

# CT Small Business CARES Grant PREVIEW

NOT ACTUAL APPLICATION

# Application Questions

- ▶ Applicant Business Name:

This must be the legal name of the business.

You may confirm the legal name via the Secretary of State's business register, found [here](#)

- ▶ Trade Name/ DBA, if applicable
- ▶ Business Street Address
- ▶ Business Municipality (City/ Town)
- ▶ Business Zip Code
- ▶ Is the business located in a Distressed Municipality (This will be a dropdown box that list all distressed municipalities)
- ▶ Business Website

# Application Questions Continued

Is your company owned, operated or controlled 51% or more by an individual that meets any of the following characteristics (please check all that apply):

Minority Owned  
Woman Owned  
Veteran Owned  
Disabled Owned

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## Application Questions Continued

### Authorized Signer's Contact Information

Please provide the information for the individual that will sign the grant agreement, if awarded, on behalf of the Company:

- ▶ Name
- ▶ Title
- ▶ Phone Number
- ▶ Alternate Phone Number
- ▶ Business E-mail
- ▶ Confirm Business E-mail

## Application Questions Continued

**Contact information for the person completing this application on behalf of the Company (if different than the Authorized Signer)**

- ▶ Name
- ▶ Title
- ▶ Phone Number
- ▶ Alternate Phone Number
- ▶ Business E-mail
- ▶ Confirm Business E-mail

# Application Questions Continued

## Eligibility Questions:

- ▶ Is the Company located in Connecticut?
- ▶ Is the majority of the Company's revenue earned from any of the following activities?  
Medical Marijuana, Liquor stores and alcohol distributors; adult businesses such as strip clubs; vape retailers; tobacco shops and smoking lounges; businesses having to do with gambling; gun stores and ranges; cash advance, check cashing, or pawn shops; bail bonds; collection agencies or services; and auction or bankruptcy or fire or "lost-our-lease" or "going-out-of-business" or similar sale.
- ▶ Was your Business established before October 1, 2019 ?
- ▶ Is your business a viable business, planning to reopen, or planning to rehire any workers let go due to COVID as business conditions recover?
- ▶ Does your business have a material financial need that cannot be overcome without the grant of emergency relief funds?
- ▶ Arts organizations that have applied for State of CT Cares Grant Program for the Arts are not eligible to apply for this program. Has your business applied for funding through the State of CT Cares Grant Program for the Arts?
- ▶ Did your company have 20 or less full-time employees on 12/31/2019 or annual payroll expenses of less than \$1.5 Million in 2019?
- ▶ Has your year-over-year business revenue declined by at least 20% between the period of Jan. 1, 2019 to September 30, 2019 compared to Jan. 1, 2020 to September 30, 2020? COVID related financial assistance does not count as 2020 revenue. If your company was not in business for the full 2019 calendar year- adjust your revenues for the period you were open in 2019 to 9 months so you can compare it to the January-September period in 2020 (2019 revenue / # of months open x 9 months).

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# Application Questions Continued

- ▶ Type of Business Entity (LLC, Corporation, sole proprietor, etc.)
- ▶ Has your Business declared Bankruptcy within the past 12 months?
- ▶ Business Industry Type
- ▶ How many full-time employees (including owners) did the Company have on December 31, 2019?  
Full-Time employees are defined as employees working 30 hours or more per week
- ▶ How many Part-Time employees did the Company have on December 31, 2019?  
Part-time employees are defined as employees working less than 30 hours per week
- ▶ Is this business the owner's primary source of employment?
- ▶ Is the business the owner's primary source of income?
- ▶ Is the Company current with State taxes or on a payment plan? Please note this information will be verified with the Department of Revenue Services. To avoid a potential delay in processing your application, check your tax status [here](#).
- ▶ Was the Company current with State taxes or on a payment plan as of 12/31/2019?
- ▶ Applicant's Federal Tax Identification Number, if applicable (Enter all numbers, including all 0s, do not include hyphens)  
A unique 9-digit number assigned by the Internal Revenue Service to business entities
- ▶ Applicant's Connecticut Tax Registration Number, if applicable (Enter all numbers, including all 0s, do not include hyphens)  
A 9-13-digit number assigned by the Connecticut Department of Revenue Services found on all returns and correspondence from DRS.
- ▶ For any business that does not have a FEIN or CT Tax Registration #: Owner's Social Security Number (do not include hyphens)

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## Application Questions Continued

- ▶ Input **all** of the Company's eligible expenses that were incurred or will be incurred from 3/1/2020 thru 12/30/2020. Eligible expenses cannot include expenses that have been reimbursed by other sources such as PPP, EDIL, DECD Bridge Loan, insurance proceeds or any other source. **The eligible expenses must be at least \$5,000 in order to qualify for this grant.**

Payroll

Rent/Mortgage

Utilities

Inventory

Purchase of Machinery & Equipment (M&E)

Cost associated to ensure compliance with CT reopen Business Sector Rules

- ▶ Do the eligible expenses entered above total \$5,000 or more?



# Application Questions Continued

- ▶ Does this owner own multiple businesses applying for this grant?
  - ▶ If yes, please provide the Name and FEIN of the other businesses.

# Application Questions Continued

► **Other COVID Assistance** (If yes Check the boxes)

Did the Applicant receive any of the following:

The Federal Payback Protection Program (PPP)

The Federal Economic Injury Disaster Program (EIDL)

DECD Bridge Loan

Other Cares Act State of CT Administered Funding

Other COVID assistance program

# Application Questions Continued

## ► Payment Information:

- The grant will be sent via Automatic Clearing House (ACH) payment. Please confirm with your financial institution the correct routing number for ACH Payments.

- Name of Financial Institution
- Routing Number
- Account Number

Jane Doe	# 1023
555 Sunny Rd	Date _____
Oakdale, CT 06777	
Pay to the order of _____	
First Western Bank of America	
Memo _____	
211585569	01 13335268 1023

ABA Routing Number    Account Number    Check #

- Identification Type of Authorized Signer
  - Driver's License, State ID, Federal ID, Other government issued ID
- Driver's License number, State ID number, Federal ID number or other government issued ID number of the Authorized Signer

# Application Questions Continued

- ▶ **Legal certifications of accuracy of data in App:**
  - ▶ It is hereby certified by the undersigned, the authorized representative of the Applicant, under penalty of false statement as set out in Connecticut General Statutes section 53a-157b that to the best of my knowledge and belief, the information or data contained in this Application is true, accurate, and complete, and that no material information has been omitted. The undersigned agrees that the State of Connecticut can rely on the statements in this Application to provide the grant funds, and authorizes the Connecticut Departments of Labor and Revenue Services to give the Department of Economic and Community Development any and all information in connection with matters referred to in this Application, including information concerning the payment of taxes by the Applicant. In addition, the undersigned agrees that any funds provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application.
  - ▶ Authorized Signer signature

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