



Rhode Island Hotel, Arts & Tourism (HArT) Grant Application

Submission instructions: Please submit a complete electronic copy of the application by email to Hart.Recovery@commerceri.com using the subject line "HArT ESR Recovery Grant_[applicantname]". Please save the application as a single PDF file saved as "HArT ESR Recovery_[applicantname]".

Awards for ESR funds will be made on a rolling basis beginning Monday, November 9th. Applications for ESR funds will be accepted through Wednesday, November 25th, at 12:00 pm (pending availability of funds).

Questions on the application process may be submitted to Hart.Recovery@commerceri.com.

The Rhode Island HArT Grant Program is allocating \$20 million to eligible businesses, sole proprietors, and nonprofits. Applicants are encouraged to apply for any and all elements of the HArT grant program for which they are eligible. Applicants may receive up to \$1 million in direct support and up to \$350,000 for ESR activities, depending on the size of the entity. Awards may not exceed the organization's demonstrated revenue loss after accounting for other federal funding received, and the Corporation will not award more than \$1 million to a single entity through the HArT program.

What is an Engagement, Service, and Resiliency (ESR) Activity Grant?

The ESR Activity Grant aims to enable hospitality, arts, culture, and tourism businesses and organizations to implement the programming and activities they'd like to undertake, produce, and host but that are currently cost prohibitive due to COVID-19 restrictions. It may be that functions, events, programs, and activities must be held with too few people for them to work financially without the grant or that a business or organization wishes to offer a discount on a rate, a cost, or a price for a service, product, or offering but needs a grant in order to cover part or all of the discount. Examples of ESR Activity Grants are things like:

- Hosting COVID-appropriate events or activities.
- Providing hotel vouchers and/or discounts to those wishing to work or learn remotely—including hosting safe meetings.
- Investments to enable virtual/remote events.
- SafeCation promotions which combine access to COVID testing with safe, small, and/or outdoor activities.

Who is eligible to apply for Engagement, Service, and Resiliency (ESR) Activity Grants?

To be eligible for ESR funds, the applicant must:

1. Be a business, sole proprietor, or nonprofit located in Rhode Island in the arts, culture, travel/tourism, event, entertainment, or hospitality/hotel industry.
2. Have experienced a year-over-year revenue loss.
3. Have been financially hurt because of the COVID-19 public health emergency in one or more of the following ways: (1) increased operating expenses due to COVID-19, (2) had to purchase equipment or make modifications to my workplace due to COVID-19, (3) required to close in-person operations, reduce hours, cancel business, or operate at reduced capacity, (4) my supply chain was materially disrupted and therefore slowed firm-level production, or (5) experienced another COVID-19-related disruption (e.g. customer/client demand was affected).
4. Be in good standing with the RI Secretary of State.

Can intermediaries apply?

Yes. Businesses or nonprofits may apply on behalf of one or more eligible entities so long as the intermediary demonstrates that all entities receiving funds are eligible. For example, an organization could arrange a discount program so long as the businesses accepting the discount are eligible based on the above requirements. Intermediaries will be required to submit the HArT intermediary partner organization application form for each relevant recipient.

Section 1: Applicant Information

Organization Name _____

Trade Name/DBA _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Business Phone _____ Website _____

Year Founded _____ Form of Entity _____

Federal Tax ID # _____

DUNS Number _____ Date of Application _____

If you do not have a DUNS number, you may still submit your application while you wait for your DUNS number. Note the DUNS number (federal requirement to receive grant funds) may be requested free of charge [here](#). Important: when prompted to select the "Primary Reason for DUNS Number Registration," please select "I'm a US Government Contractor or Grantee" from the dropdown menu. Selecting any other option could result in a 30 day wait for your DUNS number.

Industry _____ NAICS Code # _____

You can find your 6-digit NAICS code on your business' federal tax return, listed as a "Business Activity Code." You can also search for your NAICS code on the US Census website at <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017>

Number of Employees in Rhode Island as of 10/30/20 _____

Is the applicant a minority, woman, or veteran-owned business? ☐ Yes ☐ No

Is the applicant a subsidiary or affiliate of another company? ☐ Yes ☐ No

Name of parent or affiliate (if applicable) _____

Primary Contact for Application:

Full Name _____

Job Title _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Email _____

Proposed partnerships (if applicable). If this program is being implemented in partnership with another entity, explain the partnership structure and why this partnership is necessary to carrying out the proposed ESR activities.

Section 2: Overview and Eligibility

2-1: Organization summary. Describe your organization and the impact/contribution your organization has on the state's economy and communities (250 words max).

2-2: Revenue loss calculations. Please complete questions A through D below to document your organization's loss in revenue in Q2 and Q3 (April through September) of 2020 compared to the same months in 2019. Successful applicants may be required to provide documentation demonstrating loss.

Question	Calculation	Amount	
What was the total amount, in dollars, of your combined Q2 and Q3 2020 revenue?	Provide	\$	A
What was the total amount, in dollars, of your combined Q2 and Q3 2019 revenue?	Provide	\$	B
How much, in dollars, did your revenue decrease in the same Q2 and Q3 timeframe from 2019 to 2020? (Subtract A from B above)?	$A - B$	\$	C
What percent (%) of revenue does this decrease represent? (divide C by B, then multiply by 100)?	$(C \div B) \times 100$	%	D

2-3: Federal and/or State Assistance Received. Please list below any and all federal or state grants or forgivable loan funds received through the Coronavirus Relief Fund or other state/federal sources since March 1, 2020 related to the COVID-19 pandemic, including but not limited to: PPP, Small Business Administration Economic Injury Disaster Loan ("EIDL") Advance, RestoreRI, FEMA Public Assistance Program, or other federal or state-sponsored COVID-relief programs.

<u>Program Assistance Received</u>	<u>Budget amount</u>	<u>Budget description</u>
<i>Ex: SBA PPP</i>	<i>Ex: \$25,000</i>	<i>Ex: Cover 30 staff during COVID-19 period</i>

2-4: Of the amounts listed above, how much was used for COVID adaptation costs? These may include plexiglass, PPE, remote work investments, take it outside activities, etc. \$_____

2-5: Net losses. Please calculate your organization's net COVID-related losses using the following table:

Item	Instruction	Amount	
Revenue Loss	Insert amount from Box C in question 2-2 above in box E to the right	\$	E
Total Federal and/or State Assistance Received	Insert total from question 2-3 above in box F to the right	\$	F
Total Federal and/or State Assistance Received Used for COVID Adaptation Costs	Insert total from question 2-4 above in box G to the right	\$	G
Net Revenue Loss Calculation	Subtract the amount in box F from the amount in box E and add the amount in box G and record the amount in box H to the right (E – F + G = H)	\$	H

(Note: your maximum grant amount may not exceed the amount of your net losses)

2-6: COVID Impact. Was your organization financially hurt because of the COVID-19 public health emergency in one or more of the following ways: (1) increased operating expenses due to COVID-19, (2) had to purchase equipment or make modifications to my workplace due to COVID-19, (3) required to close in-person operations, reduce hours, cancel business, or operate at reduced capacity, (4) my supply chain was materially disrupted and therefore slowed firm-level production, or (5) experienced another COVID-19-related disruption (e.g. customer/client demand was affected)?

☐ Yes

☐ No

2-7: Sustainability and adaptation. Please describe ways you have reduced costs, secured outside funding, and/or otherwise adjusted their business/organization in response to the COVID-19 pandemic to support organization's long-term viability/sustainability. This may include operational shifts such as virtual or adapted programming.

Section 3: ESR Activity Details

3-1: Proposed activities. Provide a narrative description of the proposed activities you seek to implement. What are you planning to do with this ESR grant? What do you expect the impact of the funded activities to be? How will you define success for this project? (max 500 words)

3-2: Proposed Budget (not to exceed \$350,000):

<u>Expenses</u>	<u>Description</u>	<u>Budget amount</u>
	Total	

Note: please include subcontracts for any implementation partner.

Budget narrative/explanation (optional): Please provide any additional information (e.g. assumptions, unit costs, or other variables used in formulating the proposed budget) you think would be helpful for the review team to understand how the line items above support the overall activities.

3.3: Revenue. Please explain whether the proposed activity may generate any revenue for the applicant.

3-4: Timeline. Provide a detailed timeline for implementation and how you will comply with the requirement to incur all costs by December 30, 2020.

3-5: Job Retention and Creation. Will this funding enable you to retain current levels of staff and/or rehire furloughed or laid off staff or create new jobs? Please explain how as well as the timeframe for this retention/creation.

Attachments

Please attach copies of the following documents:

- Attachment 1: Copy of the Driver’s License/ government-issued identification for the owner or Executive Director
- Attachment 2: Most recent tax return of the organization
- Attachment 3: Letters of support or commitment from partners (optional)
- Attachment 4: For intermediaries only; Copy of Intermediary Partner Form for all applying partners ([here](#))

Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed HArT Grant Program:

By submitting this application, I hereby certify under the pains and penalties of perjury that:

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or of the State, has not been disqualified from an awarded contract with Rhode Island Commerce Corporation or the State, and has never defaulted on work awarded by the Rhode Island Commerce Corporation or the State.
- The Applicant has not been debarred, suspended or proposed for debarment by any agency or instrumentality of the federal or state government.

- The Applicant has not declared for bankruptcy within the past three (3) years.
- The Applicant was operating prior to April 1, 2019.
- The Applicant was restricted from normal operations due to COVID-19-related public health and emergency orders.
- The Applicant will not use funding from any other state or federal program to fund activities or expenses funded under this program.

By submitting this application, I authorize the Grantor and the State and its instrumentalities to share any and all information in the possession, custody or control of any such party with the other party concerning the applicant. I also authorize the Grantor and the Rhode Island Division of Taxation to share information concerning the applicant for the purpose of verifying any tax information the Grantor deems relevant to the applicant and the proposed grant. I waive any confidentiality pertaining to tax information under Rhode Island Law. Under penalty of perjury, I hereby represent that I am duly authorized to provide this consent and waiver on behalf of the applicant.

Applicant Name:

Authorized Representative:

Title:

Signature:

Date Signed:
