

Programme de subventions de secours aux petites entreprises du RI - Exemple de demande

Le programme de subventions pour l'aide aux petites entreprises du Rhode Island accorde des subventions de 5000 dollars aux petites entreprises du Rhode Island qui ont souffert financièrement à cause de la pandémie du COVID-19. Les demandes seront acceptées sur la base du premier arrivé, premier servi, à partir du jeudi 15 avril 2021 jusqu'au vendredi 30 avril 2021.

Veillez conserver les copies des pièces justificatives, car il vous sera peut-être demandé de fournir ces documents pendant le processus d'examen. Vous êtes tenu de conserver ces documents pendant trois ans pour pouvoir bénéficier de cette subvention.

Toutes les demandes sont faites sous peine de parjure et les informations fournies sont sujettes à vérification. Toute information sur la demande jugée intentionnellement trompeuse ou frauduleuse sera soumise au renvoi au procureur général aux fins de poursuites. Dans le cadre des procédures d'audit, les candidats peuvent être invités à fournir des informations supplémentaires, y compris des pièces justificatives, pour compléter et vérifier les informations fournies dans la candidature ou obtenues par la Rhode Island Commerce Corporation.

VEUILLEZ NOTER QUE CE N'EST PAS UNE APPLICATION OFFICIELLE. CECI EST UN ÉCHANTILLON POUR RÉFÉRENCE UNIQUEMENT.

[VOTRE DEMANDE OFFICIELLE DOIT ÊTRE SOUMISE EN LIGNE SUR RELIEFGRANT.COMMERCERI.COM](https://reliefgrant.commerceri.com)

INFORMATIONS AUX DEMANDEURS

Nom de l'entreprise:

Voici le nom qui apparaît sur l'enregistrement du secrétaire d'État ou sur les formulaires fiscaux de l'entreprise. Pour un déclarant de l'annexe C, il s'agit du nom de la personne qui déclare les impôts. Un exemple est John Doe.

Entreprise DBA:

C'est le nom sous lequel l'entreprise est connue. Un exemple est celui Johnny's Bagels.

Inscrivez si différent du nom de l'entité légale

Adresse physique:

Il s'agit de l'emplacement physique de l'entreprise. Pour un propriétaire unique, il peut s'agir d'une adresse personnelle. Entrez la ville, l'état et le code postal

Votre adresse postale est-elle différente de votre adresse physique?

C'est là que l'entreprise reçoit son courrier. Cela peut être la même que l'adresse physique. Un exemple de ceci est lorsqu'une entreprise utilise une boîte postale pour recevoir son courrier à la place de la livraison du courrier dans l'entreprise. Les bourses seront envoyées par la poste à cette adresse, le cas échéant; si aucune adresse postale n'est fournie, les subventions seront envoyées à l'emplacement physique de l'entreprise.

OUI NON

Adresse postale:

C'est là que l'entreprise reçoit son courrier. Cela peut être la même que l'adresse physique. Un exemple de ceci est lorsqu'une entreprise utilise une boîte postale pour recevoir son courrier à la place de la livraison du courrier dans l'entreprise. Les bourses seront envoyées par la poste à cette adresse, le cas échéant; si aucune adresse postale n'est fournie, les subventions seront envoyées à l'emplacement physique de l'entreprise. Entrez la ville, l'état et le code postal.

Telephone:

Indiquez le numéro de téléphone associé à l'entreprise.

Adresse e-mail:

Il s'agit de l'adresse e-mail que l'entreprise utilise pour recevoir du courrier électronique.

Confirmez votre adresse email:

Il s'agit de la même adresse e-mail que ci-dessus que l'entreprise utilise pour recevoir du courrier électronique. Elle est comparée à l'adresse e-mail ci-dessus pour s'assurer qu'il n'y a pas d'erreurs lors de sa saisie.

How did you hear about this grant program?

Word of Mouth

Facebook Mailing

Twitter

Email

C
o
m
m
u
n
i
t
y
P
a
r
t
n
e
r
o
r
D
i
r
e
c
t

Outreach

TV or News Media
Other

OWNER INFORMATION

Enter the name of the owner completing this application. This should be a majority owner.

Owner First Name:

Enter the first name of the owner completing this application.

Owner Last Name:

Enter the last name of the owner completing this application.

Owner Email:

Enter the email of the owner completing this application.

Owner Phone:

Enter the phone of the owner completing this application.

Owner Social Security Number:

Enter the social security number or individual taxpayer identification number of the owner completing this application.

Applicant requests additional support services or translation assistance

YES

NO

Are you working with a preparer or technical assistance partner to complete this application that you wish to authorize to communicate on your behalf and receive communications about the status of your application? Please list the name and email address of the person you'd like to authorize to communicate on your behalf and receive communications about the status of your application.

Preparer/Partner First Name:

Enter the first name of the preparer/partner completing this application.

Preparer/Partner Last Name:

Enter the last name of the preparer/partner completing this application.

Preparer/Partner Email:

Enter the email of the preparer/partner completing this application

Preparer/Partner Phone:

Enter the phone of the preparer/partner completing this application.

BUSINESS INFORMATION

Entity Type or Structure:

Sole Proprietorship

Cooperative

C or S Corporation

Limited Liability Company (LLC)

Partnership or Limited Partnership

Year of Business Formation:

When did the business start operating? Options are Pre-2019, 2019, or 2020.

Current Number of Employees, excluding the Owner:

Please enter the number of employees you currently have. Please note this does not affect award amount or eligibility. You may include 1099 contractors who work for the business.

Please select the type of tax identification number you use to file your business taxes:

This is the number that you use for your business

Social Security Number

Tax Identification Number

Employer Identification Number

SSN / TIN / EIN:

Sole proprietors re-enter their SSN or add the EIN here. Incorporated entities should enter their EIN or TIN here.

Primary Industry:

Please select from the list below. If other, please enter your industry. Please note the following are ineligible for this program: Elementary or secondary schools; childcare providers; landlords/real estate; institutions of higher education; public or private foundations; government-owned entities or elected official offices; and lobbying/political organizations.

Options are (circle one)

- Accommodation/Hotels
 - Agriculture
 - Arts, Entertainment, and Recreation (including gyms, fitness centers, and event professionals)
 - Child Care
 - Construction
 - Education Services (not including K-12 and higher education academic institutions)
 - Finance & Insurance
 - Government-owned entities or elected official offices
 - Healthcare
 - K-12 and higher education academic institutions
 - Lobbying/political organizations
 - Manufacturing
 - Nonprofits/Social Assistance (not including public/private foundations)
 - Personal Care Services (including barbers, beauty/hair/nail salons, massage therapists)
 - Professional/Science and Technical Services (e.g. accounting/tax, legal, architecture, engineering, advertising, and other services)
 - Public or private foundations
 - Real Estate professionals and landlords
 - Construction
 - Restaurants, Bars, Caterers, Food Trucks, and Other Food Services
 - Retail
 - Transportation, Wholesale, and Warehousing
 - Other
- Other: _____

Is your business minority-owned, women-owned, or veteran-owned?

Minority Owned

For the purposes of this grant program, a "minority owned business" must be (1) at least 51% owned by such individuals who also control and operate the business; or (2) in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Minority means a person who meets one or more of the following definitions: (a) American Indian or Native American means: all persons having origins in any of the original peoples of North America and who are recognized as an Indian by a tribe or tribal organization. (b) Asian means: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands, including, but not limited to China, Japan, Korea, Samoa, India, and the Philippine Islands. (c) Black means: All persons having origins in any of the Black racial groups of Africa, including, but not limited to, African Americans, and all persons having origins in any of the original peoples of the Cape Verdean Islands. (d) Eskimo or Aleut means: All persons having origins in any of the peoples of Northern Canada, Greenland, Alaska, and Eastern Siberia. (e) Hispanic means: All persons having their origins in any of the Spanish-speaking peoples of Mexico, Puerto Rico, Cuba, Central or South America, or the Caribbean Islands. Brazilians (Afro-Brazilian, indigenous/Indian only) shall be listed under Hispanic designation.

Women Owned

For the purposes of this grant program, a "women owned business" must be (1) at least 51% owned by such individuals who also control and operate the business; or (2) in the case of a publicly owned business, at least 51% of the stock is owned by one or more such individuals. Any female qualifies as a class of minority.

Veteran Owned

VETERAN BUSINESS ENTERPRISE (VBE)

– A small business concern which is at least fifty-one percent (51%) owned and controlled by one or more socially and economically disadvantaged veterans, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more socially and economically disadvantaged veterans, and whose management and daily business operations are controlled by those same socially and economically disadvantaged veteran owners. Ownership must be real, substantial, and continuing, and the veteran applicant must have and exercise the authority to independently control the business decisions of the enterprise.

VETERAN

– means a person who served on active duty with the U.S. Army, Air Force, Navy, Marine Corps or Coast Guard, for a minimum of one hundred eighty (180) days and who was discharged or released under conditions other than dishonorable. Reservists or members of the National Guard called to federal active duty (for other than training) or disabled from a disease or injury incurred or aggravated in the line of duty or while in training also qualify as a veteran pursuant to 38 C.F.R. Part 74

Is the business currently in operation (i.e. has not permanently closed)?

Seasonal businesses, check 'yes' even if currently closed but scheduled to reopen.

YES

NO

Has the applicant filed taxes with the Rhode Island Division of Taxation?

This does not mean you have filed your 2020 taxes. Have you filed at any point before?

YES

NO

11-Digit RI Identification No. used with the RI Division of Taxation (if available):

This is the 11-digit Account ID (sometimes referred to as AcctID) number that you use to log-in to pay certain taxes electronically. It can be found on your Sales Permit and on various Notices sent from Taxation to the taxpayer. If you do not have a RI Identification No., please leave blank.

If you are a sole proprietor, does your annual business revenue make up at least 20% of your total annual income?

Applicants who reply "No" to this question are not eligible for the program. You may calculate this by dividing the applicant's gross business income (e.g. line 7 on IRS 1040 schedule C for sole proprietors) by the owner's total income (e.g. line 7b on IRS 1040). However, if you file a joint return, you may exclude income from a spouse or dependent from this calculation. Applicants may use 2019 or 2020 income for purposes of this calculation.

YES

ELIGIBILITY AND COVID-19 PANDEMIC IMPACT

Applicant certifies under penalty of perjury that they have been adversely economically injured due to the COVID-19 health emergency in one or more of the following ways:

Please select 'yes', if you experienced one or more of these impacts. This is required to be eligible for this grant program.

1. required to close by an Executive Order,
 2. required to restrict operations or capacity by an Executive Order,
 3. was indirectly impacted by a required closure or significant restriction of a client or customer,
- Or
4. experienced decreased consumer demand as a result of the pandemic

YES NO

Business had 2020 RI "gross receipts or sales" (excluding any COVID-related financial assistance you may have received) of less than \$1 million?

If your business' "gross receipts or sales" were \$1 million or greater in 2020, you are not eligible at this time. You can find your "gross receipts or sales" on your tax return. If you file a federal 1120, 1120S, or 1065, this is on line 1a. If you file a federal 1040 or 1041, this is on your schedule C, part 1, line 1. If you have not yet filed your 2020 tax returns, you can consult a financial statement. For the purposes of this grant program, "gross receipts or sales" do not include any COVID-related financial assistance. Please do not include any financial assistance received in 2020 in the "gross receipts or sales" amount entered here.

YES NO

Did you receive COVID-related financial assistance covering costs or expenses through 2020?

This may include financial assistance received in 2021 if it covered costs or expenses incurred in 2020.

YES NO

COVID-RELATED FINANCIAL ASSISTANCE

You will need to fill out this section if you answered yes to the question above. Please enter financial assistance received in 2020 in the fields below. Only include COVID-related financial assistance covering costs or expenses through 2020 (note: this may include financial assistance received in 2021 if it covered costs or expenses incurred in 2020). If this assistance paid for COVID-related expenses or increased costs (for example, through the Remote Work or Take It Outside grant programs), you can include those expenses and increased costs below so that it does not reduce your net need. This is found in the Need Calculation section where it says "COVID-related expenses or increased costs and only appears if the minimum \$5,000 net need has not already been met."

PPP (First or second draw):

Paycheck Protection Program are forgivable loans. You would have applied for this program through a private lender or bank in spring of 2020.

EIDL / EIDL Targeted Advance:

The Economic Injury Disaster Loan (EIDL) and Targeted EIDL Advance are loan and forgivable grant programs that were applied to through a portal on the Small Business Administration's (SBA's) website.

RI COMMERCE Restore RI Grant:

The Restore RI grant was a grant program for small businesses and sole proprietors. Applications were accepted between August and December 2020 and you would have applied through RI Commerce's website.

DIVISION OF TAXATION Pause Grant:

The Pause Grant was a grant for businesses impacted by the Governor's Rhode Island on Pause Executive Order. You would have applied to the Department of Taxation between November 27 and December 14, 2020.

DIVISION OF TAXATION Early Closure Program for Restaurants and Bars:

The Early Closure Program was a grant for businesses impacted by the Governor's early closure orders. You would have applied to the Department of Taxation between November 9 and December 15, 2020.

Municipal grants:

RI COMMERCE Business Adaptation:

The Business Adaptation program was a grant program for businesses adapting their business model in response to the COVID-19 pandemic. You would have applied to RI Commerce for this funding between September through November 2020.

RI COMMERCE HART / ESR:

Rhode Island Hotel, Arts & Tourism (HART) Grant Program and the Engagement, Service, and Resiliency activities ("ESR" Funds) supported arts, culture, hospitality & tourism businesses and institutions and funded economic activity, create safe convening opportunities, and allow increased and accessible artistic and tourist-friendly opportunities. You would have applied to RI Commerce for this funding between September through November 2020.

RI COMMERCE Take It Outside Grant:

The Take It Outside program provided funding to purchase tents, tables, chairs, heaters and other equipment that allowed businesses and other entities to conduct their activities outdoors. You would have applied to RI Commerce for this funding between September through November 2020.

Other state of Rhode Island grants:

Such as Medicaid supplements

Other federal grant relief:

Grant name:

Grant name:

Assistance Total:

Please add the sum of all the financial assistance received above

NEED CALCULATION INSTRUCTIONS

You will complete one of the three Need Calculation's based on the year your business was formed.

- If your business was formed **before January 1, 2019**, fill out the "pre-2019" Need Calculation (below).
- If your business was formed **in 2019**, please fill out the "2019" Need Calculation (on page 6).
- If your business was formed **in 2020**, please fill out the "2020" Need Calculation (on page 7).

Please note your totals for COVID-related Financial Assistance and your Net Need will be autocalculated in the online application, but you can still review how it will be calculated by following the formulas below.

NEED CALCULATION (PRE-2019):

(A) 2019 Rhode Island gross receipts and sales:

Please enter your gross receipts or sales as found on your tax return. The gross receipts or sales can be found on the following lines of your business tax return:

Federal 1120: Line 1a

Federal 1120S: Line 1a

Federal 1065: Line 1a

Federal 1040: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

Federal 1041: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

(B) 2020 Gross receipts or sales:

For the purposes of this grant program, gross receipts or sales do not include any COVID-related financial assistance. Please do not include any financial assistance received in 2020 in the gross receipts or sales figure entered here.

If you have filed your 2020 tax return, the gross receipts or sales can be found on the following lines of your business tax return:

Federal 1120: Line 1a

Federal 1120S: Line 1a

Federal 1065: Line 1a

Federal 1040: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

Federal 1041: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

You are not required to have filed your 2020 tax returns as a condition of the program. If you have not yet filed your 2020 taxes, this may be found through:

A point-of-sale (POS) system report;

A profit and loss statement from your general ledger or accounting software

(e.g. Quickbooks, Freshbooks, Xero, etc.).

(C) 2020 COVID Assistance:

Please copy this total from the Assistance Total on page 4

Net Financial Need:

Subtract (A) minus (B) minus (C)

If your Net Financial Need above exceeds \$5,000, you meet the eligibility requirement and do not need to provide 2020 COVID-related increased costs or expenses.

If your Net Financial Need is LESS than \$5,000, you may still be eligible. Next sum up your COVID-related increased costs or expenses. Please list your COVID-related increased costs or expenses using the form available at <http://commerceri.com/reliefgrant> and retain this list for your records.

(D) 2020 COVID-related costs:

Only add if needed to meet eligibility)

Net financial need:

A) minus (B) minus (C) plus (D)

NEED CALCULATION (2019):

(A) Number of months in operation:

Please enter the number of full months that the business was in operation in 2019. This number must be between 1 and 11.

(B) 2019 Rhode Island gross receipts and sales:

Please enter your gross receipts or sales as found on your tax return. The gross receipts or sales can be found on the following lines of your business tax return:

Federal 1120: Line 1a

Federal 1120S: Line 1a

Federal 1065: Line 1a

Federal 1040: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

Federal 1041: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

(C) Annualized Gross receipts:

Divide (B) by (A) and multiply by 12

Based on number of months in operation.

(D) 2020 Gross receipts or sales:

For the purposes of this grant program, gross receipts or sales do not include any COVID-related financial assistance. Please do not include any financial assistance received in 2020 in the gross receipts or sales figure entered here.

If you have filed your 2020 tax return, the gross receipts or sales can be found on the following lines of your business tax return:

Federal 1120: Line 1a

Federal 1120S: Line 1a

Federal 1065: Line 1a

Federal 1040: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

Federal 1041: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

You are not required to have filed your 2020 tax returns as a condition of the program. If you have not yet filed your 2020 taxes, this may be found through:

A point-of-sale (POS) system report;

A profit and loss statement from your general ledger or accounting software

(e.g. Quickbooks, Freshbooks, Xero, etc.).

(E) 2020 COVID Assistance:

Please copy this total from the **Assistance Total** on page 4

Net Financial Need:

Subtract (C) minus (D) minus (E)

If your Net Financial Need above exceeds \$5,000, you meet the eligibility requirement and do not need to provide 2020 COVID-related increased costs or expenses.

If your Net Financial Need is LESS than \$5,000, you may still be eligible. Next sum up your COVID-related increased costs or expenses. Please list your COVID-related increased costs or expenses using the form available at <http://commerceri.com/reliefgrant> and retain this list for your records.

(F) 2020 COVID-related costs:

(Only add if needed to meet eligibility)

Net financial need:

Subtract (C) minus (D) minus (E) then add (F)

NEED CALCULATION (2020):

(A) 2020 Operating Expenses Excluding Ineligible Costs:

Operating expenses can include any operating expenses except the following:

- Pay taxes and monies owed to government entities;
- Pay non-business expenses;
- For political purposes, whether or not the expenses are business related. These expenses include but are not limited to: lobbying activities; donating to a political party; donating to a political action committee or group; using funds in support of (or in opposition to) a referendum or initiative petition; or
- Cover specific expenses for which the business has or will otherwise receive reimbursement from another source including but not limited to: other government grant or loan programs or insurance coverage.

Examples of operating expenses that are eligible include payroll costs, business equipment, supplies, rent, utilities, the interest paid on a mortgage, condo area maintenance fees, condo fees, etc.

(B) 2020 Gross receipts or sales:

For the purposes of this grant program, gross receipts or sales do not include any COVID-related financial assistance. Please do not include any financial assistance received in 2020 in the gross receipts or sales figure entered here.

If you have filed your 2020 tax return, the gross receipts or sales can be found on the following lines of your business tax return:

- Federal 1120: Line 1a
- Federal 1120S: Line 1a
- Federal 1065: Line 1a
- Federal 1040: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1
- Federal 1041: Schedule C (For Form 1040, 1040-SR, 1040-NR, or 1041) - Part 1, line 1

You are not required to have filed your 2020 tax returns as a condition of the program. If you have not yet filed your 2020 taxes, this may be found through:

- A point-of-sale (POS) system report;
- A profit and loss statement from your general ledger or accounting software (e.g. Quickbooks, Freshbooks, Xero, etc.).

(C) 2020 COVID Assistance:

Please copy this total from the **Assistance Total** on page 4

Net Financial Need:

Subtract (A) minus (B) minus (C)

ATTESTATION

- Applicant is a viable business that is not permanently closed
- Applicant is not on federal do not pay list
- Applicant is not in or considering federal bankruptcy or state receivership
- Applicant is not owned by a nationally or regionally owned franchise. While nationally-owned chain businesses are not eligible to apply, a business that is part of a regional or national franchise that includes franchisees with locations outside of Rhode Island, may apply unless the business is owned by a regional or national franchisor or chain OR is owned by an entity that is not headquartered in Rhode Island (that is, the entity's main office is not located in Rhode Island).

MORE ATTESTATION ON NEXT PAGE

ATTESTATION

Applicant agrees to allow Division of Taxation to share business information with Commerce (tax records and related information).

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

- I am the applicant (sole proprietor) or for business organizations, I have the authority to bind the applicant in relation to this application.
- I have reviewed the information contained in this application and confirm that such information and the statements made in this application in its entirety including all attachments, appendices, etc. are true, accurate and complete to the best of my knowledge.
- I hereby consent to this credit authorization, I understand, acknowledge and agree that Community Reinvestment Fund, Inc. and its affiliates and assigns, including CRF Small Business Loan Company, LLC, (together "CRF") as the agent of the Grantor is hereby authorized to obtain business and consumer credit reports and related information about you and/or the applicant and any entity identified in the application for a grant, including (but not limited to) consumer reporting agencies. You authorize Grantor and/or CRF to obtain the business and consumer credit reports during the application, review, processing, and closing of a grant transaction. You authorize Grantor and/or CRF to use the information to verify any information contained in the application and/or authenticate your identity or the existence or other material information concerning any entity identified in the application. This information may include a credit history, employment history, information on bank and/or loan accounts (including account ratings), public records, and any other information in connection with the business and consumer credit reports. You agree that Grantor and/or CRF will not be responsible for any inaccurate information that may be reported to it and that you may work with the consumer reporting agency to dispute any information.
- Adverse Action Notice: If Grantor takes adverse action on your application for a grant based in part on information contained in credit reports, you have the right to a statement of specific reasons as to why we took such adverse action within 30 days if you request the statement within 60 days of our notification. You may contact CRF Sales Support at 801 Nicollet Mall, Suite 1700W, Minneapolis, MN 55402, by calling 612 338-3050, or by e-mailing SalesSupport@crfusa.com to obtain the statement of reasons. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with the Equal Credit Opportunity Act.
- I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

By submitting the online application, I hereby 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:

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.

SAMPLE - NOT OFFICIAL APPLICATION