



Rhode Island Hotel, Arts & Tourism (HArT) Grant Application

ESR Intermediary Partner Organization Application Form

This form is required from primary grant applicants wishing to propose an Engagement, Service, and Resiliency (ESR) Activity as an intermediary on the behalf of partner organizations. As an intermediary, applicants are required to complete one Intermediary Partner Form for each partner. The forms should then be submitted with the intermediary's full grant application (a single email with the full grant application and Intermediary Partner Forms attached to Hart.Recovery@commerceri.com).

Who is eligible to apply for Engagement, Service, and Resiliency (ESR) Activity Grants?

To be eligible for ESR funds, the applicant (and all of its partners, if applicant is applying as an intermediary) must:

1. Be a business, sole proprietor, or nonprofit located in Rhode Island in the arts, culture, travel/tourism, event, entertainment, or hospitality/hotel industry.
2. Have experienced a year-over-year revenue loss.
3. Have been financially hurt because of the COVID-19 public health emergency in one or more of the following ways: (1) increased operating expenses due to COVID-19, (2) had to purchase equipment or make modifications to my workplace due to COVID-19, (3) required to close in-person operations, reduce hours, cancel business, or operate at reduced capacity, (4) my supply chain was materially disrupted and therefore slowed firm-level production, or (5) experienced another COVID-19-related disruption (e.g. customer/client demand was affected).
4. Be in good standing with the RI Secretary of State.

Section 1: Partner Information

Organization 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 free of charge [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 # _____

You can find your 6-digit NAICS code on your business' federal tax return, listed as a "Business Activity Code." You can also search for your NAICS code on the US Census website at <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017>

Number of Employees in Rhode Island as of 10/30/20 _____

Is the applicant a minority, woman, 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 Partner Contact:

Full Name _____

Job Title _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Email _____

Proposed partnerships (if applicable). If this program is being implemented in partnership with another entity, explain the partnership structure and why this partnership is necessary to carrying out the proposed ESR activities.

Section 2: Partner Overview and Eligibility

2-1: Organization summary. Describe your organization and the impact/contribution your organization has on the state's economy and communities (250 words max).

2-2: Revenue loss calculations. Please complete questions A through D below to document your organization's loss in revenue in Q2 and Q3 (April through September) of 2020 compared to the same months in 2019. Successful applicants may be required to provide documentation demonstrating loss.

Question	Calculation	Amount	
What was the total amount, in dollars, of your combined Q2 and Q3 2020 revenue?	Provide	\$	A
What was the total amount, in dollars, of your combined Q2 and Q3 2019 revenue?	Provide	\$	B
How much, in dollars, did your revenue decrease in the same Q2 and Q3 timeframe from 2019 to 2020? (Subtract A from B above)?	A – B	\$	C
What percent (%) of revenue does this decrease represent? (divide C by B, then multiply by 100)?	$(C \div B) \times 100$	%	D

2-3: Federal and/or State Assistance Received. Please list below any and all federal or state grants or forgivable loan funds received through the Coronavirus Relief Fund or other state/federal sources since March 1, 2020 related to the COVID-19 pandemic, including but not limited to: PPP, Small Business Administration Economic Injury Disaster Loan ("EIDL") Advance, RestoreRI, FEMA Public Assistance Program, or other federal or state-sponsored COVID-relief programs.

<u>Program Assistance Received</u>	<u>Budget amount</u>	<u>Budget description</u>
<i>Ex: SBA PPP</i>	<i>Ex: \$25,000</i>	<i>Ex: Cover 30 staff during COVID-19 period</i>

2-4: Of the amounts listed above, how much was used for COVID adaptation costs? These may include plexiglass, PPE, remote work investments, take it outside activities, etc. \$_____

2-5: Net losses. Please calculate your organization's net COVID-related losses using the following table:

Item	Instruction	Amount	
Revenue Loss	Insert amount from Box C in question 2-2 above in box E to the right	\$	E
Total Federal and/or State Assistance Received	Insert total from question 2-3 above in box F to the right	\$	F
Total Federal and/or State Assistance Received Used for COVID Adaptation Costs	Insert total from question 2-4 above in box G to the right	\$	G
Net Revenue Loss Calculation	Subtract the amount in box F from the amount in box E and add the amount in box G and record the amount in box H to the right (E - F + G = H)	\$	H

(Note: your maximum grant amount may not exceed the amount of your net losses)

2-6: COVID Impact. Was your organization financially hurt because of the COVID-19 public health emergency in one or more of the following ways: (1) increased operating expenses due to COVID-19, (2) had to purchase equipment or make modifications to my workplace due to COVID-19, (3) required to close in-person operations, reduce hours, cancel business, or operate at reduced capacity, (4) my supply chain was materially disrupted and therefore slowed firm-level production, or (5) experienced another COVID-19-related disruption (e.g. customer/client demand was affected)?

Yes No

2-7: Sustainability and adaptation. Please describe ways you have reduced costs, secured outside funding, and/or otherwise adjusted their business/organization in response to the COVID-19 pandemic to support organization's long-term viability/sustainability. This may include operational shifts such as virtual or adapted programming.

Attachments

Partners are to please attach copies of the following documents:

- Attachment 1: Copy of the Driver's License/ government-issued identification for the owner or Executive Director
- Attachment 2: Most recent tax return of the organization

Applicant Certification

The undersigned is an authorized representative of the Partner Applicant listed below with the authority to bind the company for the proposed HArT Grant 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 April 1, 2019.
- The Applicant was restricted from normal operations due to COVID-19-related public health and emergency orders.
- 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: _____