

# Attention Cumberland Businesses

## Small Business Recovery Grant Program

\$500,000 in Grants Available

The Town Council has directed \$500,000 from the ARPA (American Rescue Plan Act) funding to support a local business grant program to assist the local economy in regaining its pre-pandemic strength. A one-time grant program has been created that will award funds directly to Cumberland businesses who can show a loss due to the pandemic.

### Eligibility

The following three requirements must be met to be considered for a grant from the town:

1. The business applicant must be headquartered in Cumberland as evidenced by registration with the Rhode Island Secretary of State on July 1, 2022.
2. Grants will be awarded based on demonstrating revenue loss because of the COVID-19 pandemic.

### Award Type

If a business meets the requirements above, funding will be awarded to match the business loss in an amount not to exceed \$10,000.

### How to Apply

The application period begins December 22, 2022 and ends February 6, 2023. Applications will be reviewed after the application period has ended.

Applications can be downloaded from the Town website.

Completed applications can be emailed to [sking@cumberlandri.org](mailto:sking@cumberlandri.org)  
or hand delivered to the Mayor's office at Town Hall.

## **Application Procedures:**

- Applications can be downloaded from the town website.
- Completed Applications can be emailed, or hand delivered to the Town Hall. Email: [sking@cumberlandri.org](mailto:sking@cumberlandri.org).
- Evidence of actual business loss shall be required by all applicants. Such evidence shall be in the form of a self-attestation affirmatively declaring that the business suffered a loss of income due to the pandemic. The self-attestation simply requires the business owner to quantify the value of lost revenue to the business. That value will be matched up to \$10,000 for grant purposes.

By completing the self-attestation, the business is agreeing that they will share copies of their federal tax year 2019 (base year) and 2020 OR 2021 (comparison year) **IF** later requested by the Town. These documents may not be required.

- Applications will be received from December 22, 2022 until February 6th, 2023.
- Applications will be reviewed after the application period has ended.
  - Applications will be vetted by the Town's consultant for compliance.
  - Once applicants have been deemed compliant by the consultant, eligible businesses will be sent to a review committee, comprised of a representative from the Planning Department (or designee), Mayor's Office (or designee), and Town Council for final award determination. Awards will be granted by a majority vote.
    - All eligible applicants will receive funding.
    - Disclaimer: If the amount of qualified businesses' request exceed the \$500,000 allocation, all applications will be prorated.

## Town of Cumberland ARPA Small Business Recovery Grant Application

|   |        |
|---|--------|
| <b>Legal Name of Business:</b>  | 1a.    |
| <b>Business Address:</b>  | 1b.    |
| <b>Federal Tax ID#</b>  | 1c.    |
| <b>Rhode Island Business License #</b>  | 1d.    |
| <b>Date on which the business was established at this business address listed above:</b>      | 1e.    |
| <b>2a. Provide a Brief description of the business:</b>                                       |        |
| <b>2b. Provide a brief description as how the business was affected by COVID-19 pandemic:</b> |        |
| <b>Revenue loss due to COVID-19 Pandemic:</b>   | 2c. \$ |
| <b>Amount of Grant Request:</b>   | 2d. \$ |

### Attestation and Documentation

I hereby attest that the information provided in this grant application is complete, true and correct and that I am a duly authorized representative of the business entity named in box 1a of the grant application.

I agree to provide the Town of Cumberland with copies of the relevant 2019, 2020, and 2021 tax returns demonstrating revenue loss if requested.

Name of Person Completing Application:  
 Relationship to the Business Entity:  
 Contact Phone Number:  
 Email:

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Signature of Authorized Representative

Date: