

VERMONT SKI AREA RECREATION SAFETY GRANT PROGRAM

APPLICATIONS DUE
OCTOBER 30, 2020

Section 1: Applicant Information

Applicant Organization Legal Name		Applicant Organization DBA Name			
Applicant Organization Business Type Non Profit For Profit Municipal		Applicant Organization Fiscal Year End Month Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec			
Applicant Organization Tax Classification Sole Proprietor or Single Member LLC Partnership Government		C Corp Trust/Estate Educational Institution		S Corp LLC Other 501C	
Applicant Organization Employer Identification Number (EIN) <i>Format: ##-####-####</i>		Applicant Organization DUNS Number <i>(If one has been assigned)</i> <i>Format: ##-###-####</i>			
Applicant Org. NAICS Code <i>(Optional)</i>	Applicant Org. NAICS Subcode <i>(Optional)</i>	Applicant Organization Phone Number			
Applicant Organization Address Line 1					
Applicant Organization Address Line 2					
Applicant Organization Address Line 3					
Applicant Organization Town/City			Applicant Organization State	Applicant Organization ZIP Code	
Primary Contact First Name	Primary Contact Last Name		Primary Contact Email Address		
Primary Contact Title			Primary Contact Phone Number		
Alternate Contact First Name <i>(Req.)</i>	Alternate Contact Last Name <i>(Required)</i>		Alternate Contact Email Address <i>(Required)</i>		
Alternate Contact Title <i>(Required)</i>			Alternate Contact Phone Number <i>(Required)</i>		

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Authorized Signer First Name <i>(Req.)</i>	Authorized Signer Last Name <i>(Required)</i>	Authorized Signer Email Address <i>(Required)</i>
Authorized Signer Title <i>(Required)</i>		Authorized Signer Phone Number <i>(Required)</i>
Number of Employees on December 31, 2019	2019 Calendar Year Revenue	2020 Calendar Year Revenue To Date
Has the Application Organization received other Coronavirus Relief Fund (CRF) funding? <i>(For all that apply, enter the amount of funding received.)</i> 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

Description of Project(s) *1,000 characters*

Briefly describe how the funding will be used. This description will be the basis for your grant and must describe each element of the project.

Economic Impact *500 characters*

Describe the economic impact of this project. (For example: How many jobs will it preserve? What cost benefit analysis have you done to verify the project is cost effective? How many visitors do you estimate will be able to visit your resort as a result of the project?)

Will the Applicant Organization provide any of its own funding to complete the project(s)? If so, how much?.....

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Attestations

I certify that the business applying does not have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan.

I certify that the business applying will open for skiing and/or riding by December 30, 2020.

I have the authority to request payment from the State of Vermont on behalf of the business submitting this application. I am requesting payment of the grant amount, determined by the Agency of Commerce and Community Development, equal to the costs of making physical improvements to facilities in order to mitigate public health and safety risks to the public related to COVID-19 physical distancing and other safety requirements at a ski area. This grant will be used to cover costs incurred due to 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 acknowledge this grant is funded with federal dollars and is subject to the requirements of 2 CFR Chapter I & II, §200 - OMB Uniform Guidance.

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 that:

- a. Are necessary costs related to the COVID-19 public health emergency; and
- b. Relates to necessary costs during the period of March 1, 2020 through December 30, 2020; and
- c. Are not covered by other federal grants or federally forgiven loans that the business has received. For additional information on this requirement see "Duplication of Benefits" at: tax.vermont.gov/covid-19/duplication-of-benefits

I agree that the business submitting this application must repay the grant or portion of the grant to the Agency of Commerce and Community Development if:

- a. Any grant funds received are based on incorrect representations made on this application or to the Agency of Commerce and Community Development related to this application; or any grant funds that are covered by other federal grants or federally forgiven loans received by the business. I agree that the final determination of whether there has been a duplication of benefits will be made by the Agency of Commerce and Community Development.

To the best of my knowledge, as of the date that this application is signed, neither applicant nor applicant'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 Agency of Commerce and Community Development may share the information on this application with other Vermont state agencies and other State of Vermont Agencies can share information with ACCD for the purpose of verifying my eligibility for this or another grant or stimulus payment related to the COVID-19 pandemic.

Applicant agrees to spend these funds by December 30, 2020.

I certify that all of Applicant's tax returns are completed and filed through the date of application filing.

I certify that applicant complies with local, state and federal labor laws.

I certify that the information contained in this application is true and correct.

I certify that the Applicant is in good standing with the Vermont Secretary of State.

Under the penalty of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

I agree that this grant will be governed by the laws of the State of Vermont and consent to the jurisdiction of the Vermont Superior Court, Civil Division, Washington Unit where any action or proceeding brought in connection with this grant shall be brought.

I agree that the business shall defend the State and its officers against third party claims arising from performance under this grant.

I agree that the business shall indemnify the State and its officers and employees if they become legally obligated to pay damages or losses arising from any act of omission by the business in connection with performance under this agreement.

I agree to forfeit and return to the State the full amount of this grant upon receipt of a written determination by the Secretary of the Agency of Commerce and Community Development finding I failed to comply with Executive Order 01-20 related to the March 13, 2020, State of Emergency and the health and safety guidance issued by the Department of Health and the Agency of Commerce and Community Development, including most notably, but not limited to, the Work Safe guidance and the Cross State Travel quarantine requirements, with emphasis on capacity restrictions, requirements for certificates of compliance from guests, and visitor log requirements.

Find additional information:
accd.vermont.gov/covid-19/ski-area-recreation-safety-grants



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Proposal Submission Required Document Checklist

Proposal Required Documents:

- Vermont Ski Area Recreation Safety Grant Program Application PDF (this document)
- Invoices or quotes for each distinct project
- Hand signed W-9 dated within six months
- Completed ACH form (optional)

Signature

I attest under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrepresentation of information is fraud and may subject me to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.

By typing my name into this box, I hereby agree that this action constitutes my electronic signature.

Name (as Electronic Signature)

Date of Attestation