



# Town of Hudson

## COVID-19 Compliant Small Business Partnership Grant

### APPLICATION FOR ASSISTANCE

#### Section 1. Background Information

- 1.1 Name of business ("Applicant"): \_\_\_\_\_
- 1.2 Type of business: \_\_\_\_\_
- 1.3 Authorized agent: \_\_\_\_\_
- 1.4 Number of employees: \_\_\_\_\_
- 1.5 Total funds sought: \_\_\_\_\_
- 1.6 EIN (Employee Identification Number) or Social Security Number: \_\_\_\_\_

#### Section 2. Certifications

- 2.1 I hereby certify that the following statements are true and correct to the best of my knowledge and belief:
  - (A) On behalf of the above business, I seek reimbursement for the funds actually expended by such business to prevent, prepare for, or respond to the coronavirus. I attach receipts evidencing such expenses.
  - (B) The information supplied in Section 1 is true and correct.
  - (C) The above business has not received reimbursement from any other source regarding the expenses for which it seeks reimbursement.
  - (D) The expenses for which reimbursement is sought were incurred after March 1, 2020 and before the application deadline solely as a result of the coronavirus pandemic.
  - (E) I have actual authority to act on behalf of the above business.
  - (F) I have read and I understand the Instructions and Definitions applicable to this Application.
  - (G) I understand that funds awarded may be subject to audit, and if any statements contained in this application are not true, awarded funds will be subject to recapture.

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

Email: \_\_\_\_\_  
(Print Name and Title)

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

**Application Deadline: September 18, 2020**  
**Mail Application & Receipts to: Gr. Hudson Chamber of Commerce, 71 Lowell Rd., Hudson, NH 03051**



# Town of Hudson

## COVID-19 Compliant Small Business Partnership Grant

### Instructions and Definitions

- 1.1 **Name of business.** The registered name of the business or, if a sole proprietorship or a common law partnership, the name under which the entity does business.
- 1.2 **Type of business.** Sole proprietorship, partnership, limited partnership, corporation, limited liability company, professional entity or other form of association.
- 1.3 **Authorized Agent.** I am the sole proprietor, or a partner, limited partner, general partner, managing member, member or shareholder, or an officer, and I am actually authorized to submit this application on behalf of the business.
- 1.4 **Number of employees.** Only businesses with fewer than 50 employees are eligible for assistance. "Number of employees" means the measure of the average employment of the business and means its average employment, based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. If a business has not been in existence during the period, that such business has been in existence based on the number of persons during each of the pay periods of the period such business has been in business.
- 1.5 **Total funds sought.** Reimbursable expenses are funds actually expended by the Applicant to prevent, prepare for, or respond to the coronavirus. Without limiting the foregoing, the Town expects that awards will be made for expenses such as the following: tents, barriers, tables chairs and other expenses related to outdoor dining; Plexiglass barriers and other physical alterations made to comply with social distancing practices; thermometers and other testing equipment to screen entrants; personal protective equipment; cleaning and sanitation expenses; and other expenses within the scope of the foregoing controlling language. Reimbursement shall not be awarded for lost revenue. Receipts must accompany the application in order to be considered for grant.
- 1.6 **Employee Identification Number/Social Security Number.** The applicant's federal filing identification number or social security number.

#### Due Process:

Process: The Board of Selectmen has delegated to an Awards Committee comprised of: the Town Administrator; Emergency Operations Director and Finance Director, to be chaired by the Town Administrator, the initial duty to approve or deny applications for assistance and relief made under the COVID-Compliant Small Business Partnership Grant Program, consistent with Section 601(d) of the Social Security Act, as added by Section 5001 of the CARES Act. Should an Applicant disagree with a decision of that Committee, appeal may be made to the Town Selectmen.

#### Method of Award:

The Board of Selectmen have allocated the sum of \$50,000 to the COVID-Compliant Small Business Partnership Grant Program. The application deadline is September 18, 2020. After that date, the Awards Committee shall meet and approve or disapprove all applications based upon the foregoing requirements and other requirements imposed by law. Grants shall be made fairly and equitably, in the exercise of the Awards Committee's discretion, proportionally with the applications received. The Committee shall not be obligated to expend the entire sum allocated by the Town Selectmen.