

Page 1

Personal Contact Information

First Name

Last Name

Contact Title

Contact Phone

Phone Extension

Email Address

Business Information

I certify that my business/organization has not received grants and/or forgivable loans greater than the amount of loss experienced by my business/organization

- Yes
 No

I certify that my business/organizations has not received or utilized other Federal or State grant funding to pay for the same expenses included in this grant.

- Yes
 No

Name of Business/Organization

DBA Name

Business/Organization Address Required

Address Line 1



This document is not an application. It is intended to be used as a reference to know what questions will be asked in the MJRP Coworking Portal.

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)

Unique Entity Identifier (UEI) Number

Affiliated Business/Organization

For purposes of the Maine Jobs and Recovery Coworking 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

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.**

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

Ownership %

-- Select an option --

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Which Grant Group are you applying for?

- **Group 1: Grants for Existing Coworking Spaces** (\$200,000 total available). Existing coworking businesses that operated throughout the pandemic can apply for funds to help with the recovery of pandemic impacts/injury. The intent of this is to support existing companies who had or will have to make significant changes to their operation due to the pandemic. We anticipate a \$25,000 award cap with a \$1,000 award minimum. The award cap is subject to change based on need and volume of applications.
- **Group 2: Grants for New Space or Expansion of Existing Spaces** (\$300,000 total available). New coworking spaces or existing coworking spaces that are expanding and have specific projects that significantly expand operations can apply for funds in an amount not to exceed \$100,000. We anticipate a \$100,000 award cap with a \$50,000 award minimum. Projects intended to help support remote workers will be particularly competitive during this grant round.

Grant Group Selection Required

- Group 1
- Group 2

Page 3 (Group 1 Application)

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

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

Interest on deferred loans (*The loans must be in deferral as a direct result of the pandemic)

\$

Costs incurred as a result of reopening after COVID-19 related closure (*Such as PPE, workforce safety training, and installation of physical safety measures)

\$

Increased costs of doing business as a result of COVID-19 (*Such as infrastructure tools to improve remote access - contactless check in/out, take out).

\$

HVAC improvements, creation, or addition of indoor or outdoor space for social distancing purposes, and increased costs due to supply chain disruptions or increased demand.

\$

Upload receipts/documentation here to match the total listed above. Receipts should clearly identify the cost incurred and proof of payment. Note – you must include a summary sheet to connect documentation and amount totals.

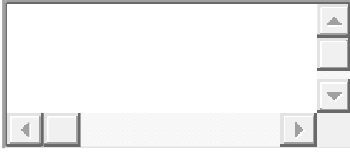
Upload Documentation

Upload Receipts/Documentation - Max file size of 30 (MB)

You can add additional Documents if needed

Page 4 (Group 2 Application)

Give a brief overview of your project (less than 500 words).

A rectangular text input field with a light gray border. On the right side, there are three small square buttons: a triangle pointing up, a square, and a triangle pointing down. On the bottom left, there are two small square buttons with left-pointing triangles, and on the bottom right, there are two small square buttons with right-pointing triangles.

Describe your effort to obtain fund for the project, and how successful those efforts have been (less than 500 words).

A rectangular text input field with a light gray border. On the right side, there are three small square buttons: a triangle pointing up, a square, and a triangle pointing down. On the bottom left, there are two small square buttons with left-pointing triangles, and on the bottom right, there are two small square buttons with right-pointing triangles.

Describe how your project will accommodate remote/entrepreneurial workers in the coworking space. Please address infrastructure, connectivity, and support (less than 500 words).

A rectangular text input field with a light gray border. On the right side, there are three small square buttons: a triangle pointing up, a square, and a triangle pointing down. On the bottom left, there are two small square buttons with left-pointing triangles, and on the bottom right, there are two small square buttons with right-pointing triangles.

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)

Page 5

Business Qualification Questions

Please answer the following questions about your business/organization

My business/organization is current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through June 30, 2023.

- Yes
- No

My business/organization is in good standing with the Maine Department of Labor and Maine's Secretary of State

- 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

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

Additional Business Questions

Is your business/organization led by a majority of Black, Indigenous, People of Color (BIPOC)?

- Yes
- No

Does your business/organization primarily serve Black, Indigenous, People of Color (BIPOC) communities?

- Yes
- No

Does your business/organization primarily serve an economically distressed or underrepresented community?

- Yes
- No

Is your facility the only coworking facility in your town/area?

- Yes
- No

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 pandemic?

- 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 6 is review (confirm what you have written)

Page 7 is certifications/agreements, signature,

Note – you will need a W-9

Submit
