

# Maine Jobs and Recovery Small Business Grant Program Application

**\*\*Please read the Frequently Asked Questions before starting your application:** [Maine Jobs and Recovery Small Business Grant Program Frequently Asked Questions](#)

## **General Instructions**

The Grant Application must be completed and submitted by 11:59 PM EST on November 26, 2021.

You must complete each step before proceeding to the next step of the application and must complete the application in its entirety before submitting. You may review and/or change the information you previously entered by clicking on the step name or using the “Previous” button. You will also have the opportunity to review a summary of all the information you entered before submitting your Grant Application Note: The form will not save previously entered information if you close the window prior to submission. To submit, click the “Submit” button in the “Signature” step. If you close the Grant Application before submitting it, you will need to start over. After submitting, you will receive a confirmation email with a copy of the submitted application excluding all sensitive Personally Identifiable Information (PII). All sensitive information, including Personally Identifiable Information (PII), is encrypted at-rest and in-transit throughout the process. Information collected by this system will not be shared or used for any other purposes besides grant selection and distribution except as may be required by Maine’s Freedom of Access Act, 1 M.R.S Section 01 et seq. It is likely that some of the information provided will be accessible under Maine’s Freedom of Access Act (1 M.R.S. Section 401 et seq.); however, proprietary information, tax or financial information, and PII will not be disclosed.

Further instructions will be provided for each step. If you have any questions that are not addressed in instructions or the [Maine Jobs and Recovery Small Business Grant Program Frequently Asked Questions](#), please call 1-800-872-3838 and press 3 or email [BizAwards.DECD@maine.gov](mailto:BizAwards.DECD@maine.gov).

Additional assistance may be provided by reaching out to your local economic development or non-profit support organization.

*Please note:* You should submit the Grant Application as early as possible before the deadline. The Grant Application must be completed and submitted by 11:59 PM EST on November 26, 2021

## **Eligibility Criteria:**

The Maine Jobs and Recovery Small Business Grant Program is intended to assist in covering losses incurred as a direct result of the COVID-19 pandemic and related public health response. Businesses/organizations will be liable for any misuse of funds. The grants are taxable income and subject to audit (including 2019, 2020 and 2021 tax documents to demonstrate 20% loss in revenue).

- Examples of unallowable expenses include (list is not all-inclusive):
  - Depreciation expense
  - Entertainment
  - Lobbying
  - Goods and Services for Personal Use
  - Fines, Penalties, Damages and other Settlements
- Funds must be spent on operations that are strictly within Maine.
- This grant is considered reportable income.

## **To Qualify for a Maine Jobs and Recovery Small Business Grant Your Business/Organization Must:**

1. Demonstrate a need for financial relief based on lost revenues of at least 20% between March 2020 – June 30, 2021 due to COVID-19. To be eligible, applicants must have at least 20% of lost revenue in the year that the expense occurred. For example, in order to be able to include an expense from 2020 the organization must show a 20% loss from 2019. If the organization need reimbursement for an expense for January to June 30, 2021, the organization must be able to demonstrate a 20% revenue loss from the same time period in 2019.
2. Be a for-profit business or a non-profit organization, except:
  - Professional Services with NAICS Codes starting in 5411 or 5412
  - 501(c)(4), 501(c)(6)
  - K-12 schools, including charter, public and private, institutions of higher education
  - Municipalities, municipal subdivisions, and other government agencies
  - Foundations and charitable trusts
  - Trade associations
  - Credit unions
  - Insurance trusts
  - Scholarship funds and programs
  - Gambling
  - Adult Entertainment
  - Country clubs, golf clubs, other private clubs
  - Cemetery trusts and associations
  - Fraternal orders
  - Hospitals and nursing facilities
3. Have significant operations in Maine (business/organization headquartered in Maine or have a minimum of 50% of employees and contract employees based in Maine);

4. Be current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through June 30, 2021;
5. Be a Business/Organization incorporated or purchased in Maine before January 2021;
6. Be in good standing with the Maine Department of Labor;
7. Not be in bankruptcy;
8. Not have permanently ceased all operations and intend to continue as a going concern;
9. Be in consistent compliance and not be under any current or past enforcement action with COVID-19 Prevention Checklist Requirements (<https://www.maine.gov/decd/covid-19-prevention-checklists>)
10. Employ a combined total of 250 or fewer employees and contract employees throughout 2020.
  - o If, for a period greater than two weeks within 2020, your business/organization exceeded 250 employees and contract employees then your business/organization is not eligible. For the purposes of this calculation, count 1 employee or contract employee if they are employed, on average, at least 30 hours of service per week or 130 hours of service per month. Count 0.5 for each part-time employee who is employed, on average, less than this).

For non-profit organizations: Only organizations that file Form 990 or Form 990-EZ are eligible to apply.

A group of affiliated entities should only submit one grant application. Please coordinate with other affiliated entities prior to submitting an application.

For purposes of the Maine Economic Recovery 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

### **What You Will Need to Complete this Application:**

You will need to gather the following information about your business/organization (and all affiliated businesses/organizations) before you begin your Maine Jobs and Recovery Small Business Grant application:

1. Federal Employer Identification Number or Social Security Number
2. Type of business/organization (non-profit or for-profit)
3. Data Universal Number System (DUNS) number. To set-up or verify a DUNS number, visit <https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html>
  - o Note: DUNS is not required to complete application. A DUNS number is required to receive grant funds.
4. Principal office address

5. "Doing business as" (DBA) name
6. Applicant address and other contact information
7. For business: Ownership percentage of each individual owner with greater than 25% equity
8. For sole proprietors: Total amount of unemployment compensation benefits received March 1, 2020 – June 30, 2021
9. Documentation in the form of receipts or invoices for incurred expenses due to the COVID-19 Pandemic and Related Public Health Response
10. An estimate and justification of how much of your 2020/2021 losses are a direct result of the pandemic and a disruption to operations
11. A prepared, electronic W-9 in the event your business/organization is selected for a grant (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

# Maine Jobs and Recovery Small Business Grant Program Application - Contact and Business Information

\*\*Please read the Frequently Asked Questions before starting your application: [Maine Jobs and Recovery Small Business Grant Program Frequently Asked Questions](#)

## Personal Contact Information

First Name \*

Last Name \*

Contact Title

Contact Phone \*Please enter the Contact Phone Number in the following format xxx-xxx-xxxx

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

How is your business structured? \*

Name of Business/Organization \*

DBA Name

Business/Organization Street Address \*

Business/Organization Street Address2

Business/Organization Town or City \*

Business/Organization County \*

Business/Organization State \*

Business/Organization Zip Code \*

Type of Federal Taxpayer Identification Number \*

Federal Employer Identification Number (EIN)

Social Security Number (SSN)

Federal Taxpayer Identification Number \*Please enter your Social Security Number (SSN) or Employer Identification Number (EIN) with no dashes (i.e 123456789) based on your selection above. It should be exactly 9 digits.

Confirm Federal Taxpayer Identification Number \*Please confirm your Social Security Number (SSN) or Employer Identification Number (EIN) by entering with no dashes (i.e 123456789). It should be exactly 9 digits.

DUNS Number [help](#)

Allow up to two days to receive a DUNS number. Click the "?" above to visit the grants.gov website to register.

## Business Type

In what industry is your business? \*

If Other, please list

Please describe business/organization activities that generate revenue \*(product or service provided by business/organization)

Please enter your business type code from the list of North American Industry Classification System (NAICS) Code Categories. Please Note: If you do not know this number you can search for the specific code on the NAICS website by clicking on the "?" below.

You may be able to find your NAICS code on your most recent tax filing.

North American Industry Classification System (NAICS) Code \* [help](#)

### Affiliated Business/Organization

For purposes of the Maine Jobs and Recovery Small Business 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

Principal Office Street Address

Principal Office Street Address2

Principal Office Town or City

Principal Office County

Principal Office State

Principal Office Zip Code

# Maine Jobs and Recovery Small Business Grant Program Application - Federal CARES Act or Other COVID-19 Relief

Provide the amounts of all Federal COVID-19 related grants and/or loans received by your business/organization through August 31, 2021.

Please Note: If your business/organization is affiliated with one or more other businesses/organizations, provide the combined amounts received, or projected to be received, by the entire group of affiliated businesses/organizations.

If your business or affiliated business has not received a particular loan or grant listed below please enter 0 as a response.

Total Paycheck Protection Program (PPP) Loan Amount Received \*Please input as whole dollar amount only, do not include cents.

Economic Injury Disaster Loan (EIDL) and/or EIDL Advance Amount Received \*Please input as whole dollar amount only, do not include cents.

For sole proprietors: Total amount of unemployment compensation benefits received March 1, 2020 – August 31, 2021 This field is required for sole proprietors. Please input as whole dollar amount only, do not include cents.

When entering total amount of any other grants and/or loans received by your business/organization DO NOT INCLUDE unemployment compensation benefits in the total amount of other grants and/or loans.

Total amount of any other grants and/or loans received by your business/organization related to COVID-19 \*Please input as whole dollar amount only, do not include cents.

For the total amount of other grants and/or loans above, provide the name and amount of each other grant and/or loan received: Please input numbers as whole dollar amount only, do not include cents.



Amount of any grants/forgiven loans (or expected to be forgiven) that were not expended/accounted for in revenue and expense lines from Jan-Aug 2020. \*Please input as whole dollar amount only, do not include cents. If all are expensed please enter 0 into this field. For clarification please reference the program FAQ and see example below.

For example: Your business received \$50,000 of PPP Loan, \$10,000 of EIDL Advance, \$40,000 of EIDL Loan, and \$10,000 of a separate non-forgivable loan. In this scenario you would only consider the PPP Funds if they are expected to be forgiven, and the EIDL Advance and the other two loan amounts are not forgivable and should be excluded. Of the total \$50,000 PPP loan you would provide the sum of the total unspent loan amount and spent loan amount as of August 31, 2020 ONLY if the following is true:

- The amount spent or expected to be spent will be forgiven or is expected to be forgiven.
- You have not already included the spent amounts in net income/loss through August 31, 2020, and instead they were recorded as liabilities on your balance sheet as of August 31, 2020.

# Maine Jobs and Recovery Small Business Grant Program Application - Individual Owners

## Individual Owner(s) (This question is not required for Non-Profit organizations)

Provide the following information for all individual owners with an ownership stake greater than 25%. To complete this section, please click "**Add Owner**" after supplying the information for each individual in order for them to be added to the summary section at the bottom of the page. After all individuals are listed, then click on "**Continue to Informational Survey**" 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.

Please Note: If you receive an error that says 'Grid View Must Contain Rows' ensure your information is recorded by clicking 'Add Owner'

### Owner Information \*

Please click 'Add Owner' after each individual owner's information is entered.

First Name \*

Middle Initial

Last Name \*

Owner Address \*

Ownership Percentage\*

[ADD OWNER](#)

# Maine Jobs and Recovery Small Business Grant Program Application - Informational Survey

## Financial Impact of COVID-19 Pandemic

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 question 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

**FILE**

Max file size of 30 (MB)

Regarding the loss your business/organization has experienced in 2020, estimate the percent that is a direct result of COVID-19 or the related public health response \*

If all of your loss is a result of COVID-19 or the public health response, this would be 100%

How is COVID-19 reducing your average income revenue less

expenses? \*Provide a description connecting your anticipated 2020 loss of income to the COVID-19 pandemic or related public health response.

## 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, 2021. \*

- Yes
- No

My business/organization is in good standing with the Maine Department of Labor \*

- Yes
- No

My business/organization is in bankruptcy \*

- Yes
- No

If you answer 'YES', then you are stating that your business/organization is in bankruptcy

My business/organization has permanently ceased operations (closed with no intent to reopen) \*

- Yes
- No

If you answer 'YES', then you are stating that your business/organization has closed with no intent to reopen.

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

My business/organization has been in consistent compliance with COVID-19 Prevention Checklist Requirements. \*[help](#)

Yes

No

My business/organization is under or has been under enforcement action with COVID-19 Prevention Checklist Requirements. \*[help](#)

Yes

No

YES' means the business/organization has been or is under enforcement action due to non-compliance.

If Yes, provide brief justification (1000 character limit)

## Additional Business Questions

For the question below, please ensure the following:

1. Count 1 FTE for each full-time employee (employed on average at least 30 hours of service per week, or 130 hours of service per month)
2. Count 0.5 for each part-time employee (employed an average of less than 30 hours of service per week or less than 130 hours of service per month)
3. Only count yourself as a FTE if you treat yourself as a W-2 employee of the company
4. Include 1099 contract employees in this calculation

How many full time equivalent (FTE) employees does your business have? \*

Is your business/organization led by a majority of black, indigenous, immigrant or other people of color? \*

Yes

No

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

Yes

No

Does your business/organization primarily serve underrepresented or impoverished communities? \*

Yes

No



If Yes, describe the community that makes up the majority of your client base. (1000 character limit)

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization will make its best-effort not to furlough or lay off any individuals from the time of application through the end of the COVID-19 outbreak period?

Please Answer Based on the Question Above (Furlough)\*

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization has a material financial need that cannot be overcome without the use of emergency relief funds at this time (e.g., does not have significant cash reserves that can support your operations during this period of economic disruption)?

Please Answer Based on the Question Above (Material Need of Relief Funds) \*

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 \*

Business/Organization Incorporated/Registered Year \*

# Maine Jobs and Recovery Small Business Grant Program Application - Program Agreement and Certification

## Certification:

I (applicant) hereby certify that;

- 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; \*
- I will comply with all applicable State and federal laws and regulations; \*
- I acknowledge that I am applying for and may receive Maine's Jobs and Recovery Small Business 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 due to the COVID-19 pandemic 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. \*
- 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 2017, 2018, 2019, and 2020, that is necessary to evaluate my eligibility for the Maine Jobs and Recovery Small Business 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). \*
- 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 past 7 years. \*
- 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. \*
- 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:

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 \*

Please upload a copy of a completed W-9 in the event your business/organization is selected for a grant. \* [help](#)

## 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. \*