



# COVID-19 Microenterprise Stabilization Program (MicroE) Application

By completing this application form, I acknowledge that I have been notified that MicroE Program funds are available on a first come, first serve basis. A tentative approval is not a guarantee of funding. This is a federally funded Community Development Block Grant (CDBG) program, and program eligibility requirements must be met to receive a grant.

The MicroE Eligibility Information Sheet was provided to me. I have reviewed the information provided and own an eligible microenterprise. I understand that I, and any co-owners, must income qualify to receive a grant. I understand this application will only be reviewed after all required certifications and forms have been completed, and all required supporting documentation has been provided.

(See MicroE Checklist)

Please provide the following information about your business:

## 1) Applicant Contact Information

- a. Last Name
- b. First Name
- c. Work Phone Number
- d. Cell Phone Number
- e. Email

## 2) Business Name

- a. Legal Name
- b. Doing Business As (DBA)

### 3) Business Information

a. Business Sector

b. Business Description

c. Business website or social media page?

d. Do any of the following describe your business? (Check all that apply.)

cannabis-related business

real estate rentals/sales

home-based business with no employees

business owned by persons under age 18

franchise

chain

business opened after 1/1/2020

liquor store

independent consultant/contractor providing services to one entity

home-based business restricted to patrons below age 18

weapons/firearms dealer

lobbying firm

none of the above

e. Date business established:

f. NAICS Code from <https://www.bls.gov/bls/naics.htm>, search under *Industry Finder* (six digits)

g. Legal Type

h. DUNS or EIN number? (Not required to apply. If you receive an award, you will need to have both for federal reporting purposes.)

DUNS #

EIN#

i. Is this a home-based business? Y / N

#### 4) Applicant/Owner Information

a. Are you age 18 or older? Y / N

b. Are you a student? Y / N

c. Race:

d. Are you Hispanic/Latinx? Y / N / Prefer not to answer

e. Sex: Female / Male / Non-binary / Prefer not to answer

f. What is your disability status? Disabled / I currently do not have disability status / Prefer not to answer

#### 5) Business Owner Mailing Address:

a. Street or PO Box

b. City

c. State

d. Zip

e. County

#### 6) Business Co-owner (if applicable)

a. Co-owner(s) must also meet the income eligibility requirement.

b. Co-owner's Name

c. Co-owner's Email

d. Is the co-owner a student? Y / N

e. Is the co-owner age 18 or older? Y / N

f. Co-owner race:

g. Are you Hispanic/Latinx? Y / N / Prefer not to answer

h. Sex: Female / Male / Non-binary / Prefer not to answer

i. What is your disability status? Disabled / I currently do not have disability status / Prefer not to answer

**7) Business Street Address:**

- a. Street
- b. City
- c. State
- d. Zip
- e. County
- f. Property Owner

**8) Funding Criteria**

a. Does your business have a physical establishment located in a participating community? Y / N

The physical establishment is at the same location or address as my, or my co-owner's, primary residence. Y / N

b. Are you an employee of your business? Y / N

How many employees does your business have today, including you?  
#

How many employees did your business have, including you, during the pay period ending March 7, 2020? #

Is the business registered with the R.I. Secretary of State's office? (Only required for certain business types.) Y / N

If yes, enter Identification No.

c. Is the business in good standing with the State of Rhode Island?  
Y / N

Are you, your co-owner(s), or your business party to any litigation against the state or city/town? Y / N

Have all taxes due before March 1, 2020, including February 2020 sales taxes, been paid in full? Y / N

Enter your RI business tax ID (11 digits)

Is a state license or registration required for the business to legally operate in Rhode Island? Y / N

If yes, list license/registration type and number (e.g. Dept. of Health Food Service license #FSV12345, Contractor Registration #12345)

If yes, is the license/registration active and/or valid? Y / N

d. Has your business experienced a loss of income  $\geq$  \$1,000 due to COVID-19? Y / N

e. Is your family's total gross income at/below the low- or moderate- income amount shown below for your family size? "Moderate income" means less than or equal to 80% of the Area Median Income (AMI). Y / N

| FY 2020 Mod/Low Income (80%) Limit |          |          |          |          |          |          |          |          |
|------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| City/Town of Residence             | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
| All other R.I. communities         | 48,750   | 55,700   | 62,650   | 69,600   | 75,200   | 80,750   | 86,350   | 91,900   |
| Westerly, Hopkinton, New Shoreham  | 50,050   | 57,200   | 64,350   | 71,500   | 77,250   | 82,950   | 88,700   | 94,400   |
| Newport, Middletown, Portsmouth    | 54,950   | 62,800   | 70,650   | 78,500   | 84,800   | 91,100   | 97,350   | 103,650  |

### 9) Estimated Adverse Economic Impact of COVID-19

a. When did your business start declining? Date:

b. Before COVID-19, how many clients did you typically serve in one week?

c. In the past week, how many clients have you served?

d. Have you had to reduce staff hours as a result of COVID-19? Y / N

e. Have you had to lay-off or terminate staff as a result of COVID-19? Y / N

f. Has your business closed temporarily? Y / N

g. List your gross revenues for 2020, 2019, and 2018 for the same period. Adjust Period Start and End Dates as necessary. The start and end dates for all three years must be the same (e.g. start 3/1, end 3/31).

| Year | Period Start Date | Period End Date | Total Gross Revenue for Period | Comments |
|------|-------------------|-----------------|--------------------------------|----------|
| 2020 |                   |                 |                                |          |
| 2019 |                   |                 |                                |          |
| 2018 |                   |                 |                                |          |

h. Please provide a brief explanation of what adverse economic effects COVID-19 had on your business, and any changes you have made to operations:

**10)** If operating capital funds are awarded, how do you plan to use the funds?

**11) Attachments: Did you attach copies of**

- Your driver's license
- MicroE Income Certification Form*
- 2018 personal federal tax return for all adults in your family filing separately
- Your business federal tax return for 2018 (or 2019, if filed)?
- What was the amount of gross receipts/sales less any returns/allowances?  
(line 3 of Schedule C, Form 1040; line 1c of 1120, 1065)  
\$ \_\_\_\_\_
- Payroll for week ending 3/7/2020
- Payroll for most recent pay period
- Receipts from the impacted period, including March 2020
- Receipts from the same period (including March) in 2019
- Receipts from the same period (including March) in 2018
- MicroE Conflict of Interest Disclosure*
- MicroE Certification Form*
- MicroE Consent and Release Form*

**12)** By signing this application, I certify that all information contained in this application is true and complete. I made no misrepresentation, nor did I omit any pertinent information. I fully understand that it is a federal crime, punishable by fine or imprisonment, or both to knowingly make any false statements when applying for CDBG assistance, as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

**Form Completed by:** \_\_\_\_\_

**Date:**