

ROCKY HILL AMERICAN RESCUE PLAN COVID-19 SMALL BUSINESS ASSISTANCE PROGRAM

Small Business Assistance Program Overview

The Rocky Hill Small Business Assistance Program was established to provide financial assistance to eligible Rocky Hill businesses and non-profits that have been impacted by the coronavirus pandemic. The Program will provide limited, one-time direct financial assistance to eligible Rocky Hill businesses and non-profits adversely impacted by the COVID pandemic. The Program is funded through the American Rescue Plan Act (ARPA) and administered by the Town of Rocky Hill's Economic Development Office. It is intended to help businesses, non-profits and the Rocky Hill business community become stronger and prosper.

Who is Eligible to Apply?

- Businesses and non-profit organizations must be located in Rocky Hill and registered with the Town of Rocky Hill.
- Eligible businesses are businesses owned by an individual, a partnership, a corporation, a limited liability company
- Businesses and non-profit organizations cannot have more than 25 full-time equivalent (FTE) employees (i.e. a full-time employee working 40 hour/week = 1.0 FTE. An employee working 20 hours/week = .5 FTE).
- Businesses and non-profits organizations must currently be in and have been in operation as of January 1, 2019.
- Businesses must be in "Good Standing" with the Connecticut Department of Revenue Services and be current on its federal, state and local tax obligations and have no outstanding liens or judgments. Letters of Good Standing (Status Letters) may be requested via www.portal.ct.gov/DRS/TSC/Help-Text/Status-Letter or via a paper request ([TPG-170](#)).
- Businesses and non-profit organizations must be compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable State and Federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor.
- Priority will be given to Certified Minority/Women-owned Business Enterprises, Certified Small Business Enterprises and veteran-owned businesses.

Applicants must self-certify the eligibility requirements on the application.

Eligible Use of Funds

Grant funds may be used for the categories listed below to address costs and expenses associated with the COVID-19 pandemic:

- Payroll costs
- Rent/mortgage assistance
- Utilities
- Operational expenses
- Employee protection expenditures
- Costs associated with the compliance of public health measures related to Covid-19
- Costs associated with outdoor dining areas
- Marketing programs to increase business and employee recruitment

What is the Approval Process?

All applications will be reviewed by the Town Manager, Finance Director, the Director of Economic Development and the Economic Development Subcommittee of the Town Council. Program staff will make every effort to ensure timely review of all applications received.

Applications will be evaluated and ranked to ensure the review criteria listed in the following section are met. The extent to which prior financial assistance/relief funds received from other COVID-19 eligible programs at the State or Federal level will also be taken into consideration.

In addition to other documents, please be aware that the following documents may be requested in order to perform a complete and thorough review of applications:

- 2019 & 2020 Business tax returns appropriate to your business
- Form W-9 Request for Taxpayer Identification Number & Certification
- Quarterly Form 941 or CT 941
- Form 990 if a non-profit

Upon approval, an award letter will be issued to each grant awardee specifying the amount of funding, the duration of such funding and any conditions placed on the grant award. A formal Assistance Agreement between the awardee and the Town will be executed.

Review Criteria

Businesses must be able to demonstrate they have been negatively impacted by the COVID-19 pandemic and that grant funds will enable the business to continue to operate and become stronger. The business must present a reasonable likelihood for long-term viability.

Businesses and non-profit organizations must have a clear and specific use for grant funds and demonstrate that such funds will be used exclusively for future expenditures directly related to the COVID pandemic. It is vital to demonstrate economic hardship and demonstrate that operating funds are necessary and sufficient, when combined with other sources, to sustain the organization.

Applications will be evaluated and ranked based on the following criteria:

- A. Application completeness
- B. Application submitted within the allotted time frame
- C. Eligibility qualifications
- D. Certified Minority/Women-Owned Business Enterprise, Certified Small Business Enterprise or veteran owned
- E. Economic hardship-negative impact of COVID-19
- F. Use of funds
- G. Documentation to support the amount being requested (the budget/costs)
- H. Impact the grant will have on the business
- I. Viability of the business
- J. Financial need
- K. Prior financial assistance

Applications are available at <https://www.rockyhillct.gov/bids>.

Applications (and all required documentation) are to be submitted via email to rcarpentino@rockyhillct.gov, with “Small Business Grant Program” in the subject line.

Questions may be directed to:

Ray Carpentino, Economic Development Director
860-258-7717(office)
rcarpentino@rockyhillct.gov

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APPLICATION

Applicant Information

Business/Organization Name:		
Owners/Members:		
Business/Organization Street Address:		
City:	State:	Zip Code
Contact Phone:	Website URL	
Contact Email Address:		
Federal Employer Identification Number (EIN):		
Month and year business/organization was incorporated/registered? Month: Year:		
Years in Rocky Hill:	Years at current location:	
Does your business own or rent its current location? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Business/Organization structure (<i>sole proprietorship, LLC, partnership, non-profit, etc.</i>)		
Describe your business/organization. What products or services does your business offer?		
How many employees did your business have on January 1, 2019?		
Full-time:	Part-time:	
How many employees does your business currently have on payroll?		
Full-time:	Part-time:	
Does your business hold a State certification as a MBE, WMBE, DBE		
<input type="checkbox"/> Yes (<i>attach copy of certifications</i>) <input type="checkbox"/> No.		

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Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) or SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration?

Yes No

Have you been approved or received any funding to date from federal or state relief programs related to the pandemic and disaster declaration?

Yes No

If yes, please provide details as to program and amount:

How has your business/organization been affected by COVID-19? Has there been a significant change in the way your business/organization operates due to COVID-19?

What is the amount of funding requested (up to \$5,000):

How will you use the funds? Please refer to the categories listed under “Eligible Use of Funds”. Please describe how your intended use of funds will help your business/organization combat or counter the negative impact the COVID-19 public health emergency has had on your business:

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Please provide an itemized budget supporting the funds you are requesting. The budget may include, but not be limited to: items to be purchased and their costs; activities proposed and their associated costs; number, type and rate of personnel to be compensated; cost estimates or quotes:

(You may attach a budget or use the space allotted)

Section 3: Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge and agree that the Town of Rocky Hill does not assume any responsibility for the success or failure of the Applicant's existing business.

I understand the information in this application is provided for the purpose of applying for the Rocky Hill American Rescue Plan COVID-19 Small Business Assistance Program. I authorize the Town of Rocky Hill to make inquiries as necessary to verify the information contained in this application.

I agree that all funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, I shall provide a final report to the Town of Rocky Hill detailing all funding utilization and costs. I further agree to return all unused funds to the Town of Rocky Hill.

I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the Town of Rocky Hill to receive a return of any funding provided hereunder, in addition to any other remedies it may have against me at law or in equity.

I further understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature(s): _____

Printed Name:

Date: _____