

Page 1

Personal Contact Information

First Name

Last Name

Contact Title

Contact Phone

Phone Extension

Email Address

Business Information

Name of Business/Organization

DBA Name

I certify that my business/organization was damaged by one or more of the storms from December 18, 2023, January 10, 2024, and January 13, 2024.

- Yes
 No

Due to the listed storms, is your business closed or at reduced capacity? Seasonal businesses – respond as if you were in season - could your business be opened? (Please choose from the following options)

- Business is open
 Business is open but repairs are still needed
 Business is partially open but not at capacity

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- Business is open but still has a lot of damage
- Business has not been able to reopen due to the storms

Please include additional context/information on the re-opening of your business, (less than 2000 characters).

Business/Organization Address

Address Line 1

Address Line 2

City

State

Maine

Zip

Business/Organization County

Type of Federal Taxpayer Identification Number

- Federal Employer Identification Number (EIN)
- Social Security Number (SSN)

Affiliated Business/Organization

For purposes of the Maine Business Recovery and Resilience Fund Grant, your business/organization is considered affiliated with any other business/organization that:

1. Has the same Federal Taxpayer Identification Number (including Social Security Number)
2. Has the same corporate parent or grandparent
3. Is majority owned (more than 50%) by the same owner or group of owners



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A GROUP OF AFFILIATED ENTITIES MUST ONLY SUBMIT ONE GRANT APPLICATION. PLEASE COORDINATE WITH OTHER AFFILIATED ENTITIES PRIOR TO SUBMITTING AN APPLICATION. FOR NON-PROFIT ORGANIZATIONS, ONLY THE ORGANIZATION THAT FILES YOUR FORM 990 OR FORM 990-EZ SHOULD SUBMIT A GRANT APPLICATION.

Is your business considered “affiliated” as defined by the above criteria?

- Yes
- No

Page 2

Provide the following information for all individual owners with an ownership stake greater than 25%. To complete this section, please select the number of owners you need to include on your application and then supply the information for each individual in order for them to be included. After all individuals are listed, then click on “Next” to proceed.

Please Note:

- 1. If your business is affiliated with one or more businesses, the ownership percentage of each individual owner must be her/his ownership percentages of the entire group of affiliated businesses.**
- 2. You must enter at least one owner.**
- 3. Nonprofits – please reenter the contact information for whoever is filling out the form and indicate 'Nonprofit' in the ownership percentage drop-down.**

How many owners do you wish to list?

-- Select an option --

Owner Information (per owner selected)

First Name

Middle Initial

Last Name

Owner Address Required

Address Line 1

Address Line 2

City

State

Maine

Zip

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Ownership %
-- Select an option --

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Page 3 (Financial Impact of Storm Damage)

Please list the total expense by storm: (round to whole dollar)

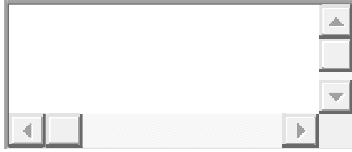
Please Note: If your business or affiliated business has not had an associated expense related to a storm below, please enter 0 as a response.

Damages from the December 17-21, 2023 Storm(s)
\$ _____

Damages from the January 9-13, 2024 Storm(s)
\$ _____

Total Damages
\$ _____

Give an overview of your damage. Please be specific as to the infrastructure that was damaged (e.g. roof, floor, electrical panel, oil storage tanks, etc.) (less than 500 words).



Upload receipts/documentation here to match the total listed above. Documentation should clearly identify the cost incurred /estimated, and should be broken down by categories/items previously described above in your overview of damages. If it is difficult to match documentation with your description of damages, it may result in a lower award. Scanned Receipts, quotes, cost estimates or proof of payment. Pictures are accepted but not required. Note – you must include a summary sheet to connect documentation and amount totals.

Please provide the street address for the location(s) that you are seeking damages for (note – locations must be in Maine).

- Same as above
- Other - _____

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Upload receipts/documentation here to match the total listed above. Documentation should clearly identify the cost incurred /estimated, and should be broken down by categories/items previously described above in your overview of damages. If it is difficult to match documentation with your description of damages, it may result in a lower award. Scanned Receipts, quotes, cost estimates or proof of payment. Pictures are accepted but not required. Please include your business name on any uploaded file (either in the document or in the file name).

Note – You must include a summary sheet to connect documentation and amount totals.

Upload Summary Sheet

Upload sheet (excel, word doc, pdf) outline expenses - Max file size of 30 (MB)
You can add additional Documents if needed. Please include your business name on any uploaded file (either in the document or in the file name).

Upload Documentation

Upload Receipts/Documentation (pictures) - Max file size of 30 (MB)
You can add additional Documents if needed

Page 4 (Storm Damage Not Covered Elsewhere, Ability to match)

Recipients must demonstrate that the damage or project costs are not covered by Federal Emergency Management Agency disaster funds, or other insurance, and that the recipient has exhausted all emergency relief funding programs currently available.

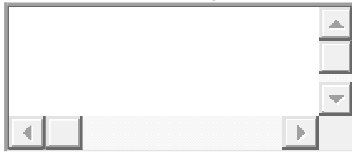
Please Note: **If your business or affiliated business has not received any funds as listed below, please enter 0 as a response, otherwise round each amount to whole dollar values.**

Total dollars received (or anticipated to receive) to offset loss
\$ _____

Please indicate which programs you have received funds from.

- SBA \$ _____
- FEMA \$ _____
- Insurance \$ _____
- Other \$ _____
- Not received any funds \$ _____

Describe your effort to pursue relief funding (FEMA, Insurance, SBA). Use the following text box and upload to meet the above criteria. (less than 500 words).



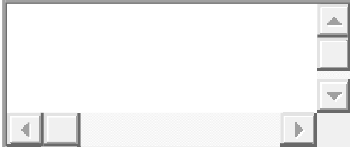
Upload Documentation

Upload award/rejection letters (Up to 5 files, max file size 30 (MB), if additional documents need to be added to your application, please email BizAwards.DECD@maine.gov and include your business name in the subject line.

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Grant Match

Describe your business's ability to match a grant at a 1:1 ratio. Use the following text box and uploader to show that you have resources to match a grant. Match sources can be "in kind," insurance money, loans (include SBA), and owner contributions toward the proposed project. This could be past financial statements, a business plan, etc.. (less than 500 words).



Upload Documentation

Upload description of work to be performed (Up to 5 files, max file size 30 (MB), if more are required email BizAwards.DECD@maine.gov)

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Page 5 (Business Resiliency)

Projects must include efforts to increase business resilience for future storms and other climate conditions. A definition of Business Resiliency is included in the FAQ

How much will it cost to increase your businesses resilience in regards to your proposed project.

\$ _____

Please indicate how much you are requesting for a grant

\$ _____

Will your project be able to move forward with a reduced award (i.e., less than what you asked for)? Please note that a 1:1 cost share is required for this grant. We anticipate that this grant program will be highly competitive, and it may not be possible to fully award all requests at the full amount requested.

- Yes
 No

Describe your resilience plan here. Use the following text box and upload documents as needed to demonstrate your resilience plan.. (less than 500 words).

Upload receipts/documentation here to match the total listed above. Documentation should clearly identify the cost incurred /estimated, and should be broken down by categories/items to assist with review. If it is difficult to match documentation with your description of damages and resilience plan, it may result in a lower award. Scanned Receipts, quotes, cost estimates or proof of payment. Pictures are accepted but not required. Please include your business name on any uploaded file (either in the document or in the file name).



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Note – You must include a summary sheet to connect documentation and amount totals.

Upload Summary Sheet

Upload sheet (excel, word doc, pdf) outline expenses (max file size 30 (MB), if more are required email BizAwards.DECD@maine.gov)

Upload Documentation

Upload any supporting plans etc. (Up to 5 files, max file size 30 (MB), if more are required email BizAwards.DECD@maine.gov)

Page 6 Additional Information

Business Qualification Questions

Please answer the following questions about your business/organization

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization has or had a material financial need due to the storms listed above?

- Yes
- No

Are you able to certify that funds requested for damages and project costs were not covered by Federal Emergency Management Agency disaster funds, or other relief programs and/or insurance, and that I, as the applicant, have exhausted all emergency relief funding programs currently available.

- Yes
- No

My business/organization is currently in good standing with the State of Maine, including payroll, income, sales, and all other applicable taxes, as well as regulatory requirements and license/permit requirements, as applicable.

- Yes
- No

My business/organization is in bankruptcy (*If you answer 'YES', then you are stating that your business/organization is in bankruptcy).

- Yes
- No

My business/organization has permanently ceased operations - closed with no intent to reopen (*If you answer 'YES', then you are stating that your business/organization has closed with no intent to reopen).

- Yes
- No

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Additional Business Questions

My business/organization has a minimum of 50% of employees and contract employees based in Maine.

- Yes
- No

My business's/organization's primary location/corporate headquarters is in Maine.

- Yes
- No

When was your business/organization incorporated/registered? (how old is your business/organization) Note: If you purchased your business, use the date of purchase.

Business/Organization Incorporated/Registered Month

-- Select an option --

Business/Organization Incorporated/Registered Year



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Page 7 is review (confirm what you have written)

Page 8 is certifications/agreements, signature,

Certification

I (applicant) hereby certify that;

Certification Agreement #1

To the best of my knowledge and belief, all information contained in this application is true and correct and current as of the date signed below;

Certification Agreement #2

I will comply with all applicable State and federal laws and regulations;

Certification Agreement #3

I acknowledge that I am applying for and may receive Maine's Business Recovery and Resilience Grant Program funds and that I have not benefited from other federal, state or local funds that would fully cover the losses I have experienced without the assistance I am applying for, and that the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

Certification Agreement #4

I understand that my taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services (MRS) to verify any confidential information for DECD, relating to tax years 2021, 2022, 2023, and 2024 that is necessary to evaluate my



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eligibility for the Maine Business Recovery and Resilience Grant Program and to disclose the status of my Maine tax and filing obligations to DECD as my duly authorized representative, pursuant to 36 M.R.S. §§ 191(2)(A) or (DD)(8).

Certification Agreement #5

I understand that, regarding my Maine tax and filing obligations, the disclosure will be limited to whether any Maine tax liability is presently due or owing and whether it appears, based on my responses in this authorization and a limited review of my confidential information, that I have filed all required Maine tax returns during the tax years stated above.

Certification Agreement #6

There are no actions, suits or proceedings pending or, to the knowledge of the applicant, threatened against or affecting the applicant and/or business/organization at law or in equity before any court or administrative officer or agency which might result in any material adverse change in the business or financial condition of the applicant.

Certification Agreement #7

I understand that some of the information provided will be accessible and subject to disclosure under Maine's Freedom of Access Act (1 M.R.S. Section 401 et seq.).

Authority to Sign



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I understand, agree and accept that by submitting this application, it is certifying that the person named in the signature block has authority to bind the business/organization entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business/organization entity.

Authorized Signor

Authorized Signor Title

Authorized Signor Email Address

Confirm Email Address

Do you have a State of Maine Vendor Number? If so, enter here

Upload Vendor Authorization form/W-9 (max file size 30 (MB). Form can be found with the following link.

Note: A copy of the Vendor Authorization form / W-9 can be found here on the [Maine Office of State Controller website](#).

Agreement to Electronic Signature

By submitting this Application and checking the box for acceptance, I understand, agree and accept use of its electronic signature as binding and final.

Submit
