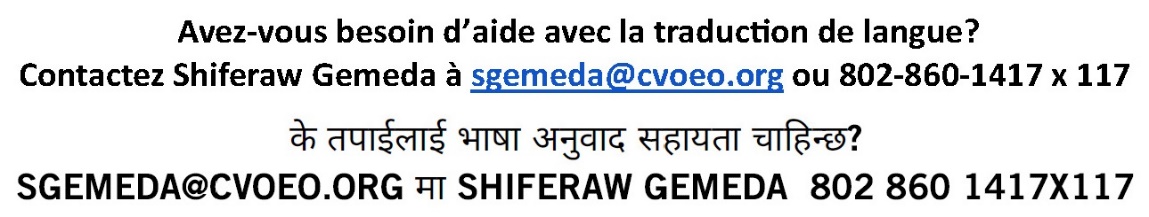
**APPLICATION FOR ASSISTANCE FROM THE STATE OF VERMONT**

**COMMUNITY DEVELOPMENT BLOCK GRANT CARES ACT (CDBG-CV) PROGRAM**

**Do you need language translation assistance?**

Contact Shiferaw Gemeda at [sgemeda@cvoeo.org](mailto:sgemeda@cvoeo.org) or 802-860-1417 x 117



**Name of business owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (if you have one):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E911 Numbered Physical Address of Business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address of Business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County where your business is located:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxpayer Identification Number (If you have an Employer Identification Number (EIN) that you enter on your tax return, provide that number here. If not, provide your personal social security number)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We will use the following information to confirm that your household meets the income limits for this program (at or below 80% of the area median income for your county, variable by household size):*

**County where you live (this may be different than your business location):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total income of all household members – for each person living in your home who filed a 2021 1040 federal tax return, add up the amounts reported on line 9 (“Total Income”) of the 1040 form and tell us the total for your household:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of people living in your home (regardless of age or if they earn income):** \_\_\_\_\_\_\_\_

**I am interested in receiving technical assistance in the following areas (if you want help in more than one area, rank them by writing 1 for your top priority/preference, then 2 and 3 for lower priorities):**

\_\_\_ Website Development / Enhancement

\_\_\_ Financial Management (Bookkeeping) and Record-Keeping

\_\_\_ Branding and Marketing (digital, print, audio)

**Demographic information of the business owner who is filling out this application**

**(Note: this information is just for reporting and will not affect your ability to get services under this grant.)**

**ETHNICITY**: Hispanic or Latinx/e \_\_\_\_\_ Not Hispanic or Latinx/e \_\_\_\_\_

**CHECK OFF ALL THAT APPLY TO YOU:**

**Over 62 years old \_\_\_\_\_**

**Female head of household \_\_\_\_\_**

**Person with disabilities \_\_\_\_\_**

**Racial Categories:**

**White \_\_\_\_\_**

**Black / African American \_\_\_\_\_**

**Asian \_\_\_\_\_**

**Native Hawaiian / Other Pacific Islander \_\_\_\_\_**

**American Indian / Alaskan Native \_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATIONS**

**(PRINT NAME BELOW)**

**I , \_\_\_\_\_ \_\_\_\_\_\_\_\_ , affirm that my business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets all of the following eligibility criteria:**

1. My business is a sole proprietorship, an S-Corp, or a Partnership. Note: No more than 2 households can make up a Partnership or an S-Corp.
2. My business does not issue W-2 to any employees.
3. All owners of my business are Vermont residents.
4. My business is domiciled in the State of Vermont and it was legally registered with the Vermont Secretary of State before or on March 31, 2020.
5. ​My business is a for-profit entity, providing goods or services to clients.
6. My business is in good standing with the State of Vermont and Federal Government, specifically:
   * My business is current on State and Federal taxes due through December 31, 2021 or has a workout arrangement in place with the taxing entities.
   * My state licenses/registrations are active and valid (if applicable).
   * My business is not a party to litigation involving the State of Vermont or Federal Government as it applies to State of Vermont or Federal Income Taxes.
7. My business complies with local, state, and federal labor laws.
8. My business is in good standing with the Vermont Secretary of State.
9. My business was negatively impacted by the COVID-19 pandemic and this technical assistance will help my business continue to recover from the economic impacts of the pandemic.
10. **My business is NOT any of the following excluded business types**:

* cannabis-related businesses, if federally prohibited
* businesses owned by persons under age 18
* businesses that are franchises or chains
* lobbyists
* persons operating as independent consultants/contractors and providing services to a single entity
* Partnerships and S-Corps whose owners live in more than 2 separate households.

**(PRINT NAME BELOW)**

I , \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ , affirm that I understand Two Rivers-Ottauquechee Regional Commission will hire one of their pre-selected contractors to provide my business with up to $2,000 in technical assistance. Two Rivers-Ottauquechee Regional Commission is not responsible for any costs over the $2,000 maximum grant allotted for my business. Two Rivers-Ottauquechee Regional Commission will pay contractors directly; my business is not responsible for any payments to the contractor unless I choose to enter into a separate agreement with them to obtain additional services.

I hereby attest under penalty of perjury that the information I have provided in this application is true and accurate to the best of my knowledge. I understand that Two Rivers-Ottauquechee Regional Commission (Grantee) acting on behalf of the State of Vermont, will rely on these certifications as a material representation in my participation in the Vermont Sole Proprietor Stabilization Program (CDBG-CV). I understand that if any statements are found to be false, I may be subject to criminal, civil, and administrative penalties and sanctions. I understand that fraud may be investigated by the Department of Housing and Urban Development, Office of the Inspector General, and may be punished under Federal laws including but not limited to 18 U.S.C. 1001 and 18 U.S.C. 641.

To the best of my knowledge, as of the date that this Application is submitted, I am not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in Federal programs or programs supported in whole or in part by Federal funds. Entities that are suspended and/or debarred will have received a notification letter from the Federal Government.

I agree that Two Rivers-Ottauquechee Regional Commission and the State of Vermont Agency of Commerce and Community Development (ACCD) may share Nonpublic Personal Information from this Application with other Vermont State Agencies related to the COVID-19 pandemic.

I certify that have the authority to submit this application to the CDBG-CV Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Business Owner Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Business)

**The following section needs to be completed by a notary public**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Signature) (Date)

*Note: If a notary electronically signs, they must provide their commission number and expiration date.*

STAMP AND EXPIRATION DATE:

**PLEASE FOLLOW THESE STEPS TO SUBMIT YOUR APPLICATION:**

* + 1. **Make a copy for your records.**
    2. **Scan or take a photo of your application and email it to Connor Rigney at** [**crigney@trorc.org**](mailto:crigney@trorc.org)**.**

**PLEASE NOTE: Email channels are not secure. If you provided your social security number in your application and are concerned about email security, you may mail us a hardcopy instead of emailing us. Our postal address is:**

Lori Kay

TRORC

128 King Farm Road

Woodstock, VT 05091