

# Maine Tourism, Hospitality & Retail Economic Recovery Grant Program Application

\*\*Please read the Frequently Asked Questions before starting your application: <https://www.maine.gov/decd/economic-recovery-grants>

## **General Instructions**

This is a FIRST COME, FIRST SERVED Grant Program. The Grant Application may be completed and submitted at any time. The portal will close once all funds are committed or on a date when processing time will be insufficient to meet CARES Act deadline of December 30, 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 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 Tourism, Hospitality & Retail Recovery Grant Program FAQ’s](#), please call 1-800-872-3838 and press 3 or email [BizAwards.DECD@maine.gov](mailto:BizAwards.DECD@maine.gov).

For Maine State Tax questions, please contact the Maine Revenue Service Taxpayer Contact Center via phone at 207-624-9784 or email at [taxpayerassist@maine.gov](mailto:taxpayerassist@maine.gov).

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

### **Eligibility Criteria:**

The funding for this program originates from the federal Coronavirus Relief Fund and will be awarded in the form of grants to directly alleviate the disruption of operations suffered by Maine's small businesses and organizations in the tourism, hospitality and retail sectors as a result of the COVID-19 pandemic. The program is governed by Federal CARES Act requirements and the State cannot expand eligibility to organizations excluded in the Federal legislation. DECD, in collaboration with our economic development and business support partners, is offering a final round of targeted grant funds to provide some revenue loss relief due to COVID-related business disruption.

Funds will be awarded to the first 2,500 approved applications on a "first come-first served" basis to eligible tourism, hospitality & retail customer facing businesses and organizations in the following industry classifications:

- Accommodation and Food Services; Breweries, Wineries & Distilleries
- Retail Trade
- Arts, Entertainment and Recreation

Gross sales as reported on sales tax filings is the key metric so eligible organizations will also need to have submitted sales tax filings for their operations.

Eligible applicants may receive up to \$20,000.

### **To Qualify for a Maine Tourism, Hospitality & Retail Economic Recovery Grant Your Business/Organization Must:**

1. Be a customer facing service business or organization highly impacted by the COVID-19 restrictions, including restaurants, bars and taverns, tasting rooms, lodging, and/or retail establishments, that has experienced a 20% or greater loss in gross sales as reported to Maine Revenue Services on Sales Tax Returns comparing March 2019 through September 2019 to March 2020 through September 2020 for monthly filers, and April 2019 through September 2019 to April 2020 through September 2020 for quarterly filers;
2. Gross sales must be between \$24,000 and \$12MM annually;

3. Have a Maine sales and use tax account with Maine Revenue Service;
4. Be headquartered in Maine (as registered with the Maine Secretary of State Office);
5. Be current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through September 30, 2020;
6. Be in good standing with the Maine Department of Labor;
7. Not be in bankruptcy;
8. Not have permanently ceased all operations;
9. Be in consistent compliance and not be under any current or past enforcement action with [COVID-19 Prevention Checklist Requirements](#)

NOTE: Prior receipt of a PPP, EIDL, or MERG grant or loan for COVID-19 would not necessarily make eligible small businesses/organizations ineligible to receive this grant. In assessing the business'/organization's need for assistance, the application will require the business/organization to include Federal grants and forgivable loans including Payroll Protection Program (PPP), Maine Economic Recovery Grant (MERG) and Economic Injury Disaster Loan (EIDL) to ensure that this program is not reimbursing the same business disruption as another federally funded program.

Ineligible to apply include, but not limited to:

- 501(c)(4), 501(c)(6) Trade associations
- Gambling
- Adult Entertainment
- Country clubs, golf clubs, other private clubs
- Fraternal orders

Eligible Uses of Grant Funds

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.

Grant Funds May NOT Be Used For:

- Depreciation expense
- Entertainment
- Lobbying
- Goods and Services for Personal Use
- Fines, Penalties, Damages and other Settlements
- Operations outside of Maine

List is not all-inclusive, so check with DECD if you are not sure.

This grant is considered reportable income; therefore, funds received from this grant must be included with reportable income at tax time and are subject to audit. For applicable businesses, a 1099 Form will accompany any awarded grant monies. Businesses/organizations will be liable for any misuse of funds.

### **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 application (a copy of a Sales Tax Return may be helpful):

1. Federal Employer Identification Number or Social Security Number
2. Sales Tax Registration Number
3. Maine Revenue Services Business Code (Your business code is a 3-digit number that can be found on your retailer certificate or on your sales tax return)
4. Type of business/organization (non-profit or for-profit)
5. 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>
  - DUNS not required to complete application. A DUNS number is required to receive grant funds.
6. Principal office address
  - Business/Organization Mailing Address if different than physical address
7. "Doing business as" (DBA) name
8. Applicant address and other contact information
9. For sole proprietors: Total amount of unemployment compensation benefits received March 1, 2020 – September 30, 2020
10. Amount of forgivable funds received from other Federal Relief programs including, but not limited to, any funds received from the Maine Economic Recovery Grant

Program, Payroll Protection Program (PPP) or Economic Injury Disaster Loan (EIDL) advance.

11. An estimate and justification of how much of your 2020 losses are a direct result of the pandemic and a disruption to operations
12. 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>) A W-9 is required to receive grant funds.

# Maine Tourism, Hospitality & Retail Economic Recovery Grant Program Application - Contact and Business Information

\*\*Please read the Frequently Asked Questions before starting your application: <https://www.maine.gov/decd/economic-recovery-grants>

## 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**

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

- Yes
- No

Did your business/organization or an affiliated business/organization apply for a Maine Economic Recovery Grant during Phase 1 or Phase 2? \*

- 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 \*

**Please enter your Business Mailing Address in the fields below if it is different from the physical address listed above.**

Business/Organization Mailing Address

Business/Organization Mailing Address2

Business/Organization Mailing Town/City

Business/Organization Mailing County

Business/Organization State

Business/Organization Mailing 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

Enter your business code assigned to you by the Maine Revenue Service, as found on your sales tax return. \*Your business code is a 3-digit number that can be found on your retailer certificate or on your sales tax return.

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**

Only one application will be accepted per group of affiliated entities. Please coordinate with other affiliated entities prior to submitting the application. Affiliated entities will need to provide all sales tax registration numbers and corresponding business names of the affiliated entity.

For the purposes of the Maine Tourism, Hospitality & Retail 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

Eligibility as outlined applies to the affiliated entities single application:

- Gross sales must be between \$24,000 and \$12MM annually;
- Experienced a 20% or greater loss in gross sales as reported on Sales Tax Returns -March 2019 through September 2019 to March 2020 through September 2020.

If you have submitted more than one application, you should notify the Maine Tourism, Hospitality & Retail Recovery Grant Program at [BizAwards.DECD@maine.gov](mailto:BizAwards.DECD@maine.gov)

Is your business considered "affiliated" as defined by the above criteria? \*

Yes

No

Primary Office Street Address Primary Office Address is required if your business is considered affiliated as stated above.

Primary Office Street Address2

Primary Office Town or City Primary Office City is required if your business is considered affiliated as stated above.

Primary Office County Primary Office County is required if your business is considered affiliated as stated above.



Primary Office State is required if your business is considered affiliated as stated above.

Primary Office Zip Code

Primary Office Zip Code is required if your business is considered affiliated as stated above.

Please list all other Affiliated Businesses, Addresses and their Sales Tax Registration Number

Please click 'Add Business' after all required fields are completed. (Business Name, Address, Sales Tax Registration Number)

Business Name \*

Business Address \*

Sales Tax Registration Number \*

ADD BUSINESS

**Business Name**

**Business Address**

**Sales Tax Registration Number**

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

## **Federal Relief Funding Benefit Calculation due to the Impact of COVID-19 Pandemic:**

(REQUIRED)

Provide the amount of other **forgivable** Federal Relief funding you have received including Maine Economic Recovery Grant, Payroll Protection Program or Economic Injury Disaster Loan advance. Do not include non-forgivable loans you have received through Federal Relief funding programs.

**NOTE:** The business/organization cannot be reimbursed for the same business disruption twice. The loss figure will need to be offset by any forgivable federal funds received.

- Example: Business/organization has a 25% loss in gross sales from 2019 to 2020, totaling \$80,000. Received \$50,000 in forgivable PPP and \$20,000 from MERG. This award cannot be more than \$10,000.

**Round to whole dollars and enter "0" if no funds were received.**

Payroll Protection Program: \$ \_\_\_\_\_

Economic Injury Disaster Loan Advance: \$ \_\_\_\_\_

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

Maine Economic Recovery Grant Round #1: \$ \_\_\_\_\_

Maine Economic Recovery Grant Round #2: \$ \_\_\_\_\_

Any other CARES Act funds \$ \_\_\_\_\_

**Financial Impact of COVID-19 Pandemic**

Are you able to certify that the % loss in gross sales is due to COVID-related business disruption? \*

Yes

No

If YES, Provide brief justification

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

**Maine Revenue Services Taxpayer Information**

To assist the Department of Economic and Community Development (DECD) in evaluating your eligibility for the Maine Tourism, Hospitality & Retail Recovery Grant Program, this section authorizes Maine Revenue Services (MRS) to verify and provide 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](mailto:taxpayerassist@maine.gov) or via phone at 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

No

If Yes, please explain(1000 Character Limit)

Maine Revenue Service Sales Tax Registration # \*

### 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 Sept 30, 2020. \*

- 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'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

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

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.

Please Answer Based on the Question Above (Negative Impact) \*

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

CONTINUE TO REVIEW

Opportunity to review all information and edit by section.

CONTINUE TO AGREEMENT & CERTIFICATION

# Maine Tourism, Hospitality & Retail Economic Recovery 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; \*
- If the information is found not to be accurate, I may be liable for returning funds received; \*
- I will comply with all applicable State and federal laws and regulations; \*
- I acknowledge that I am applying for and may receive Maine's Tourism, Hospitality & Retail 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 2019 and 2020, that is necessary to evaluate my eligibility for the Maine Tourism, Hospitality & Retail 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. \*

By signing this form, I give permission for the appropriate Economic Development District to get and receive grant information. DECD will assign applications to EDD based on location and processing availability. \*

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.). \*

If selected for a grant, I may be required, upon request, to provide documentation to the State of Maine and/or the Federal Government demonstrating and certifying that the expenditures were used for appropriate expenses subject to the terms set forth in the Maine Tourism, Hospitality & Retail Recovery Grant Program Description, and that the assistance helped to sustain my business/organization. \*

If selected for a grant, I shall indemnify and hold harmless the granting organization and its officers, agents, and employees from and against any and all claims, liabilities, and costs, including reasonable attorney fees, for any or all injuries to persons or property or claims for money damages, including claims for violation of intellectual property rights, arising from the negligent acts or omissions of the Grantee, its employees or agents, officers provided, however, the Grantee shall not be liable for claims arising out of the negligent acts or omissions of the granting organization, or for actions taken in reasonable reliance on written instructions of the organization. \*

**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 \*

Date \*

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

FILE

Click 'File' to select a file to upload. Failure to provide a completed W-9 could result in ineligibility for the grant award.

**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. \*

PREVIOUS OR SUBMIT