the proposed grant. I waive any confidentiality pertaining to tax information under Rhode Island Law. Under penalty of perjury, I hereby represent that I am duly authorized to provide this consent and waiver on behalf of the applicant.

Applicant Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date Signed: _____