

ALL APPLICATIONS MUST BE SUBMITTED USING THE ONLINE PORTAL FOUND AT:

<https://www.maine.gov/decd/economic-recovery-grants>

Maine Economic Recovery Grant: Application

General Instructions

The Grant Application must be completed and submitted by 11:59 PM EST on September 9, 2020.


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 401 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 Economic Recovery Grant Program Frequently Asked Questions (<https://www.maine.gov/decd/economic-recovery-grants/faq>), please call 1-800-872-3838 and press 3 or email BizAwards.DECD@maine.gov.

For Maine State Tax questions, please contact the Maine Revenue Service Taxpayer Contact Center via phone at 1-207-624-9784 or email at taxpayerassist@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 application deadline is 11:59 PM EST on September 9, 2020.**



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Eligibility Criteria:

The Maine Economic Recovery 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.

- Suggested business/organization expenses may include but are not limited to:
 - Payroll costs and expenses;
 - Rent or mortgage payments for business facilities (unless otherwise waived by lessor/lender);
 - Utilities payments;
 - Purchase of personal protective equipment required by the business/organization;
 - Business related equipment;
 - Investments that will support your business's/organization's long-term sustainment;
 - Expenses incurred to replenish inventory or other necessary re-opening expenses; and
 - Necessary operating expenses.
- 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; therefore, funding received from this grant must be included with reportable income at tax time. For applicable businesses, a Form 1099 will accompany any awarded grant monies.

To qualify for a Maine Economic Recovery Grant your business/organization must:

- Demonstrate a need for financial relief based on lost revenues or expenses incurred since March 1, 2020 due to COVID-19 impacts or related public health response;
- Demonstrate an expected 20% loss in revenue minus expenses for 2020;
- Be a for-profit business or non-profit organization, except:

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- Professional Services
 - (Professional Services with NAIC codes starting in 5414, 5418 and 5419 are eligible to apply)
 - 501(c)(4), 501(c)(6)
 - K-12 schools, including charter, public and private
 - Municipalities, municipal subdivisions, and other government agencies
 - Assisted living and retirement communities
 - Nursing facilities
 - 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, Nursing facilities, Institutions of higher education, and Child care organizations¹
- Have significant operations in Maine (business/organization headquartered in Maine or have a minimum of 50% of employees and contract employees based in Maine);
 - Be current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through July 31, 2020;
 - Have been in operation for at least one year before August 1, 2020;
 - Be in good standing with the Maine Department of Labor;
 - Not be in bankruptcy;
 - Not have permanently ceased all operations;
 - 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>); and

¹ Alternate funding available through the Department of Education and Department of Health and Human Services for hospitals, nursing facilities, child care organizations, and institutions of higher education.

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- Employ a combined total of 50 or fewer employees and contract employees throughout 2020.
 - If at any given time, within 2020, your business/organization exceeded 50 employees and contract employees then you are not eligible (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 Fiscal Sponsors (organization that files 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
4. For Non-profits: Is a subsidiary of a "parent" organization

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Applicant Contact Information

Note: The Applicant is the person completing this grant application.

First Name

(required)

Last Name

(required)

Contact Title

Contact Phone

(required)

Phone Extension

Email Address

(Required)

DRAFT

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What you will need to complete this application:

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

- Federal Employer Identification Number or Social Security Number
- Type of business/organization (non-profit or for-profit)
- 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>.
- Principal office address
- “Doing business as” (DBA) name
- Applicant address and other contact information
- For businesses: Ownership percentage of each individual owner with greater than 25% equity
- For sole proprietors: Total amount of unemployment compensation benefits received March 1, 2020 – June 30, 2020
- Documentation of any other monies awarded through federal grants or loans by the CARES Act
- 2017, 2018, and 2019 Federal income tax returns (as applicable)
- 2017, 2018, and 2019 revenue, expenses, and depreciation (as applicable)
- 2020 anticipated revenue and expenses excluding depreciation, taking into account the impact of the COVID-19 pandemic on revenue and expenses
- An estimate and justification of the percent (%) of 2020 loss in income directly connected to a disruption of operations due to the COVID-19 pandemic or related public health response
- 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>)

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Business/Organization Information:

Provide the following business/organization information:

How is your business/organization structured?

- Sole Proprietorship
- Partnership
- LLC (Limited Liability Company): Single-Member
- LLC: C Corporation
- LLC: S Corporation
- LLC: Partnership
- C Corp
- S Corp
- B Corp
- Non-profit

Name of Business/Organization:

Required

DBA Name

Required

Business/Organization Office Address (Include County)

Required

Is the business/organization operating under a Federal Employer Identification Number or a Social Security Number?

Required (drop down menu if possible)

- Federal Employer Identification Number or Social Security Number

Enter the Federal Employer Identification Number or Social Security Number

(Required)

Confirm the Federal Employer Identification Number or Social Security Number

(Required)

DUNS Number (Allow up to two days to receive a DUNS number. Visit

<https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html> to register.)

(Required)

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Affiliated Business/Organization

Is your business/organization affiliated with one or more other businesses/organizations?

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
4. For non-profits: Is a subsidiary of a "parent" organization

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

Is your business/organization considered "affiliated" as defined by the above criteria?

Yes or No

(If Yes to affiliated)

Principal Office Address

Required (Include County)

Please list all other affiliated businesses/organizations and addresses

(required business/organization names and addresses)

(If 'No' to affiliated, or after completion of the affiliated section)

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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%.

Please Note:

- 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.
- You must enter at least one owner.

First Name

Required

Middle Initial

Last Name

Required

Ownership Percentage

Required (If anything less than 100%, option for additional owner info populates)

Owner's Address

Required

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Business/Organization Type Information

Select your business/organization type from the following list of North American Industry Classification System (NAICS) Code Categories.

Required (searchable code bar by keyword would optimize this response, website <https://www.naics.com/search/>)

In what industry is your business/organization?

Drop Down

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☐ Utilities
- ☐ Construction
- ☐ Manufacturing
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Transportation and Warehousing
- ☐ Information
- ☐ Finance and Insurance
- ☐ Real Estate and Rental and Leasing
- ☐ Professional, Scientific, and Technical Services
- ☐ Management of Companies and Enterprises
- ☐ Administrative and Support and Waste Management and Remediation Services
- ☐ Educational Services
- ☐ Health Care and Social Assistance
- ☐ Arts, Entertainment, and Recreation
- ☐ Accommodation and Food Services

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- ☐ Other Services (except Public Administration)
- ☐ Public Administration
- ☐ Non-Profit
 - ☐ Option to type
- ☐ Other
 - ☐ Option to type

Please describe business/organization activities that generate revenue (product or service provided by business/organization): (100 Words)

Please answer the following statements 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 July 31, 2020.

- Yes or No

My business/organization is in good standing with the Maine Department of Labor. (required)

- Yes or No

My business/organization is not in bankruptcy. 'No' means the business/organization **is** in bankruptcy.

- Yes or No

My business/organization has not permanently ceased all operations. 'No' means the business/organization has closed, with no intent to reopen.

- Yes or No

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

- Yes or No
 - What percentage of your employees and contract employees are based in Maine? (Required)

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

- Yes or No

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My business/organization has been in consistent compliance with COVID-19 Prevention Checklist Requirements. (<https://www.maine.gov/decd/covid-19-prevention-checklists>)(Required)

- Yes or No

My business/organization is not under any current or past enforcement action with COVID-19 Prevention Checklist Requirements (<https://www.maine.gov/decd/covid-19-prevention-checklists>).

'No' means the business/organization has been or is under enforcement action due to non-compliance. (required)

- Yes or No
 - (If no) Provide brief justification (200 word limit)

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Financial Impact of COVID-19 Pandemic:

Please note for the following section:

1. Provide your business's/organization's 2017, 2018, and 2019 actual revenue, expenses, and depreciation as reported on the Federal income tax lines shown below.
2. Estimate your business's/organization's 2020 revenue and expenses excluding depreciation, taking into account the impact of COVID-19 on both revenue and expenses. DO NOT USE pre-COVID-19 projections.
3. If your business/organization is affiliated with one or more other businesses, provide the combined revenue, expenses, and depreciation of the entire group of affiliated businesses.
4. If your business's/organization's actual 2020 revenue less expenses is more than your estimate, your grant amount, if any, may be subject to recoupment in part or in full.

Round to whole dollars

2017 Gross Receipts/Revenue

2018 Gross Receipts/Revenue

2019 Gross Receipts/Revenue

- C Corporations: Line 11 on Form 1120
- S Corporations: Line 6 on Form 1120-S
- Partnerships: Line 8 on Form 1065
- Sole Proprietorships: Line 7 on Form 1040 Schedule C or Line 9 on Form 1040 Schedule F
- Non-Profits: Line 12 on Form 990 or Line 9 on Form 990EZ
- Required (Enter N/A if business/organization was not required to file for the 2017, 2018, and/or 2019 Tax Year)

2017 Expenses

2018 Expenses

2019 Expenses

- C Corporations: Line 27 on Form 1120
- S Corporations: Line 20 on Form 1120-S
- Partnerships: Line 21 on Form 1065

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- Sole Proprietorships: Line 28 on Form 1040 Schedule C or Line 33 on Form 1040 Schedule F
- Non-Profits: Form 990 Line 18, Form 990EZ Line 17
- **2017 Depreciation**
- **2018 Depreciation**
- **2019 Depreciation**
 - C Corporations: Line 20 on Form 1120
 - S Corporations: Line 14 on Form 1120-S
 - Partnerships: Line 16c on Form 1065
 - Sole Proprietorships: Line 13 on Form 1040 Schedule C or Line 14 on Form 1040 Schedule F
 - Non-Profits: Form 990 Line 22 (Part IX), Form 990EZ Line 16 (Schedule O)

2020 Gross Receipts/Revenue: Report your total gross receipts/revenue from similar sources from January 1, 2020 - June 30, 2020.

- Non-Profits: Forecast your 2020 revenue (Form 990 line 12, Form 990EZ line 9) and divide by 2

2020 Expenses: Report your total expenses from similar sources from January 1, 2020 - June 30, 2020. Note: Exclude depreciation in your forecasted 2020 expenses.

- Non-Profits: Forecast your 2020 expenses (Form 990 line 18, Form 990EZ line 17) and divide by 2

Provide an estimated percentage of your loss that is a result of the COVID-19 pandemic and related public health response.

(required)

Provide a description connecting your anticipated 2020 income/losses net of expenses to the COVID-19 pandemic or related public health response. How is COVID-19 reducing your average income after expenses? (200 word limit)

(required)

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Federal CARES Act or Other COVID-19 Relief

Did your business/organization receive any funding from the Federal CARES Act or other COVID-19 relief?

- Yes or No

(If 'Yes')

Provide the amounts of all COVID-19 related grants and/or loans received by your business/organization through June 30, 2020.

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.

Round to whole dollars – separate forgiven loan from repayment

Total Paycheck Protection Program (PPP) loan amount received

Required

Economic Injury Disaster Loan (EIDL) and/or EIDL Advance amount

Required

For sole proprietors: Total amount of unemployment compensation benefits received March 1, 2020 – June 30, 2020

Required for Sole proprietors

Total of any other grants and/or loans received by your business/organization related to COVID-19

Please Note: DO NOT INCLUDE unemployment compensation benefits in the total amount of other grants and/or loans.

Required amount

(If entered an amount other than 0 above)

For the total amount of other grants and/or loans above, provide the name and amount of each other grant and/or loan received:

Required

Total amount of unaccounted (not yet expensed) grants and or loans received (Including PPP, EIDL, and any other federal grants or loans) by the business/organization (if all expensed, enter 0):

Required

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Additional Business/Organization Questions:

How many full time equivalent (FTE) employees does your business/organization have? (required)

- 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)
- 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)
- Only count yourself as a FTE if you treat yourself as a W-2 employee of the company
- Include 1099 contract employees in this calculation
- (SUBMIT NUMBER)

What is the average employee hourly wage/salary? (Not to include executive level) (required)

Is your business/organization led by a majority of black, indigenous, immigrant or other people of color? (required)

- Yes or No (required)
- (If Yes)

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

- Yes or No (required)

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

- Yes or No
- If yes, describe the community that makes up the majority of your client base (200 words)

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?

- Yes or No

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization will make its **best-effort to re-hire workers as soon as possible** that have already been furloughed or laid off?

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- Yes or No or N/A

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)?

- Yes or No

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that **the business/organization has been negatively impacted by the COVID-19 pandemic?** Note: Negative impact is defined as a business/organization that has been temporarily shut down, has been required to reduce hours, has had a drop in revenue, has been materially impacted by employees who cannot work due to the pandemic, or has a supply chain that has been materially disrupted and therefore slowed firm-level production.

- Yes or No

When was your business/organization incorporated/registered (how old is your business/organization)? (Required)

- Required (Month, Year)

Does your business have a franchise agreement? (required)

- Yes or No

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Maine Revenue Services Taxpayer Information

To assist the Department of Economic and Community Development (DECD) in evaluating your eligibility for the Maine Economic Recovery Grant Program, this section authorizes Maine Revenue Services (MRS) to verify certain confidential tax information and to disclose the status of your Maine tax and filing obligations to DECD.

For Maine State Tax questions please contact the Maine Revenue Service Taxpayer Contact Center via email at taxpayerassist@maine.gov or via phone at 1-207-624-9784.

Note: Any question not answered completely and correctly will delay the review process.

Do you have any State of Maine tax liability that is presently due or owing?

- Yes or No
 - If 'Yes', please explain (limit 200 words)

During the past 7 years, were you required to file any State of Maine tax return(s) other than income tax?

- Yes or No
 - If 'Yes', please list:
 - Tax Type:_____ Account No.:_____ (ability to include numerous Tax Type and corresponding Account Number)

Have you filed State of Maine income tax returns, and returns for each of the tax types listed above, for each of the past 7 years?

- Yes or No
 - If 'No', please list the tax type, year(s), and explain why the return(s) was not filed (for example because you were not in business, or because you lived outside of Maine and were not required to file):
 - Tax Type:_____ Year(s)_____ Reason for Not Filing:_____ (ability to fill out tax type, year(s), and reason for not filing, several times)

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Maine Economic Recovery Grant 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 Economic Recovery 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 Economic Recovery 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.).

Agreement to Electronic Signature:

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

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 (Required)

Authorized Signor

(Required)

Authorized Signor: Title

(Required)

Email Address

(Required)

Confirm Email

(Required)

Date

(Required)

Please upload a copy of a completed W-9 in the event your business/organization is selected for a grant.

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