

RESTART VERMONT REGIONAL MARKETING AND STIMULUS GRANT PROGRAM

The Restart Vermont Regional Marketing and Stimulus Grant Program will provide grants to organizations for efforts and activities related to economic recovery, consumer stimulus, marketing, or tourism related projects to support businesses that have suffered economic harm due to the COVID-19 public health emergency. The grants are intended to enable local, regional, or statewide organizations implement campaigns and initiatives that will increase consumer spending, support local businesses, and advance community recovery efforts.

APPLICATIONS DUE
AUGUST 31, 2020

Eligible Applicants. Eligible applicants include downtown organizations, chambers of commerce, regional development corporations, municipal economic development/community development departments and committees, local community/economic development organizations, statewide business organizations, or other similar groups.

Eligible Uses of Grant Monies.

- Development of programs or initiatives designed to increase consumer spending, through local stimulus programs, advertising, promotion, publicity, events, and other activities or initiatives specifically designed to support local businesses.
- Projects that focus on serving businesses most impacted by COVID-19, such as retail, restaurants, lodging, and other businesses that have been negatively impacted by forced closures, reduced occupancy, and capacity constraints.
- Eligible expenses can include local “downtown bucks” or similar stimulus programs, mobile app stimulus programs, marketing and advertising, events and promotions, and local/regional initiatives that increase consumer spending and advance local business recovery efforts.
- Administration costs are not eligible expenses.
- Funds cannot be used for “regular” activities that were budgeted and planned by your organization before the COVID-19 crisis. The funds are to be used for efforts that will take place solely because of the pandemic.

Note: Grant monies must be used for immediate consumer stimulus to support a wide range of local Vermont businesses impacted by COVID-19. Funds may not be used exclusively for the benefit of one business/entity.

Funding Considerations and Requirements.

- Be able to be deployed quickly. Funds must be expended by November 15, 2020.
- No single award will exceed \$10,000.
- No match is required.
- Grant awardees must submit to ACCD by December 1, 2020 a report with examples of materials developed, initiatives implemented, and measurable outcomes achieved. The report must include documentation of all grant expenditures for the project, including invoices, cancelled checks, or other receipts.

Evaluation Criteria. Priority in all awards shall be given in the following order of preference:

1. Projects and/or initiatives that demonstrate the ability to increase consumer spending in local businesses impacted by COVID-19.
2. Projects maximizing the amount and number of participating businesses, incentives offered, and additional consumer spending leveraged.
3. Strength and quality of project work plan, budget, and timeline.
4. Projects that maximize the use of local media, local suppliers, vendors, and/or labor.
5. Projects that serve a designated downtown(s) or village center(s).
6. Projects that have a demonstrable component of long-term sustainability.
7. Projects that make creative use of business, local and regional partnerships.

Submittal Instructions. Applicants shall submit grant proposals via email to RegionalMarketing@vermont.gov. Proposals must use this form, and the requested supporting documents should be included as separate PDF files attached to the same email.

Find additional detailed guidance:
accd.vermont.gov/covid-19/regional-marketing-grants

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Section 1: Applicant Information

Applicant Organization Legal Name		Applicant Organization DBA Name	
Applicant Organization Tax Classification Sole Proprietor or Single Member LLC C Corp S Corp Other Not Listed Partnership Trust/Estate LLC Government Educational Institution Other 501C			
Applicant Organization Employer Identification Number (EIN) Format: ##-####-####		Applicant Organization DUNS Number (If one has been assigned) Format: ###-###-####	
Applicant Organization Address Line 1			
Applicant Organization Address Line 2			
Applicant Organization City		Applicant Organization State	Applicant Organization ZIP Code
Primary Contact First Name	Primary Contact Last Name	Primary Contact Email	
Alternate Contact First Name (Req.)	Alternate Contact Last Name (Required)	Alternate Contact Email (Required)	
Applicant Organization NAICS Code (Optional)		Applicant Organization NAICS Subcode (Optional)	
Applicant Organization Service Area (Check all that apply. To indicate a service area that extends statewide, select all counties.) Addison County Bennington County Caledonia County Chittenden County Essex County Franklin County Grand Isle County Lamoille County Orange County Orleans County Rutland County Washington County Windham County Windsor County			
Has the Application Organization received other Coronavirus Relief Fund (CRF) funding? (For all that apply, enter the amount of funding received.) Compensation from an insurance company for the covered business interruption to COVID-19 An SBA-backed Payroll Protection Program (PPP) loan An Economic Injury Disaster Loan (EIDL) grant State of Vermont Emergency Economic Recovery Grant..... Other grants or non-loan compensation from any other Federal program for damages incurred due to COVID-19.....			

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Section 2: Proposal

In this section, please provide the details of your proposal. Be as clear and concise as you can. Be specific regarding the expected implementation outcomes and measures used to evaluate success. If you have questions, refer to [program FAQs](#). The required budget document and letters of support must be submitted along with this application as PDF files to RegionalMarketing@vermont.gov. Do not submit the application and supporting documents in separate emails.

Grant Amount Requested (maximum: \$10,000)

Provide a brief project overview that describes the project(s) to increase consumer spending.

Provide a detailed explanation of how your project will target and support local businesses impacted by COVID-19.

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Provide a project schedule, detailed work plan and budget broken down by task to show how the grant monies will be used to implement the project.

PROJECT SCHEDULE

DETAILED WORK PLAN

BUDGET

The required itemized budget is included as a PDF file.

Find additional detailed guidance:
accd.vermont.gov/covid-19/regional-marketing-grants

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Provide a list of expected implementation outcomes and measures used to evaluate success. These measures must include, but are not limited to, the number of businesses that participate, the number and amount of incentives offered, total dollar value of incentives, and additional consumer spending activity leveraged.

EXPECTED OUTCOMES

REQUIRED MEASURES

Number of Participating Businesses <i>(Number)</i>	Number of Incentives Offered <i>(Number)</i>	Total Amount of Incentives Offered <i>(Number)</i>	Dollar Value of Incentives Offered <i>(Dollar Amount)</i>	Additional Consumer Spending Activity Leveraged <i>(Dollar Amount)</i>
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ADDITIONAL MEASURES TO EVALUATE SUCCESS

Find additional detailed guidance:
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If the project will serve a designated downtown(s) or village center(s), indicate which communities will be served.

Designated Downtowns

Designated Village Centers

If you plan to collaborate with another organization, explain each partner's role and/or responsibility in the project and include letter of support(s) from each partnering organization.

PARTNER 1

Name Explain Role

Letter of Support included

PARTNER 2

Name Explain Role

Letter of Support included

PARTNER 3

Name Explain Role

Letter of Support included

PARTNER 4

Name Explain Role

Letter of Support included

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Attestations

I have the authority to request payment from the State of Vermont on behalf of the organization submitting this application. I am requesting payment of the grant amount equal to the amount requested in my application. This grant will be used to cover costs associated with the Coronavirus Disease 2019 (COVID-19) disaster, in accordance with section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) ("section 601").

I understand that the State of Vermont will rely on this certification as a material representation in making this grant award.

As required by federal law, the proposed uses of the funds provided will only be used to cover costs and provide economic support that:

- Are necessary costs related to the COVID-19 public health emergency; and
- Relate to necessary costs during the period from March 1, 2020 through December 30, 2020; and
- Are not covered by other federal grants or federally forgiven loans that the organization has received. For additional information on this requirement, please review the guidance on [duplication of benefits](#) on the Department of Taxes website.

To the best of my knowledge, as of the date that this application is signed, neither the organization nor the organization's principals (officers, directors, owners, or partners) are 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. Information on suspension and debarment can be found at:

bgs.vermont.gov/purchasing-contracting/debarment

I agree that the Department of Tourism & Marketing may share the information on this application with other Vermont state agencies for the purpose of verifying my eligibility for this or another grant or stimulus payment related to the COVID-19 pandemic. I also agree to have my information shared within state government and the state's contracted entities to process this grant and manage grant programs.

I agree that the organization submitting this application must repay the grant or portion of the grant to the Department of Tourism & Marketing if:

- Any grant funds received are based on incorrect representations made on this application or to the Department of Tourism & Marketing related to this application; or
- Any grant funds are covered by other federal grants or federally forgiven loans received by the organization. (Please review the guidance on [duplication of benefits](#) on the Department of Taxes website for how this will be determined.) I agree that the final determination of whether there has been a duplication of benefits will be made by the Department of Tourism & Marketing.

I shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the organization in the performance of this agreement. Records produced or acquired in a machine-readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for five years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

I will report on incurred expenses, in a form and at a frequency prescribed by the Department of Tourism & Marketing, and will cooperate with the Department of Tourism & Marketing in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of Section 601(a)(1) of the Social Security Act as added by section 5001 of the CARES Act.

An electronic signature is required to be considered for this grant.

"I certify, under the pains and penalties of perjury, that by signing this application I am an official representative of the applicant with the authority to obligate, commit and comply with the conditions contained herein. I further certify the submission and information contained herein is complete, accurate, true and current as of the date of signature."

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