



**RI Rebounds Technical Assistance Program**  
**SMALL BUSINESS APPLICATION GUIDE**

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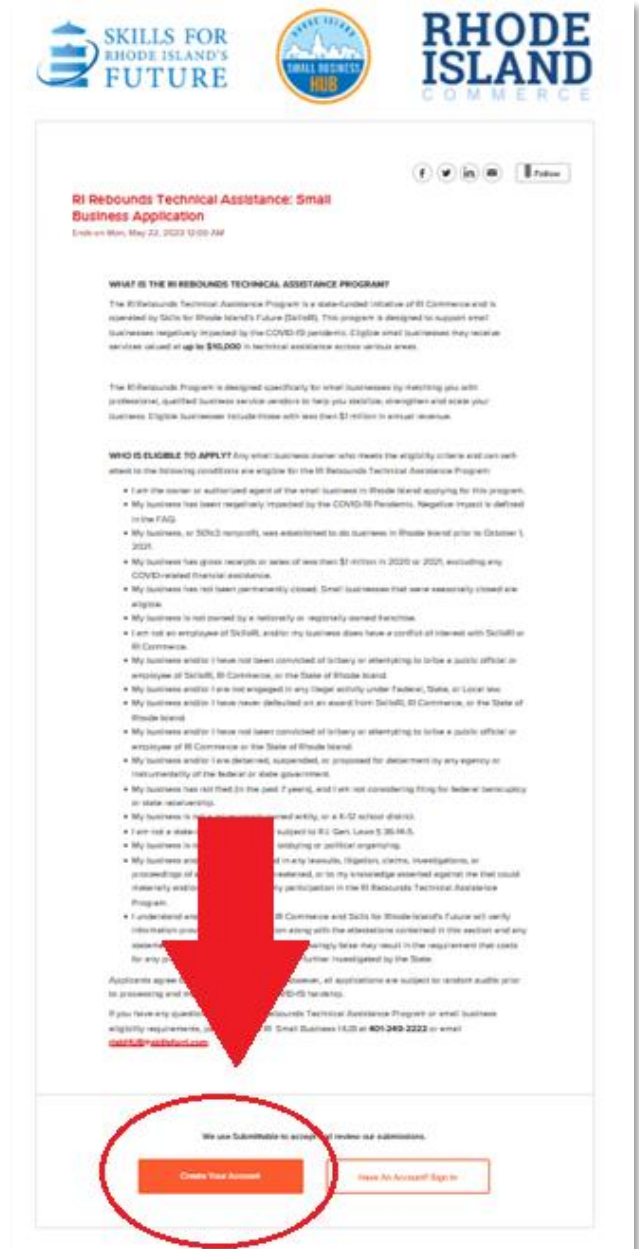
**Contact the Rhode Island Small Business HUB**  
**for questions about this APPLICATION:**

Email: [risbHUB@skillsforri.com](mailto:risbHUB@skillsforri.com)  
Phone: 401-BIZ-2222 (401-249-2222)

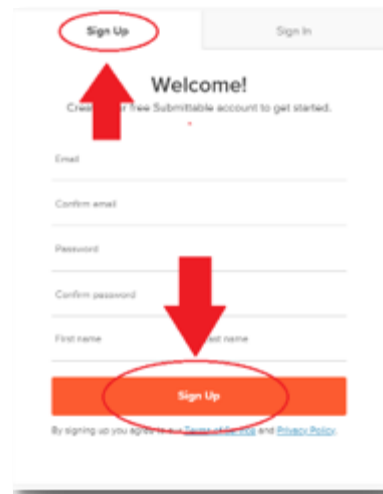
# RI Rebounds Small Business Application Guide

At any time, if you need help completing this application, please call the HUB at 401-249-2222 or email us at [risbHUB@skillsforri.com](mailto:risbHUB@skillsforri.com).

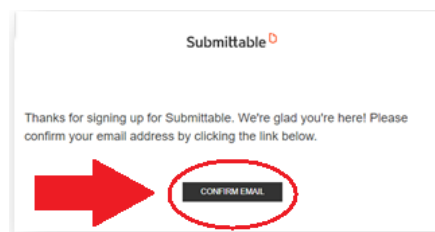
**Step 1:** To start your application, click here: <https://bit.ly/SmallBizApp-Eng> and then click **“Create Your Account.”**



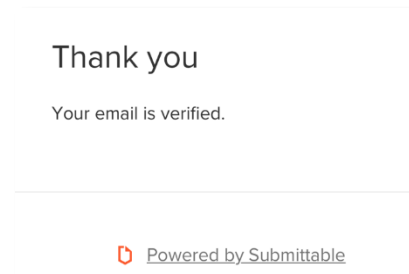
**Step 2:** The system will take you to this page to register your email address. Make sure you are on the “Sign Up” tab. Enter your information as requested and click “Sign Up.”



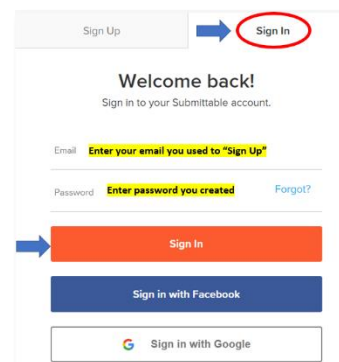
**Step 3:** An automated email will be sent to you, please check your email to confirm your email address. The email you receive should look like the image to the right. Click the “CONFIRM EMAIL” button.



**Step 4:** Once you confirm your email, you will be taken to a screen that looks like the this:

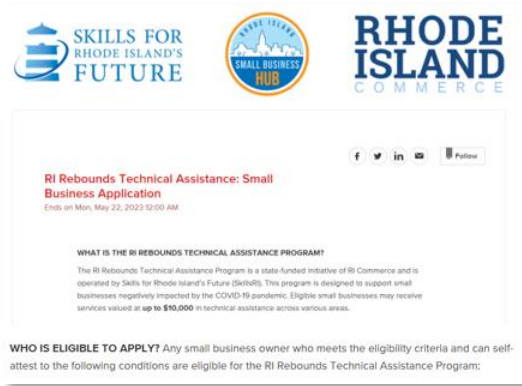


**Step 5:** After you confirm your email, please proceed to the Small Business Application. The “Sign In” page will look like the image to the right. Enter your email and password you created.



**Step 6:** After signing in, you will be brought to the application.

**Please review the eligibility requirements prior to starting the application.**



**Step 7:** Enter your full name here; the person completing the application must be the business owner or an authorized agent for the business.

**Step 8:** If you are not the owner, it is important that you answer the question regarding your affiliation to the company you are applying on behalf of. This program requires that the owner or authorized agent completes this application, and it will require that you sign the application.

**Step 9:** You need to provide the legal company name or registered DBA (Doing Business As) name because we need to verify the documents you are providing and confirm that the company is registered with the Rhode Island Department of State.

**Step 10:** Enter the business owner’s e-mail address and the registered address of your business, including city, state, and zip code.

This screenshot shows a registration form with the following fields:

- Business Owner Email \***: Input field containing "email@example.com".
- Please Confirm Business Owner Email \***: Input field containing "email@example.com".
- Street Address - Business Physical Address (as listed on your tax filing) \***: Empty input field.
- Street Address 2 - Business Physical Address (if applicable)**: Empty input field.
- City - Business Physical Address \***: Dropdown menu with "Select..." selected.
- State - Business Physical Address \***: Dropdown menu with "Select..." selected.
- ZIP Code - Business Physical Address \***: Input field with a "Limit: 5 characters" note below it.

**Step 11:** Enter the business owner’s phone numbers and WhatsApp information (if applicable) and select a preferred method of contact.

This screenshot shows a registration form with the following fields:

- Business Owner Cell Phone Number \***: Input field with a country code dropdown showing "US".
- Business Owner WhatsApp (optional)**: Input field.
- Business Phone Number \***: Input field with a country code dropdown showing "US".
- Preferred Method of Contact: \***: Radio button options:
  - Business Number
  - Business Owner's Cell
  - Business Owner's Email
  - WhatsApp

**Step 12:** Next you will be asked to select your legal structure. This is an important question because based on your answer, you will have documents that are required uploads.

This screenshot shows a dropdown menu titled "Please select the option that best describes your type of business \*". The menu is open, showing the following options:

- Benefit Corporation
- C-Corporation
- Cooperative
- Limited Liability Company (LLC)
- Partnership or Limited Partnership
- S-Corporation
- Sole Proprietor
- 501(c)(3) Nonprofit

**Step 13:** You will need to select your registration type. This can be an EIN, SSN, or ITIN.

This screenshot shows a radio button selection titled "Business Taxpayer Identification Type \*". The options are:

- EIN
- SSN
- ITIN (Individual Taxpayer Identification Number)

**Step 14:** If the business’s physical address is the same as the registered address, select “Yes” and continue to the next question. If the physical address of the business is different than the registered address, select “No” and you will be prompted to enter it below.

Is the business physical address the same as the business registered address? \*

Yes  
 No

Street Address - Business Registered Address \*

Street Address 2 - Business Registered Address (if applicable)

City - Business Registered Address \*

State - Business Registered Address \*

ZIP Code - Business Registered Address \*

Limit: 5 characters

**Step 15:** If your business has a website, please enter it here.

Please provide your business's website (if applicable)

example.com

**Step 16:** You will be asked if your business has been in operation before October 2021. To qualify for this program your business needs to have been established prior to October 2021.

Has your business been in operation before October 2021? \*

Yes  
 No

Year Business Established \*

**Step 17:** Enter how many full-time employees work for your company.

How many employees work for your business (including the owner or sole proprietor)? \*

**Step 18:** You will be asked if your business is owned women and/or minority owned, select all that apply.

Is your business women and/or minority owned? (Check all that apply) \*

Women owned (at least 51%)  
 Minority owned (at least 51%)  
 No

**Step 19:** Select your business’s primary industry from the dropdown list.

Select your Primary Industry \*

Personal Care Services (including barbers, beauty/hair/nail salons, massage therapists)  
Arts, Entertainment, and Recreation (including gyms, fitness centers, and event professionals)  
Restaurants, Bars, Caterers, Food Trucks, and Other Food Services  
Construction  
Retail  
Finance and Insurance  
Transportation, Wholesale, and Warehousing  
Childcare Provider

**Step 20:** Select the type of service, or services, your business requires. If you qualify for the program, this information will be used to match you with a qualified vendor who can provide these services.

Please select all the technical assistance your business needs. The total value of services provided under the RI Rebounds Technical Assistance Program is valued at up to \$10,000.00. A small business coordinator will walk you through the process for accessing services and develop a plan based on your business needs. \*

- Accounting & Bookkeeping
- Legal Advice & Services
- Marketing, Communications, Branding & Public Relations
- Customer Data & User Experience Analytics
- Strategic & Business Planning
- Human Resource & Payroll Services
- Information & Computer Technology (IT)
- Website Development Support
- Business Funding Pitch & Grant Writing
- Supply Chain & Procurement
- E-Commerce
- Other Services

**Step 21:** You will be asked if your business has been negatively affected by the COVID-19 pandemic and the reasons why the business was negatively affected. To qualify for this program, your business must have been adversely affected by COVID-19.

COVID-19 Negative Impact Attestation: My business has been negatively impacted by the COVID-19 pandemic. My business experienced the following (check all that apply): \*

- Forced to close or curtail business operations due to the pandemic or a government order pertaining to the pandemic.
- Experienced a supply chain delay or disruption that negatively impacted operations.
- Experienced increased cost as a result of the pandemic.
- Forced to lay off workers as a result of the pandemic.
- Experienced a revenue loss as a result of the pandemic.
- OTHER: My business was negatively impacted for a reason other than the above provided reasons.

**Step 22:** Please upload the required documents. The types of documents required will vary based on the legal structure of your organization. If you require assistance with where to obtain these documents, please consult our FAQ.

**Document Upload**

**Upload Disclaimer:**  
 Applicant agrees to not send, display, post, submit, publish or transmit a User Submission or Message that: (i) is unfair or deceptive under the consumer protection laws of any jurisdiction; (ii) impersonates another person; (iii) is unlawful, defamatory, libelous, threatening, pornographic, harassing, hateful, racially or ethnically offensive, or encourages conduct that would be considered a criminal offense, gives rise to civil liability, violates any law, or is otherwise dishonest, inaccurate, inappropriate, malicious or fraudulent; (iv) involves theft or terrorism; (v) constitutes an unauthorized commercial communication; (vi) contains the contact information or any personally identifiable information of any third party unless you have first obtained the express consent of said third party to include their contact information or personally identifiable information; and/or (vii) breaches this Agreement.

**W-9 \***

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

**Proof of Rhode Island Business Address \***

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

**Government Issued Photo ID (current) \***

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musc, .ppt, .pptx, .sib, .xls, .xlsx, .zip

**Step 23:** If your business requires additional assistance not outlined within this program, answer “Yes” to this question and one of our program coordinators will contact you to find out how we may be able to help.

Would you like to be contacted by Skills for Rhode Island's Future regarding additional assistance with your small business? \*

- Yes
- No

**Step 24:** Complete the attestation section to confirm that your business is in good legal standing and meets the eligibility requirements for this program.

I, hereby certify under the pains and penalties of perjury that:

- I am the owner or authorized agent of the small business in Rhode Island applying for this program. \*
- My business was established to do business in Rhode Island prior to October 1, 2021. \*
- My business has gross receipts or sales of less than \$1 million in 2020 or 2021, excluding any COVID - related financial assistance.
- My business has not permanently closed. \*
- My business is not owned by a nationally or regionally owned franchise. \*
- I am not an employee of SkillsRI, and/or my business does not have a conflict of interest with SkillsRI or RI Commerce.
- My business and/or I have not been convicted of bribery or attempting to bribe a public official or employee of SkillsRI, RI Commerce, or the State of Rhode Island.
- My business and/or I are not engaged in any activity that is illegal under Federal, State, or Local law. \*
- My business and/or I have never defaulted on an award from SkillsRI, RI Commerce, or the State of Rhode Island.
- My business and/or I have not been debarred, suspended, or proposed for debarment by any agency or instrumentality of the federal or state government.
- My business has not filed (in the past 7 years), and I am not considering filing for federal bankruptcy or state receivership.
- My business is not a government-owned entity, or a K-12 school district. \*
- I am not a state-level elected official subject to R.I. Gen. Laws § 36-14-5. \*
- My business is not solely formed for lobbying or political organizing. \*

My business and/or I am not involved in any lawsuits, litigation, claims, investigations, or proceedings \* or of any kind pending, threatened, or to my knowledge asserted against me that could materially and/or adversely impact my participation in the RI Rebounds Technical Assistance Program.

**Step 25:** Once you have completed all sections and uploaded the required documents, you must type your name in the provided space to attest all information is accurate then click “Submit” to submit your application.

I understand and acknowledge that RI Commerce and Skills for Rhode Island's Future will verify information provided in this application along with the attestations contained in this section and any statement made that is determined to be knowingly false may result in the requirement that costs for any provided services be repaid and/or further investigated by the State. \*

Please type your full name

**Step 26:** You will receive a confirmation message that your application has been successfully submitted.

Skills for Rhode Island's Future

**Success!**

You'll receive updates from Submitable by email—to ensure you receive all notifications, [follow these steps](#). You can also check on the status any time in [your Submittable account](#).

[Return to Skills for Rhode Island's Future](#) →