



Capital Investment Grant Program

Full Stage 1 Application Outline and Instructions

Introduction

This document provides details on the information being requested as part of the Stage 1 application to the Capital Investment Grant program.

It is important for anyone filling in the online grant form carefully review this document to gather all required data and information prior to starting a form.

Once an online application form is started it can not be saved. Once a form is submitted the primary contact email entered in the online form will receive receipt confirmation and a digital copy of the completed pre-application.

No changes can be made to an application form once it has been submitted.

Information to provide more detail to the question being asked can be found in *italics* following the question.

There are 5 pages to this application form. If any required questions were missed, you will be required to provide an answer before you can move on to the next page.

If, after reading all application information, you have any questions please email those questions to accd.capitalinvestmentgrantsteam@vermont.gov.

IT System Requirements

The State 1 application is an online web form and will require an updated internet browser. The form was designed to be compatible with any web browser.

Section 1- Applicant Organization Information

The first section of this online form will allow the Agency to learn about the applicant organization. The primary contact email address included in this section will be used for all communications from the agency to the applicant.

1. Date of Submission

2. Organization Name
3. Organization DBA (Doing Business As)
4. Organization Street Address
5. Organization City
6. Organization State
7. Organization Zip
8. 6 Digit NAICS Code [Text or Picklist]
9. Business type [Picklist]:
10. Primary Contact Name:
11. Primary Contact Title:
12. Primary Contact Email:
13. Primary Contact Phone:

Section 2- Project Information

Section two allows the applicant to provide more project specific information. Applicants will need to provide detailed information on the project's expected budgets as well as estimates on how money will be spent to achieve project completion. In addition to eligibility this information will be used as part of the net economic/fiscal/social impact modeling required for this grant.

Eligible projects must either be in a qualified census tract OR in the hospitality sector OR show a COVID19 impact. Questions in this section will determine which of those eligibility requirements this application falls under. Applicants that do not meet any of these requirements will not be eligible for an award under this program.

14. Amount Requested [\$0.00] *This should only be the amount requested from this grant program, not the total project cost.*

15. Project Description (2,000 words or less)[Text Box]
16. Describe capacity of applicant to manage the project (500 words)[Text] *If multiple organizations are involved in this project please describe that here but be clear on who is managing the project in both the short and long term.*
17. Please provide the project's census tract number: [Text] *For more information, visit <https://geocoding.geo.census.gov/geocoder/geographies/address?form> enter project address and input Census Tract Code from under Census Tracts header*
18. Is the project's census tract a Qualifying Census Tract? [Yes/No] *To determine if your census tract is qualified, look up by your GEOID# here: [Qualified Census Tracts only.pdf \(vermont.gov\)](#)*
19. Does this project address the hospitality sector? [yes/no] *If answer is yes, please include details on how in the project description in question 15.*
20. Describe adverse effects from COVID on your business or the proposed activity's benefit to those who have been harmed by COVID: [Text]
21. Project State Date [Date] *If unknown, please give a best estimate.*
22. Project End Date [Date] *If unknown, please give a best estimate.*
23. Project Activity [Picklist] (more than one choice)
- Land Purchase
 - New Construction
 - Rehabilitation of Existing Structures
 - Equipment Purchases
24. Project Location: Street Address
- 25/ Project Location: City
26. Project Location: County
27. Project Location: State
28. Project Location Zip

Estimated Project Costs If N/A, please enter \$0.

29. Design and Permitting (for New Construction or Rehabilitation of Existing Structures): *Costs that are paid to consultants or government agencies that, in themselves do not improve the real property at a project site.*

30. Project cost using in-state contractors (for New Construction or Rehabilitation of Existing Structures)

31. Project cost using out-of-state contractors (for New Construction or Rehabilitation of Existing Structures)

32. Equipment produced in Vermont (for Equipment Purchases) Wages paid to out-of-state contractors (for New Construction or Rehabilitation of Existing Structures):

33. Equipment produced out of state, purchased in state (for Equipment Purchases)

34. Equipment produced out of state, purchased in state (for Equipment Purchases):

Sources of Financing

35. Investment from applicant business (Dollars provided):

36. Status of applicant business financing, if not secured [100 words or less]:

37. Investor support as debt:

38. Status of investor support as debt financing, if not secured [100 words or less]:

39. Investor support as equity:

40. Status of sources of funding if not secured [100 words or less]:

41. Private Sector Loans:

42. Status of sources of funding if not secured [100 words or less]:

43. Other public sector funding amount: *Please include all government funded grants or loans that have been secured for this project.*

44. Other public sector funding source: *Please list any sources of government funded grants or loans included in the previous question.*

45. Status of other public sector funding source financing, if not secured: [100 words or less]:

Section 3- Project Impact

Section three of this application will dive further into the economic, fiscal, and social impacts of this project for the State of Vermont over the next 5 years. As well as inform the Agency about how this grant could impact those factors in potential project outcomes.

Projected information about either increased or retained employment is required in this section. Please use question 15 to provide any narrative if needed to describe the changed indicted in this section.

In general, we would like to assign the costs associated with your project to calendar years. If it is a large project, then the costs may be spread out over multiple and this may ask for more details than you have available. Please do your best job at estimating the values for these questions.

Please answer all social impact questions that apply to this project. If there are social impacts expected by the completion of this project that fit outside of the impact questions listed, you will have an opportunity to detail those in question 93 of the form.

Please provide your best estimates for each:

46. Project completion date with CIP funding. *This should be a best estimate of when the project would be completed if requested grant amount from this program were to be awarded.*

47. Project completion date without CIP funding

Only direct, Vermont based jobs, not indirect should be included in the following questions.

For questions 48-52 please list the number of total direct Vermont jobs the applicant will have in each of the next 5 years.

48. Number of jobs with CIP funding Year 1:

49. Number of jobs with CIP funding Year 2:

50. Number of jobs with CIP funding Year 3:

51. Number of jobs with CIP funding Year 4:

52. Number of jobs with CIP funding Year 5:

In questions 53-58 please list the number of total direct Vermont jobs the applicant will have in each of the next 5 years. If this grant would be used to retain jobs, please indicate in this section if there will be a decrease in total jobs over the next 5 years without this funding.

53. Number of jobs without CIP funding Year 1:

54. Number of jobs without CIP funding Year 2:

55. Number of jobs without CIP funding Year 3:

56. Number of jobs without CIP funding Year 4:

57. Number of jobs without CIP funding Year 5:

For questions 58-62 please detail the estimated total combined payroll and benefit compensation for direct Vermont jobs over the next 5 years if funding at the requested level is granted.

58.Total compensation of jobs with CIP funding Year 1:

59.Total compensation of jobs with CIP funding Year 2:

60.Total compensation of jobs with CIP funding Year 3:

61.Total compensation of jobs with CIP funding Year 4:

62.Total compensation of jobs with CIP funding Year 5:

For questions 63.-67 please detail what the payroll and benefit compensation would be for direct Vermont jobs over the next 5 years if these funds are not granted.

63. Total compensation of jobs without CIP funding Year 1:

64. Total compensation of jobs without CIP funding Year 2:

65. Total compensation of jobs without CIP funding Year 3:

66. Total compensation of jobs without CIP funding Year 4:

67. Total compensation of jobs without CIP funding Year 5:

For questions 68-72 Please indicate what the applicant's projected sales/revenue will be over the next 5 years if the requested grant amount is funded.

68. Total sales with CIP funding Year 1:

69. Total sales with CIP funding Year 2:

70. Total sales with CIP funding Year 3:

71. Total sales with CIP funding Year 4:

72. Total sales with CIP funding Year 5:

For questions 73-77 Please indicate what the applicant's projected sales/revenue will be over the next 5 years if the requested grant amount is not funded.

73. Total sales without CIP funding Year 1:

74. Total sales without CIP funding Year 2:

75. Total sales without CIP funding Year 3:

76. Total sales without CIP funding Year 4:

77. Total sales without CIP funding Year 5:

For questions 78-82 please indicate the estimated value of purchases made using Vermont vendors over the next 5 years if this funding is granted at the level requested.

78. Total purchases from Vermont businesses with CIP funding Year 1:

79. Total purchases from Vermont businesses with CIP funding Year 2:

80. Total purchases from Vermont businesses with CIP funding Year 3:

81. Total purchases from Vermont businesses with CIP funding Year 4:

82. Total purchases from Vermont businesses with CIP funding Year 5:

For questions 83-87 please indicate the estimated value of purchases made using Vermont vendors over the next 5 years if this funding request is not granted.

83. Total purchases from Vermont businesses without CIP funding Year 1:

84. Total purchases from Vermont businesses without CIP funding Year 2:

85. Total purchases from Vermont businesses without CIP funding Year 3:

86. Total purchases from Vermont businesses without CIP funding Year 4:

87. Total purchases from Vermont businesses without CIP funding Year 5:

The following questions are meant to understand any social benefits this project may have on the town/region/state. Only fill out the social impact questions that are applicable to your project. If a social impact is not listed here please indicate what other social benefit you believe this project will achieve in question 93.

88. Describe how project targets disadvantaged populations and the types of benefits those populations will receive. [Text] (1,000 words or less)

89. Describe the manner in which households or communities that are currently suffering multi-generational poverty will receive benefits that provide for a path

to sustainable improvements in their economic condition. [Text] (1,000 words or less)

90. Describe how project impacts the efficiency gains in the use of fossil fuels or other greenhouse gas, the manner of substitution that will lead to a reduction in the use of fossil fuels or emission of other greenhouse gases, the supply of a fuel that replaces the use of fossil fuels; the adaptation that will reduce the impacts of Climate change on Vermont households and businesses. [Text] (1,000 words or less)

91. Describe the benefits to the health of members of the public [Text] (1,000 words or less)

92. Describe the role that the proposed project will have on the budgets and operations of local government and quasi-governmental organizations [Text] (1,000 words or less)

93. Please describe any other social impacts this project will have which are not mentioned above [Text] (1,000 words or less)

End of Stage 1 Application

Once this form has been completed please hit the submit button.

After submission of a Stage 1 application the primary contact listed on the application will receive email confirmation of receipt and a copy of the submitted application. Please keep a copy of this email for your records.