

## Ocean Community Chamber Foundation

### COVID-19 Small Business Assistance Fund - Grant Application 2020

**Grant Administrator:** The Ocean Community Chamber Foundation, a 501©3 arm of the Ocean Community Chamber of Commerce, is pleased to offer 1-time grants to local small businesses that were forced to close or reduce services in response to COVID-19 related executive orders issued by the Governors of RI and CT. We believe EVERY BUSINESS IS ESSENTIAL. It is important to note that nearly all small businesses have suffered substantial losses due to the COVID-19 virus. This fund is not intended to replace lost revenue as that would be impossible given the magnitude of the economic crisis and the broad range of businesses affected. This fund was created from donations of those who wanted to support small businesses and give them, and their employees, a helping hand. In total, \$12,000 has been raised for businesses through this fund. Additionally, there is \$6,300 available in a separate fund for employees of small businesses that have not received sufficient unemployment benefits. A section at the end of this application is dedicated to that **Employee Aid Fund**.

**Eligible Expenditures:** Payroll, Rent/Mortgage, Utilities, Signage, Supplies or any COVID-19-response expenses.

**Instructions and Important Information:** Complete all parts of this application and email by 12 noon on June 30, 2020 to [info@oceanchamber.org](mailto:info@oceanchamber.org). Incomplete applications will not be accepted. There will be no follow-up calls to seek missing information. Only 1 application may be submitted per business. Funds are limited and demand will exceed our ability to make awards. Completion of an application does not guarantee an award.

**To be eligible to apply for this grant the business must:** Be located in Westerly, Richmond, Hopkinton, Hope Valley, Wyoming, Charlestown, Narragansett RI or Stonington, Pawcatuck and Mystic CT **OR** be a member of the Ocean Community Chamber of Commerce located in any other town in RI/CT.

Must have a brick-and-mortar location

Must have 25 or less combined FT/PT employees on February 1 and/or May 31, 2019

Must have been open and fully operating on or before February 1, 2020 **OR** Must be a seasonal business (normally open mid/late May) that is presently unable to open fully due to restrictions or lack of complete government guidelines being developed at the start of the season and/or to this day. Those who elected not to open but the government guidelines WERE made available are not eligible for funds.

Franchise business must be owned by a resident of the Ocean Community.

**Review Process:** Applications will be reviewed by the Administrative Oversight Committee of the Ocean Community One Fund. This Committee consists of 11 members: 6 members of The Chamber of Commerce Board of Directors, The Chamber of Commerce President, 2 members of the Westerly Town Council, a former member of the Superstorm Sandy Small Business Recovery Grant Program/former Westerly Town Council President and a recipient of the Superstorm Sandy Small Business Recovery Grant Program/former Chairman of the Chamber Foundation Board. You may be asked for additional documentation to confirm your eligibility. Any business being considered for a grant may be subject to a random walk-through by a committee member to insure government Covid-19 industry required papers are in order, masks are being worn properly and all social distancing requirements are being enforced. All awards will be made public.

**Application Deadline:** Applicants received by noon on June 30, 2020 will be given consideration. If awards made do not exceed the funds available, a second deadline will be established in the future do that a second round of applicants may apply, or supplemental awards made.

**Award Date:** Applications will be reviewed and decisions made by July 7, 2020. All decisions are final and non-negotiable. Checks will be issued by July 9, 2020.

Name of Business (including DBA) \_\_\_\_\_

Physical Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Contact \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Business Type

Sole Proprietorship - did you personally qualify for and receive unemployment benefits? \_\_\_\_\_

Did you qualify for and receive the "extra \$600 a week" COVID-19 unemployment aid? \_\_\_\_\_

Partnership (name and phone and email of each partner, % of ownership) \_\_\_\_\_

Limited Liability Corp. \_\_\_\_\_ Corporation \_\_\_\_\_

Is this business a franchise or part of any franchise agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in which town does the franchisee reside? \_\_\_\_\_

Is business owned by a Veteran? \_\_\_\_\_ As of 3-1-20, how long has your business been in operation? \_\_\_\_\_

Is the property where the business operates leased or owned?

Owned \_\_\_\_\_ Leased \_\_\_\_\_ Name of lessor, address, email \_\_\_\_\_

Does the business have a valid business license in the town in which it operates? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the business current on its payroll and property taxes as of March 1, 2020? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the company have any outstanding judgments, pending or threatened law suit claims, pending bankruptcy proceedings, or pending criminal proceedings? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

Has your company received any citation, notice of failure to adhere to COVID-related rules, laws or business operations/postings from the Dept. of Bus. Regulation or closure of operations from Town/Health Authority?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

How many employees were on the business payroll as of March 1, 2020? FT \_\_\_\_\_ PT \_\_\_\_\_

How many employees are on the business payroll as of June 7, 2020? FT \_\_\_\_\_ PT \_\_\_\_\_

Please indicate the % of revenue drop that your business experienced when comparing March – May 2019 gross income versus March – May 2020 gross income \_\_\_\_\_. If you were not open in that time period in 2019, compare the monthly percentage drop from Jan-Feb 2020 to March – May 2020 \_\_\_\_\_.

Please indicate which category your business falls under regarding COVID-19 related Executive Orders issued by the Governor \_\_\_\_\_.

Indicate what was the FIRST date that your business was allowed to re-open according to the government Phase 1, 2 and 3 system. \_\_\_\_\_ Date that your business actually re-opened. \_\_\_\_\_

Indicate which Covid-19 related loans or grants that your business has applied for:

Program	Ineligible	Applied	Pending	Received	\$ Rcvd
Payroll Protection Program	_____	_____	_____	_____	_____

Through which lender? \_\_\_\_\_

Will apply by June 30 \_\_\_\_\_

SBA Economic Injury Disaster Loan \_\_\_\_\_

US Chamber Grant \_\_\_\_\_

RI Microenterprise Stabilization Grant \_\_\_\_\_

(through Town of Westerly)

LISC/Verizon Grant \_\_\_\_\_

Samuel Adams Restaurant Strong Fund \_\_\_\_\_

RI Foundation/United Way Grant \_\_\_\_\_

Other: Please explain source and amount \_\_\_\_\_

Did you establish a business Go Fund Me campaign? No \_\_\_ Yes \_\_\_ how much was raised? \_\_\_\_\_

Did you establish a personal Go Fund Me campaign? No \_\_\_ Yes \_\_\_ how much was raised? \_\_\_\_\_

Did you accept any other form of employment to support yourself? No \_\_\_ Yes \_\_\_ With which company? \_\_\_\_\_ Doing what? \_\_\_\_\_

Has the business requested a deferment of any loan and or mortgage payment? No \_\_\_ Yes \_\_\_ If yes, was deferment granted? No \_\_\_ Yes \_\_\_ If yes, please provide details including length of the deferment. \_\_\_\_\_

Has the organization requested any deferment of lease payment on real and/or personal property? If yes, was such a deferment granted? Provide details. \_\_\_\_\_

Have you completed a COVID-19 Control Plan (RI business only) Yes \_\_\_ No \_\_\_

Have you completed the Commerce RI "Welcome" Check list & have on display? (RI Businesses) Yes \_\_\_ No \_\_\_

Have you printed out the Badge form and displayed in your window? (CT Businesses only) Yes \_\_\_ No \_\_\_

Is your business displaying COVID-19 symptom self-screening posters Yes \_\_\_ No \_\_\_

Is your business displaying Governor's Mask order signage Yes \_\_\_ No \_\_\_

Did your business make efforts to generate income during the shutdown period? No \_\_\_ Yes \_\_\_

If yes, explain (take out meals, shifted to on-line shopping program, produced virtual services with fees, diversified business operations). \_\_\_\_\_ What % of income did that help make up? \_\_\_\_\_

Which bank/credit union, etc. do you use as your primary financial institution? \_\_\_\_\_

Is this business presently a member of the Ocean Community Chamber of Commerce? Yes \_\_\_ No \_\_\_

Has your business received Ocean Community Chamber of Commerce free masks, hand sanitizer and disinfectant? Yes \_\_\_ No \_\_\_

Did your business donate any goods or services to help The Chamber/Chamber Foundation in its efforts to support other small businesses or residents during COVID-19? If yes, what did you do/what was the estimated value? \_\_\_\_\_

If you are awarded a grant which of the two options would you prefer?

\_\_\_ \$400-\$1,000 check payable to the business OR

\_\_\_ \$150-\$775 check pay and a 1 year membership in the Ocean Community Chamber of Commerce

**SMALL BUSINESS EMPLOYEE AID FUND – GIFT CERTIFICATES** \$6,300 minimum is available in gift certificates for local residents affected by COVID-19 that can be redeemed at small businesses in the community. These have been donated by generous community members who wanted to help those negatively affected the most as a result of COVID-19. We'd like to award, at a minimum, 63 \$100 gift certificates.

**NOT ELIGIBLE:** Employees paid overtime to handle additional work load or who had hourly wage raised during COVID-19.

Employees who were furloughed or laid off and received BOTH unemployment benefits AND the "extra \$600 a week" benefit, making their wages HIGHER while at home than at work.

Employees who were furloughed or laid off and did NOT return to work when you called them back, post PPP loan or other development.

**ELIGIBLE** If you have an employee(s) who meets the following criteria and you would like them to be considered for \$100 in gift certificates please indicate their name and job title. Maximum 4 employees per company. Their names would NOT be made public but their employer would for public transparency.

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Employee (can be business owner) who did not receive any unemployment benefits while laid off due to eligibility restrictions.

Employee who worked far beyond the normal hours to help your business sustain itself, possibly while other employees were laid off. This "above and beyond" person worked the front lines during the pandemic in health, restaurant, retail, etc.

**Important Details** Grant Monies are considered taxable income. Any false aspect of this application will void the entire application. If awarded a grant I may be required to submit documentation. If not awarded a grant, the OCCF is under no obligation to explain its decision. Eligible expenditures for grant money are limited to payments made by the awarded business for rent/mortgage, payroll, utilities and any other COVID-19 response expenses.

**I certify** that the facts and representations set forth in this grant application are true and correct under the penalties of perjury. I hereby grant permission for the Ocean Community Chamber Foundation to verify the information associated with my grant application with my primary bank, landlord, partners, Town of Westerly, state officials, or any other third party associated with the specific data provided in this application. Your signature below confirms understanding of these disclaimers.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Email completed application to [info@oceanchamber.org](mailto:info@oceanchamber.org) by June 30, 2020**

**or mail/drop off the application to**

**Ocean Community Chamber Foundation, 1 Chamber Way, Westerly, RI 02891**



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**ONE FUND**



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