Vermont ACCD Economic Recovery Grant Application Guide

Introduction (What is this document?)

This document provides information about how to apply for the ACCD Economic Recovery Grant. This application is for businesses that do **not** collect Sales & Use or Rooms & Meals taxes or only pay them on an annual basis.

There is a separate application for businesses that collect Rooms & Meals Tax and/or Sales & Use Tax and pay them on a monthly or quarterly basis. Businesses that collect these taxes should apply for assistance through the Department of Taxes:

Summary of Steps

1. Decide which grant to apply for, register your business, and register as an applicant
2. Determine your eligibility
3. Provide contact information
4. Provide information about other benefits you may have received
5. Upload relevant documents
6. Review your application
7. Certify your application

GET READY

Before you begin, you will need the following documents or information to complete your application.

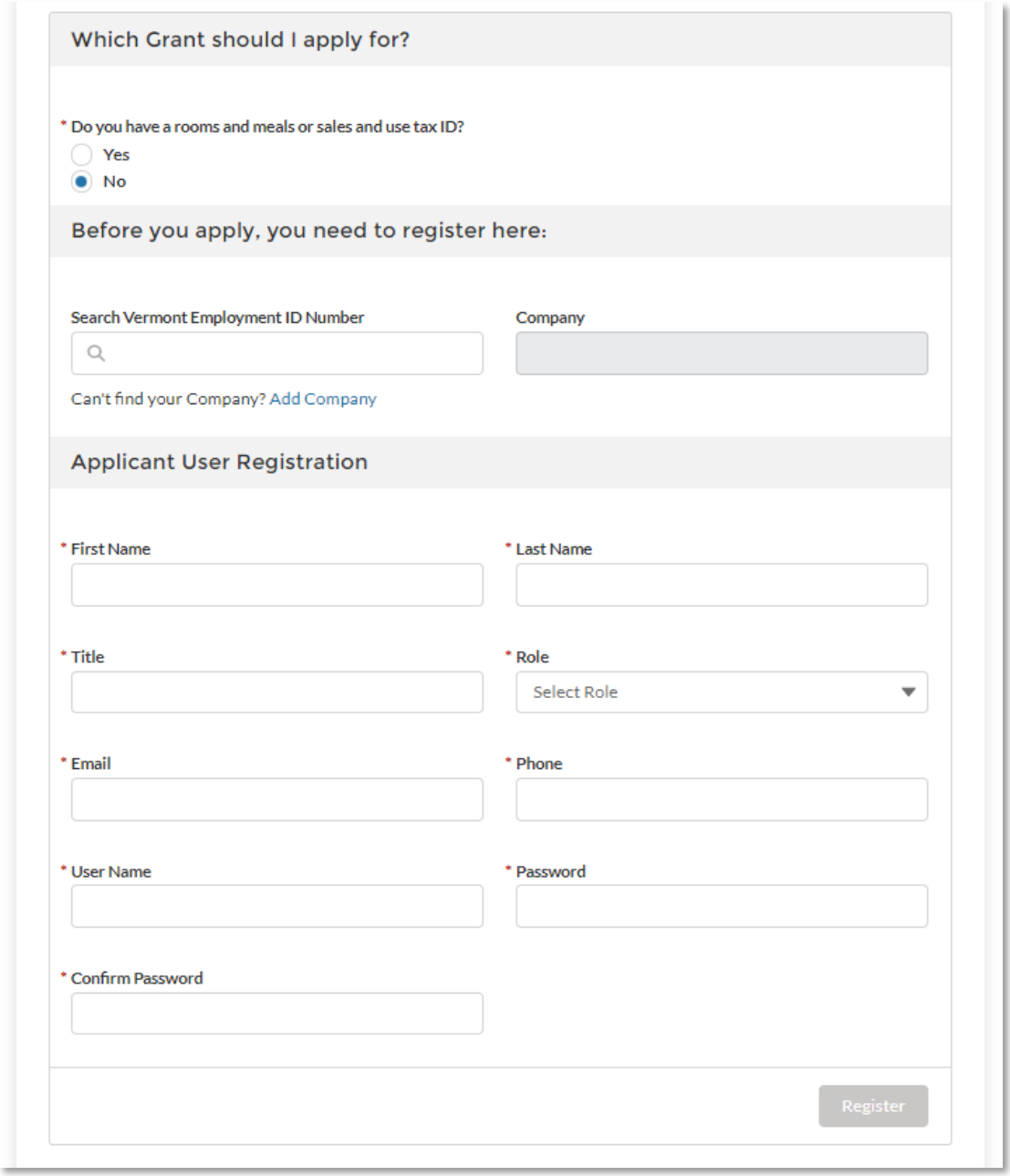
a) Your Federal Employer Identification Number (FEIN)
b) Your Vermont Employer ID Number if you have one (used for Vermont Department of Labor filings). Providing this 7-digit number is not required but helps populate some of the application required fields. You can add your company if you don't have an ID Number.
c) Tax information from your W9 form.
d) The appropriate NAICS code for your company or organization.
e) The amount of previous compensation you have received to cover business interruptions due to COVID-19, if you have received any.
f) Your Income Statements for 2020 and 2019 by month (in PDF format)
g) Federal and State Tax Returns for 2019, or the most recent year filed (in PDF format). Nonprofit organizations do not need to supply state tax returns but will need to provide their Federal Form 990 or Form 990-EZ.

If you have questions about filling out the application, you can get assistance by using the live chat at the bottom of the Economic Recovery Grants web page.

STEP 1: DECIDE WHICH GRANT TO APPLY FOR, REGISTER YOUR BUSINESS, AND REGISTER AS AN APPLICANT

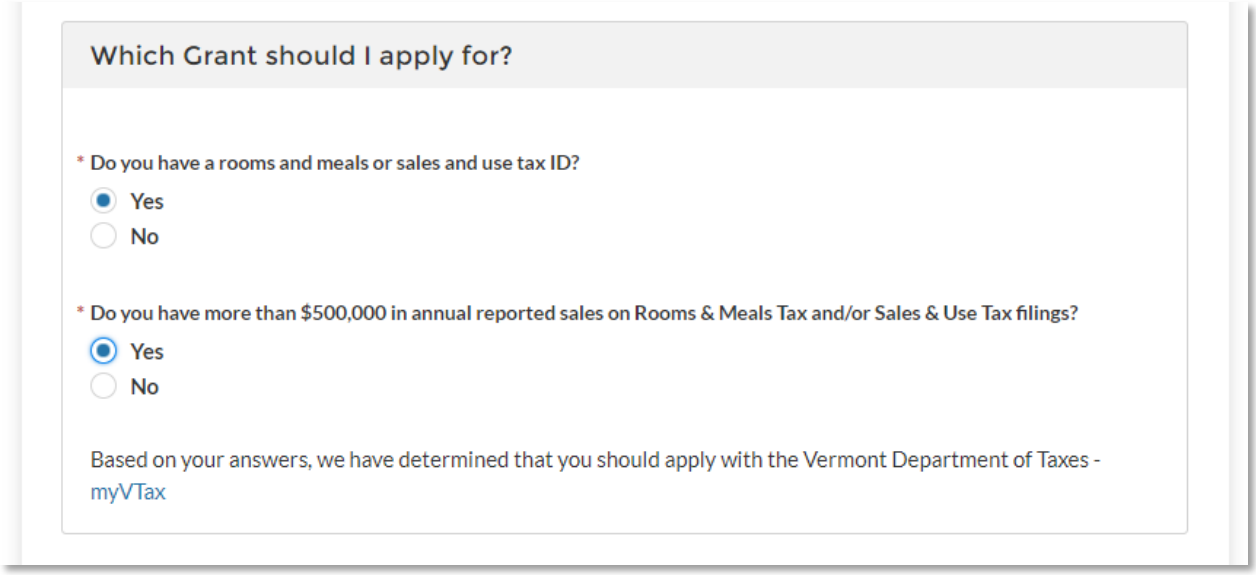
Register your Business

To access the application, you must register your business. First indicate whether your business collects Rooms & Meals Tax or Sales & Use Tax.



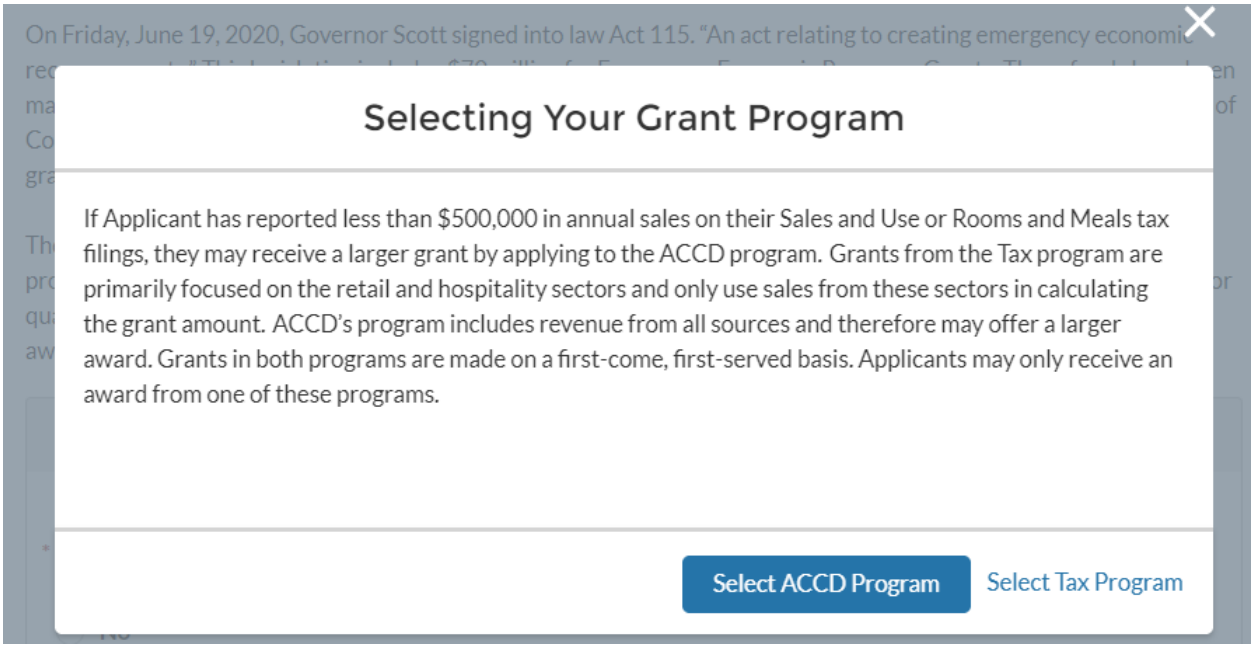
It is important to enter in ALL required information CORRECTLY upon applying. Any improperly submitted applications will be categorized as incomplete. If edits are required (email address, incomplete documents, incorrect business ID information) you will receive an email with instructions for you to make those required edits, and you will need to resubmit your application.

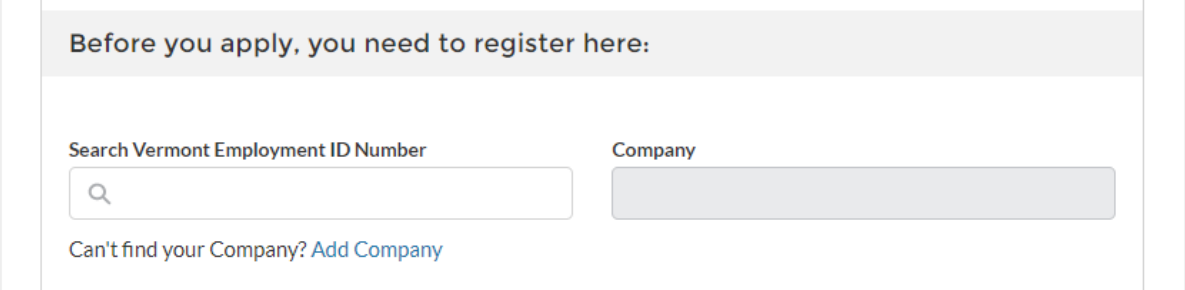
If you do collect Rooms & Meals Tax or Sales & Use Tax, please indicate how much tax you report annually.



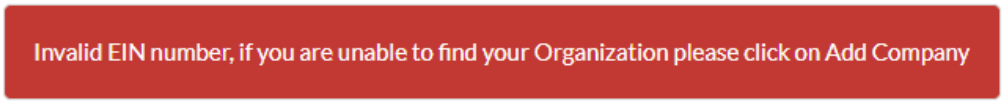
If you have more than $500,000 annual sales in Rooms & Meals and/or Sales & Use Tax filings you should apply for assistance through the Vermont Department of Taxes

If you have less than $500,000, you should continue to apply through ACCD.

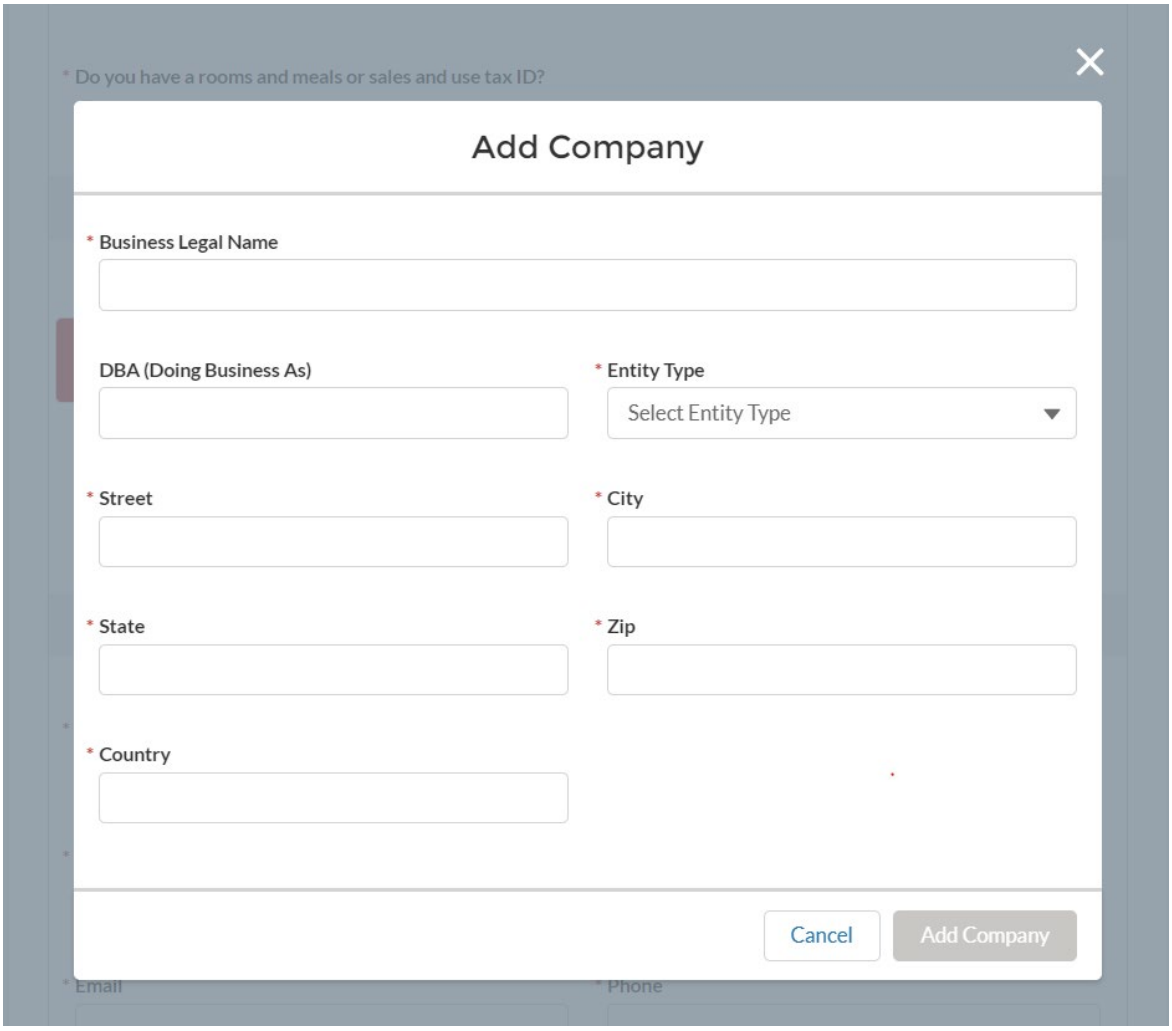




If you receive a red error message box:



Click "Add Company" and complete the pop-up form to register your company.



The business name on your application must match the business name on your federal tax filings. Any improperly submitted applications will be categorized as incomplete and you will be notified of edits required to resubmit your application.

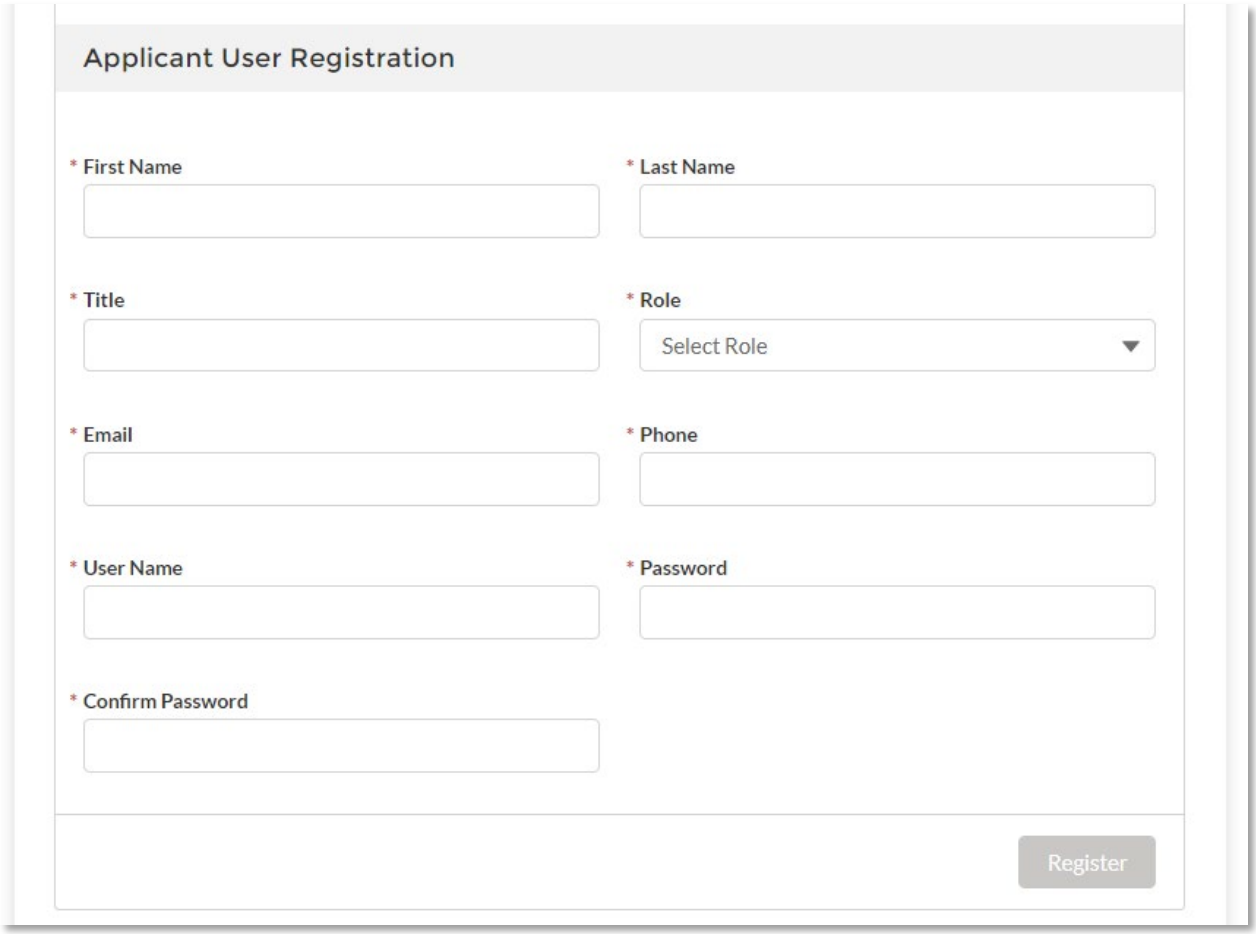
Register as an Applicant

Enter information about the person completing this form.

Note: Your User Name must be in an email format (for example: abc@xyz.com)

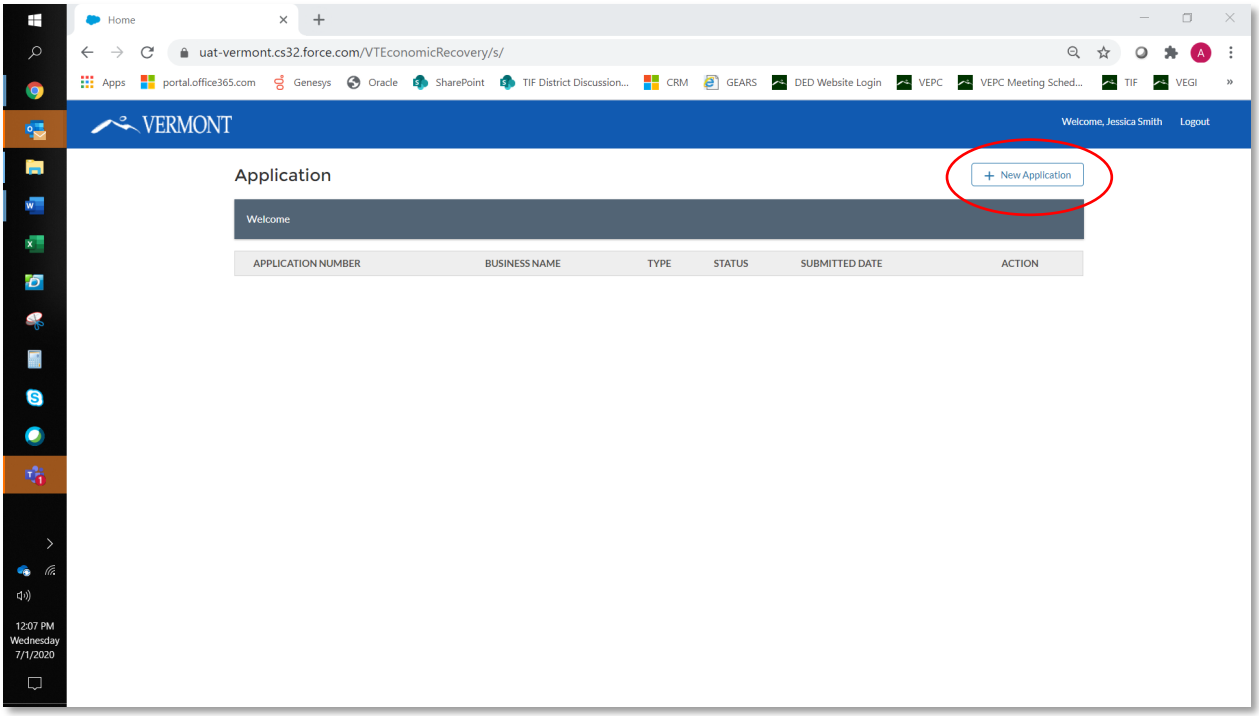
Note: Your Password must be greater than 10 characters and contain a letter, a number and at least one special character

If you do not enter your User Name and Password in the correct format, the following error will appear:



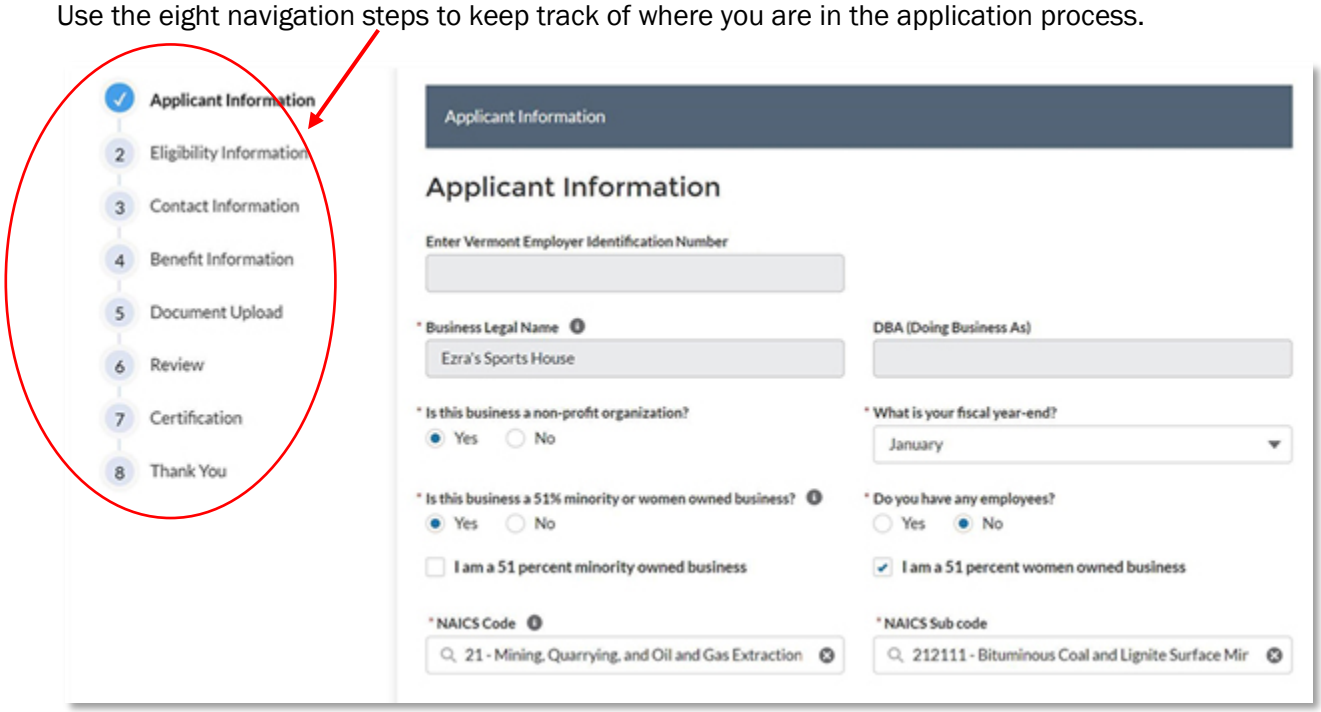
When you have registered, you will see the dashboard.

Click the “+ New Application” button.

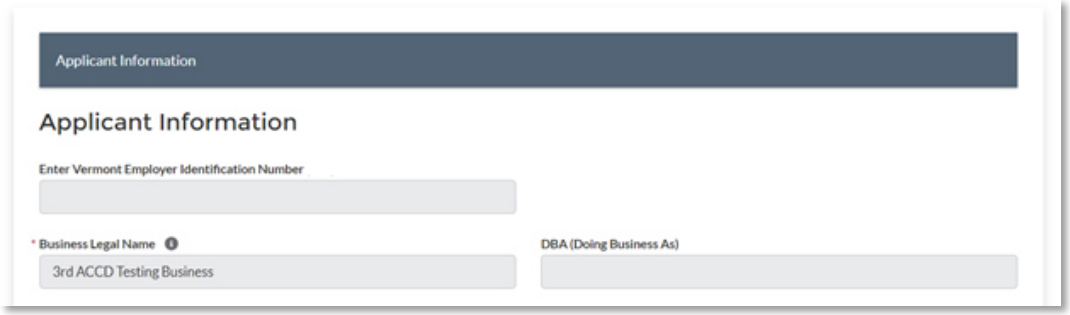


After clicking “+ New Application”, you will see the ACCD Application page.

Use the eight navigation steps to keep track of where you are in the application process.

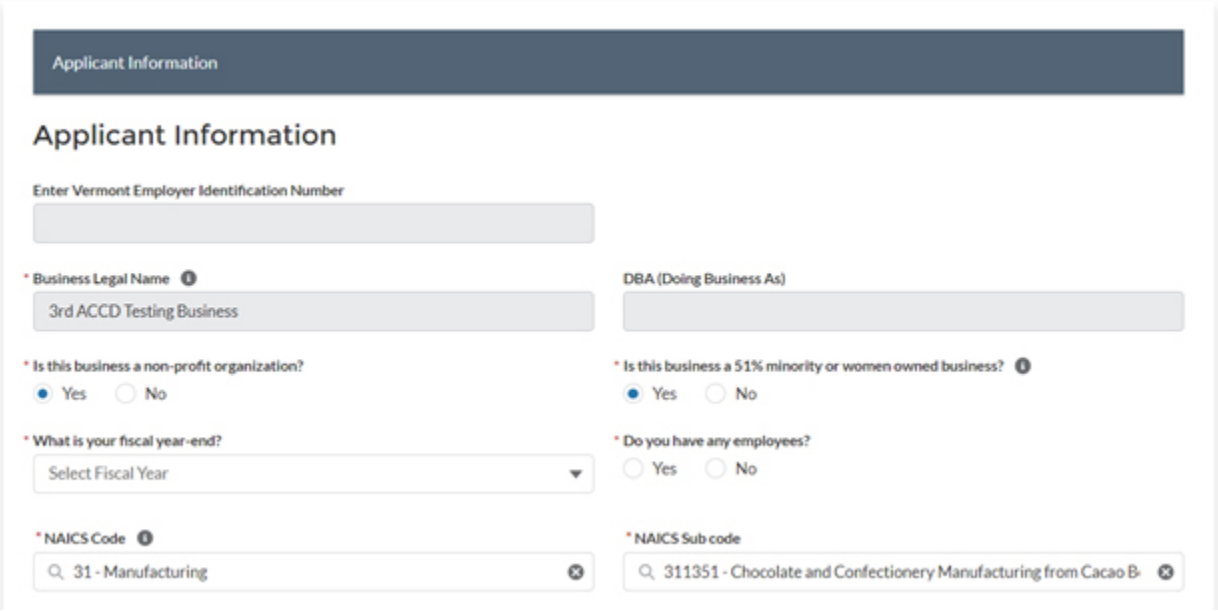


Provide information about your business from your W9 form.



As you are completing the application, hover your mouse over the "i" icon to learn more about any required information field.

If you select "Yes" to being a nonprofit organization or "Yes" when selecting 51% minority or women owned business additional questions will appear.



Continue with the application by providing information about your business based on your W9 form. If you have questions about the fields in this section, please refer to the sample Form W9 and instructions link.

Tax Information (principally from your W9)

Please complete the below information based on your Form W9. A sample Form W9 and instructions can be found here https://www.irs.gov/pub/irs-pdf/fw9.pdf

* Name (as shown on income tax return) - Box-1 from W9

Business name/disregarded entity name, if different than above - Box-2 from W9

* Address (number,street, and apt. or suite no.) - Box-5 from W9

* City - Box-6 from W9

State - Box-6 from W9

Vermont

* County

Select County

* Zip - Box-6 from W9

* Federal Employer Identification Number (FEIN) - Part-1 on Form W9

Social Security Number

* Federal Tax Classification - Box-3 from W9

Select Federal Tax Classification

* Please select which of the following is most applicable to your business:

Select Your Business

Exempt Payee Code (if any)

Exemption from FATCA reporting code (if any)

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STEP 2: DETERMINE YOUR ELIGIBILITY

Complete the required information. The term "EO 01-20" referenced in the sixth question refers to the Governor's Emergency Order of March 2020 creating the state of emergency. https://governor.vermont.gov/sites/scott/files/documents/Amended%20and%20Restated%20Executive%20Order%20No.%2001-20.pdf

Eligibility Information

Eligibility Information

* Is your business domiciled or has its primary place of business in Vermont?
  Yes No

* Was your business open and active before February 15, 2020?
  Yes No

* Did your business report more than $20,000,000 of revenue in 2019?
  Yes No

* What is your 2019 topline revenue on your income statement?

* Do you certify that your business is not a subsidiary of a business or owned by a business that reported more than $20,000,000 in total revenue in 2019?
  Yes No

* Do you certify that your business is open now, or if your business is currently required to be closed, that you intend to reopen your business when the guidelines of EO 01-20 allow you to reopen?
  Yes No

* Compared to the same calendar month in 2019, has your business experienced a greater than 75% revenue loss in any single month between March 1, 2020 and September 1, 2020?
  Yes No

* Does your business have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan?
  Yes No

* Have you received an economic recovery grant from the Agency of Agriculture, Dept. of Tax or Other Vermont Agency?
  Yes No

* Did your business have at least one non-owner employee between January 1st, 2019 and today?
  Yes No

* Is your business currently in Chapter 7 bankruptcy?
  Yes No

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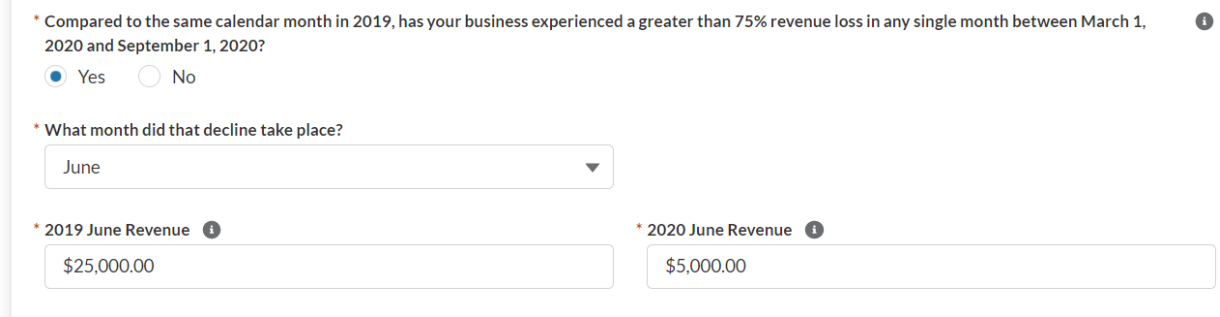
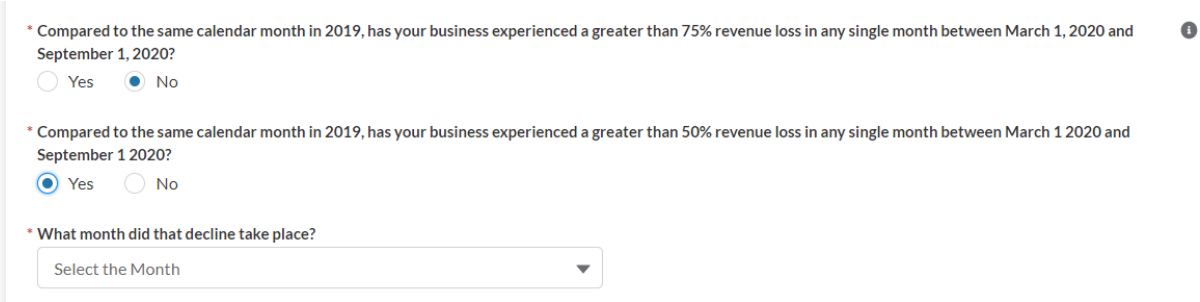
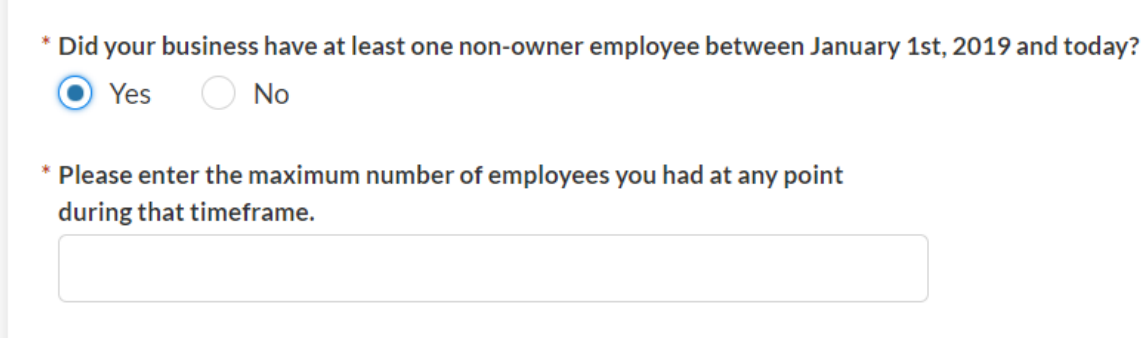
If you select “Yes” that your business has a greater than 75% revenue loss, additional fields will appear:



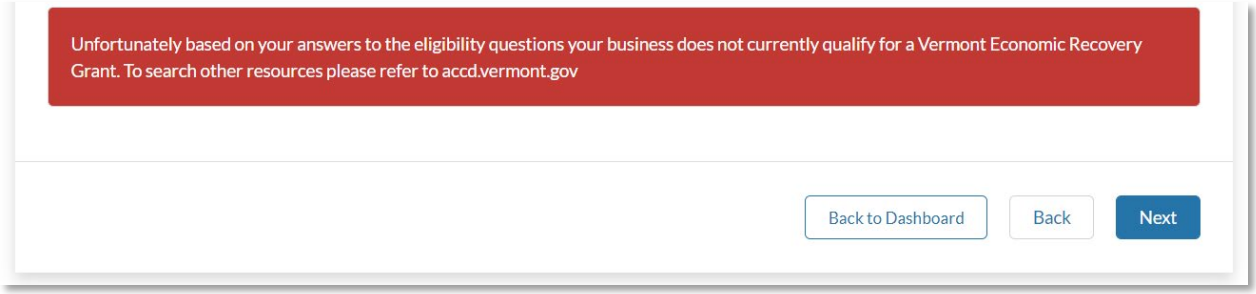
If you select “No” you will be asked if your business has a greater than 50% revenue loss:



If you select “Yes” that your business had at least one non-owner employee, the following fields will appear:



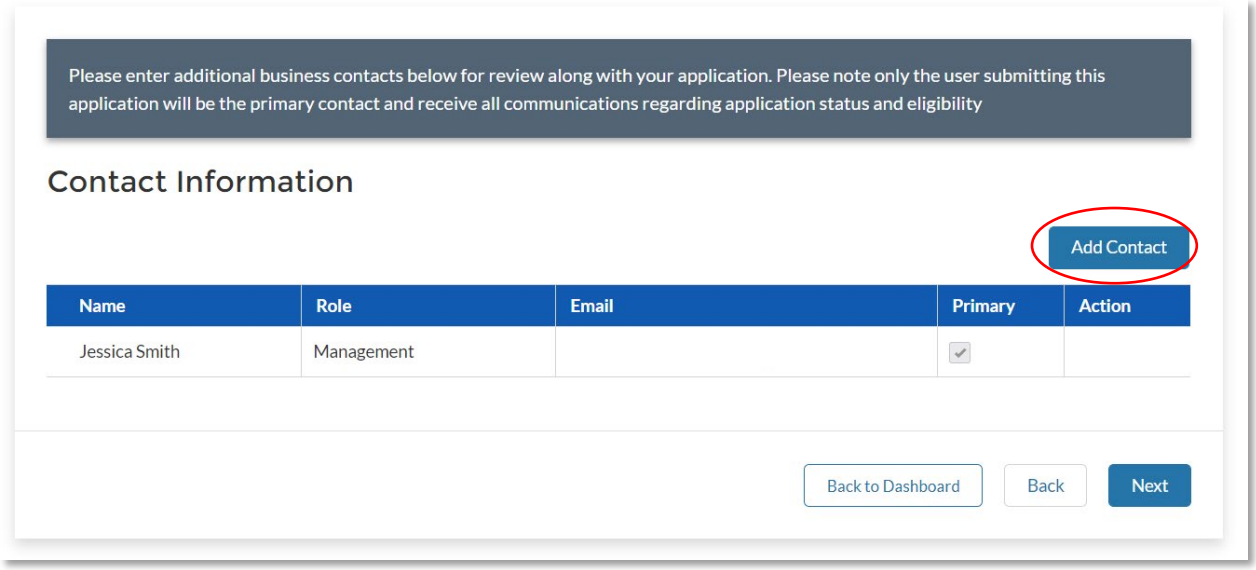
If you are not eligible based on your responses, the following screen will direct you to where you can search for other resources. To search for other resources and support please refer to ACCD at the following link: https://accd.vermont.gov/covid-19/economic-recovery-grants



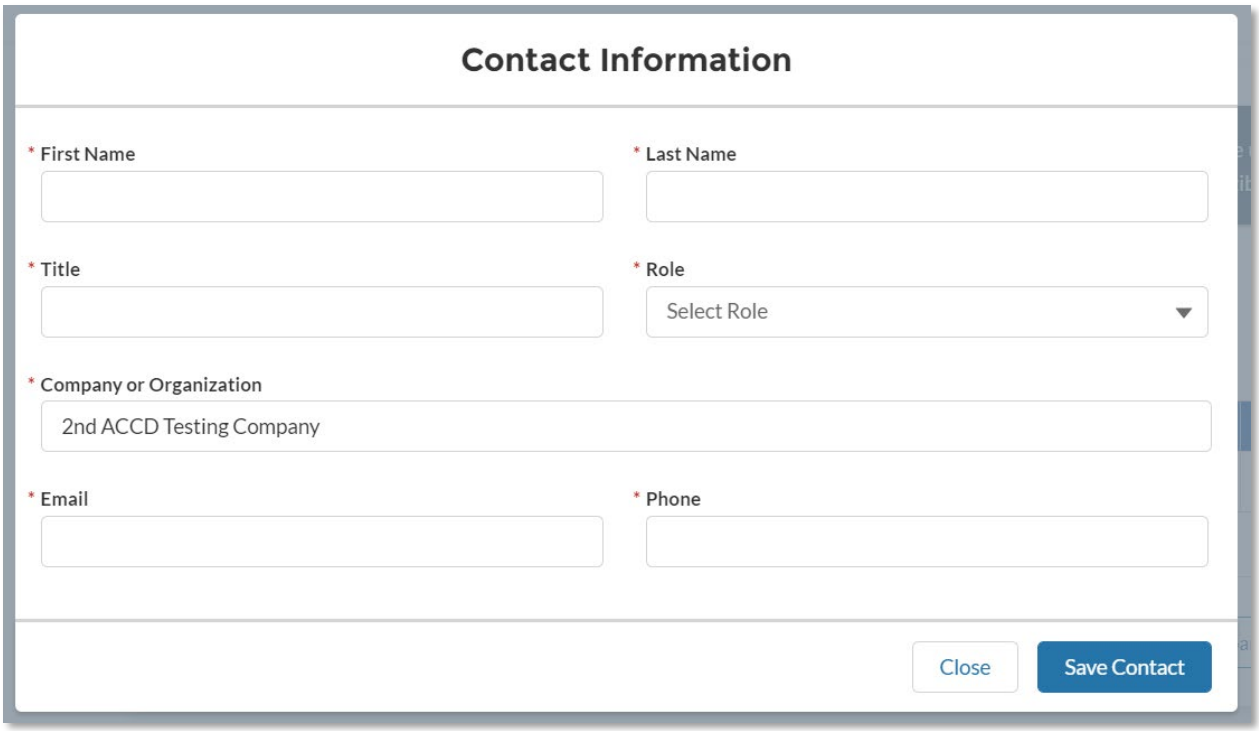
STEP 3: PROVIDE CONTACT INFORMATION

Add information about the individual who should be contacted about this application. You can add additional people by clicking the "Add Contact" button.

Please note that only the primary contact will receive communications about the application. The other contacts may access the application but will not receive any emails about it.

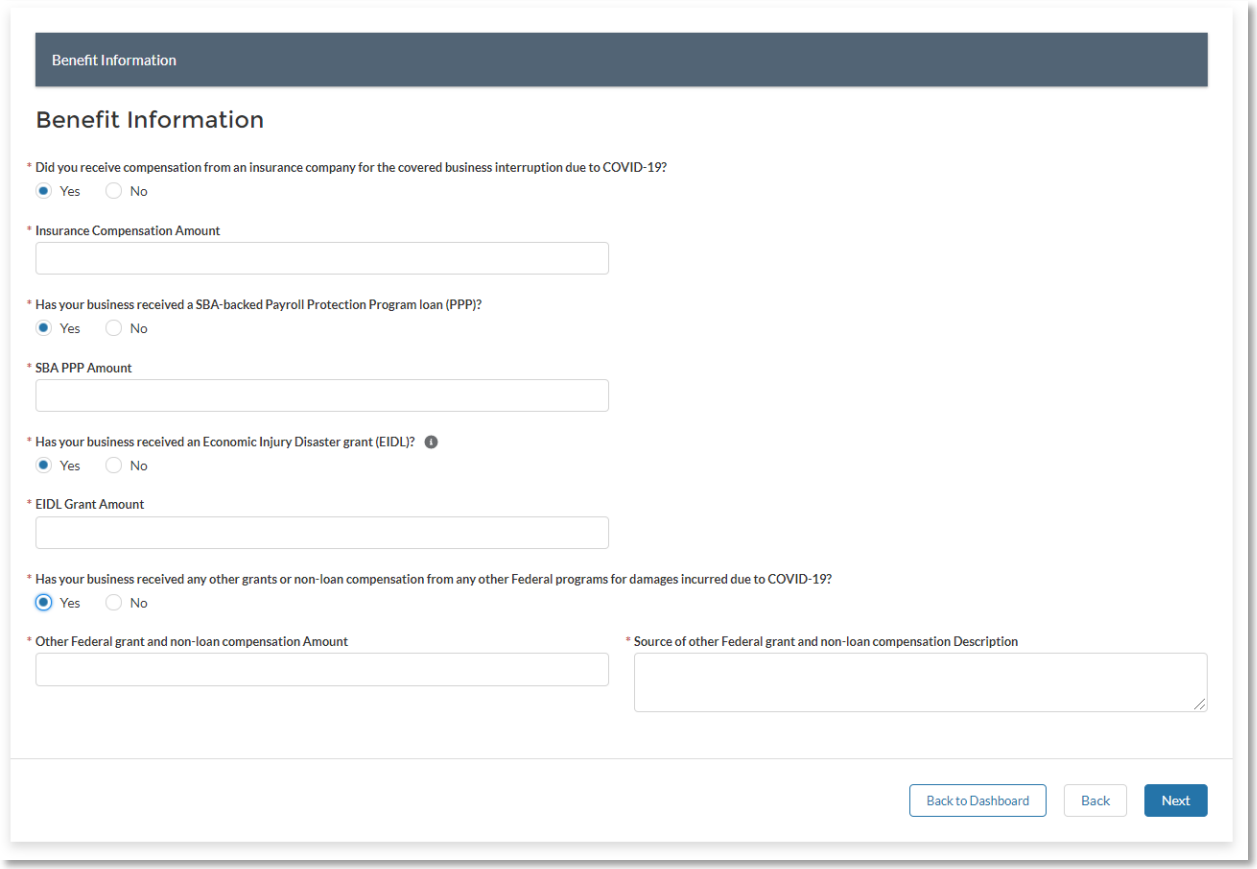


This is the pop-up screen when selecting "Add Contact"



STEP 4: PROVIDE INFORMATION ABOUT OTHER BENEFITS YOU MAY HAVE RECEIVED

When you click “Yes” for any benefits you may have received, you will be asked to provide the amount of those benefits.



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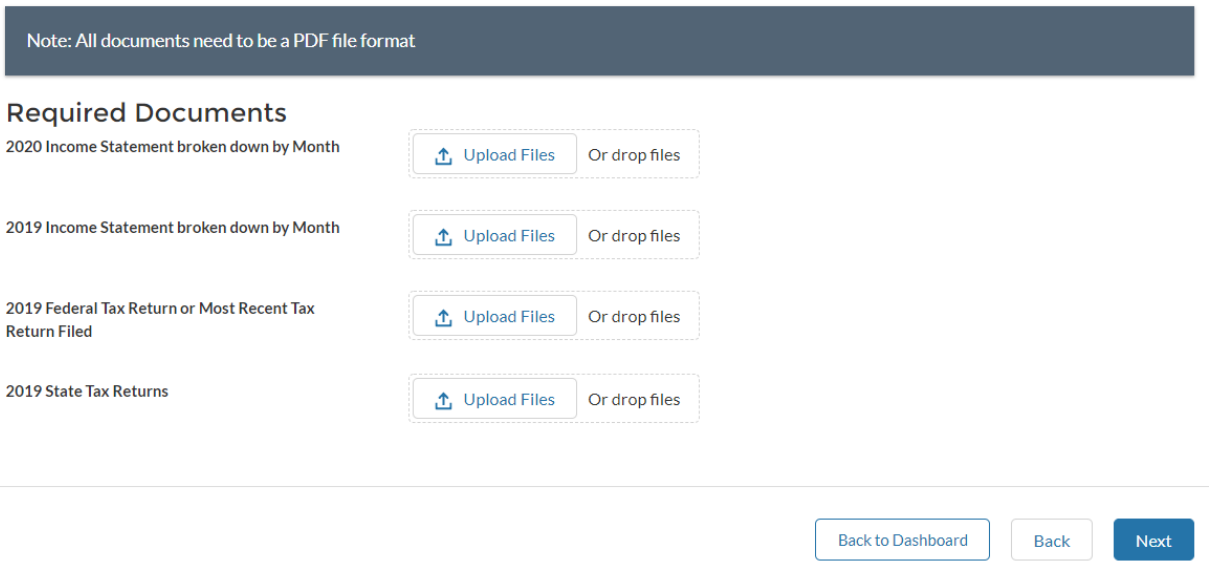
AGENCY OF COMMERCE & COMMUNITY DEVELOPMENT

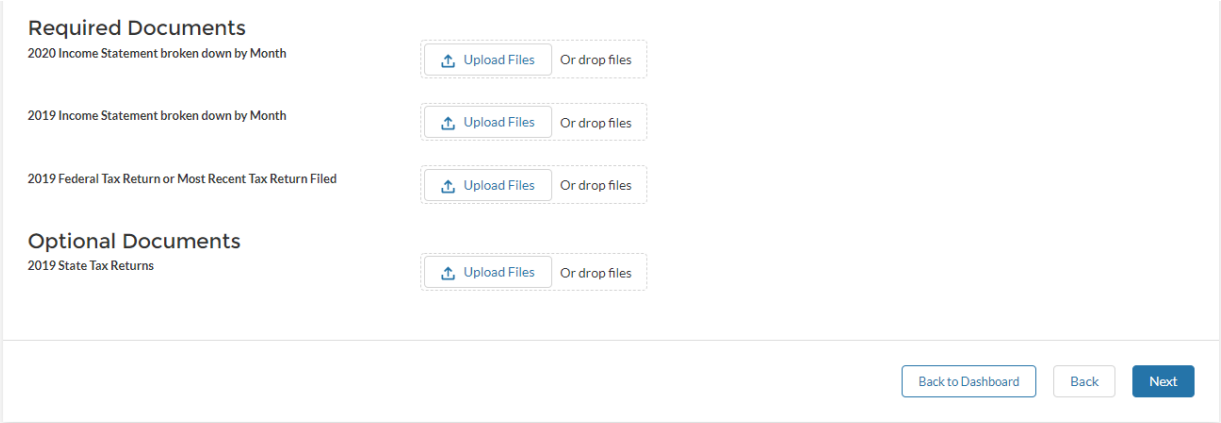
STEP 5: UPLOAD RELEVANT DOCUMENTS

Make sure your documents are in PDF file format.

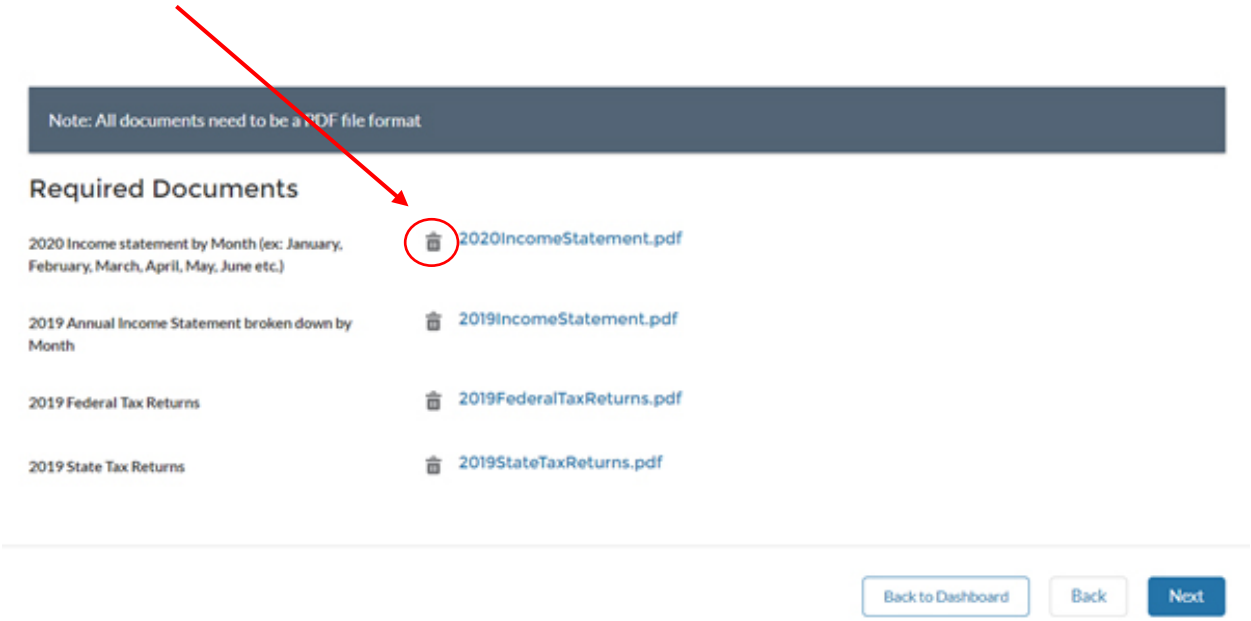
Required Documents screen for businesses:



Required Documents screen for nonprofits:



When all documents have been uploaded, click “Next.” If you have made a mistake and need to delete a document, use the trash icon to delete and then upload a new document.



STEP 6: REVIEW YOUR APPLICATION

Before completing your application, review all of the information provided to make sure all your information is correct.

Application Review -

Applicant Information

Vermont Employment Indentification Number(EIN)	Business Legal Name	DBA (Doing Business As)
9587549	2nd ACCD Testing Company	
Is this business a non-profit organization? ☐ Yes ☑ No	Is this business a 51% minority or women owned business? ☑ Yes ☐ No	
NAICS Code 31 - Manufacturing	NAICS Sub-Code 311351 - Chocolate and Confectionery Manufacturing from Cacao Beans	

Tax Information (principally from your W9)

Name (as shown on income tax return) - Box 1 from W9	Federal Employer Indentification Number (FEIN) - Part I from W9	Address (number,street, and apt. or suite no.) - Box-5 from W9
2nd ACCD Testing Company	12-9587549	123 Any Street
City - Box 6 from W9 Anytown	State - Box 6 from W9 Vermont	County Washington
Zip - Box 6 from W9 05000	Business name/disregarded entity name, if different than above	Federal Tax Classification Limited Liability Company
LLC Classification C Corporation	Please select which of the following is most applicable to your business: Other	Social Security Number
Exempt payee code (if any)	Exemption from FATCA reporting code (if any)	

Eligibility Information

Is your business domiciled or has its primary place of business in Vermont?

- [x] Yes
- [ ] No

Was your business open and active before February 15, 2020?

- [x] Yes
- [ ] No

Did your business report more than $20,000,000 of revenue in 2019?

- [ ] Yes
- [x] No

What is your 2019 topline revenue on your income statement?

$1,000,000.00

Do you certify that your business is not a subsidiary of a business or owned by a business that reported more than $20,000,000 in total revenue in 2019?

- [x] Yes
- [ ] No

Do you certify that your business is open now, or if your business is currently required to be closed, that you intend to reopen your business when the guidelines of EO 01-20 allow you to reopen?

- [x] Yes
- [ ] No

Compared to the same calendar month in 2019, has your business experienced a greater than 75% revenue loss in any single month between March 1, 2020 and September 1, 2020?

- [x] Yes
- [ ] No

What month did that decline take place?

June

2019 June Revenue	2020 June Revenue
$25,000.00	$5,000.00

Does your business have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan?

- [ ] Yes
- [x] No

Have you received an economic recovery grant from the Agency of Agriculture, Dept. of Tax or Other Vermont Agency?

- [ ] Yes
- [x] No

Did your business have at least one non-owner employee between January 1st, 2019 and today?

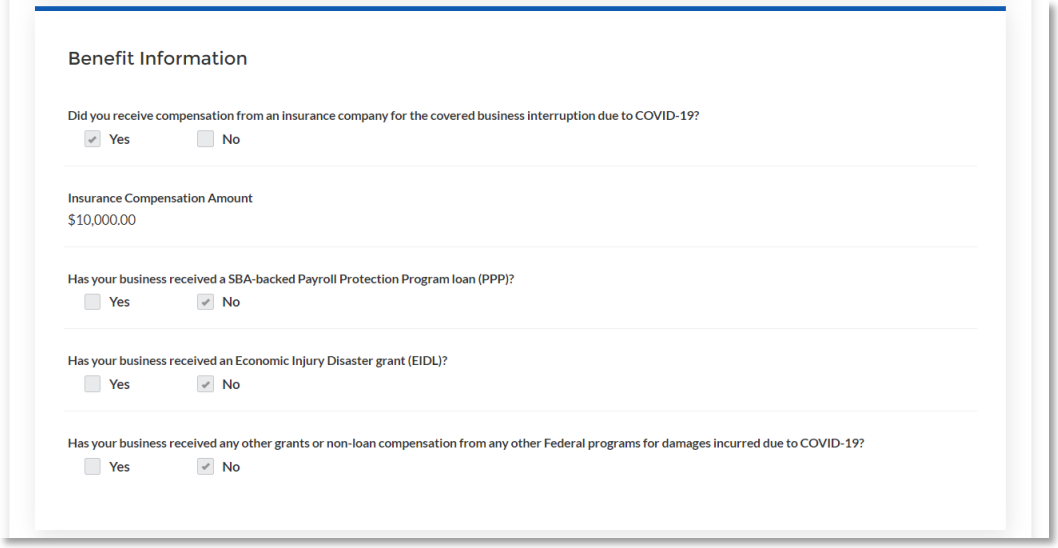
- [x] Yes
- [ ] No

Please enter the maximum number of employees you had at any point during that timeframe.

20

Is your business currently in Chapter 7 bankruptcy?

- [ ] Yes
- [x] No



Benefit Information

Did you receive compensation from an insurance company for the covered business interruption due to COVID-19?

☑ Yes ☐ No

Insurance Compensation Amount

$10,000.00

Has your business received a SBA-backed Payroll Protection Program loan (PPP)?

☐ Yes ☑ No

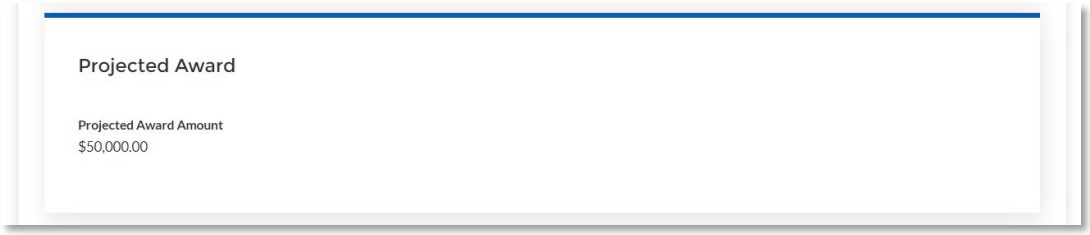
Has your business received an Economic Injury Disaster grant (EIDL)?

☐ Yes ☑ No

Has your business received any other grants or non-loan compensation from any other Federal programs for damages incurred due to COVID-19?

☐ Yes ☑ No

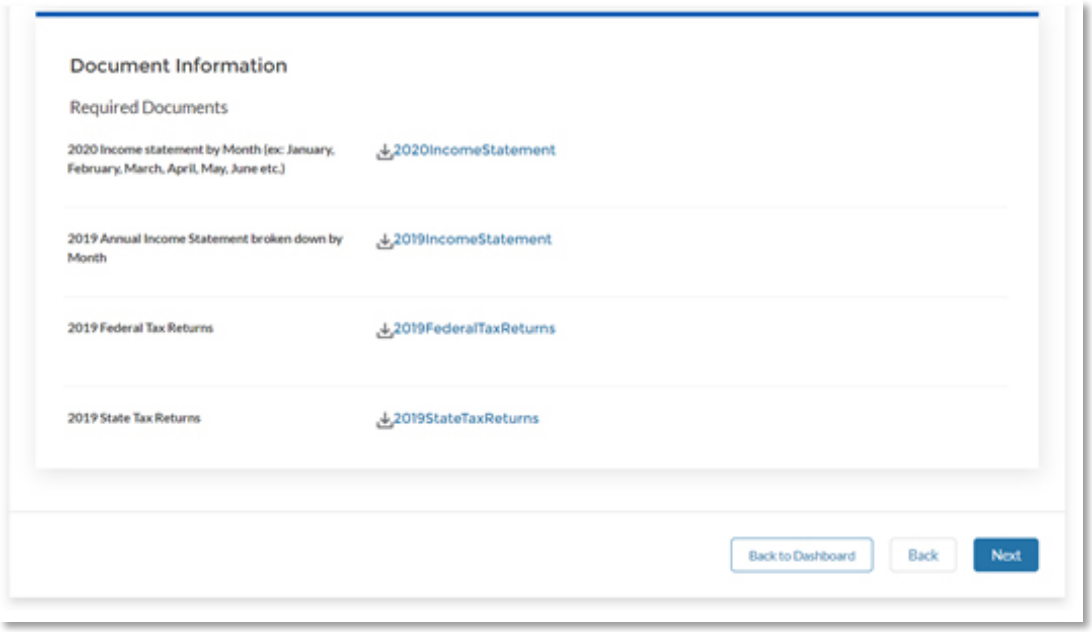
If you are eligible, you will see a "Projected Award Amount" toward the end of the Review.



Projected Award

Projected Award Amount

$50,000.00



Document Information

Required Documents

2020 Income statement by Month (ex: January, February, March, April, May, June etc.)	2020IncomeStatement
2019 Annual Income Statement broken down by Month	2019IncomeStatement
2019 Federal Tax Returns	2019FederalTaxReturns
2019 State Tax Returns	2019StateTaxReturns

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STEP 7: CERTIFY YOUR APPLICATION

Read the statements and attest to them by clicking each of the boxes. Sign by typing your name. The current date will be filled into the form with your signature. When complete, click "Submit".

Certification

Certification

* ☐ 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 lower of 10% of my 2019 revenue less business interruption insurance proceeds or $50,000. This grant will be used to cover costs and lost revenues 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—

a. Are necessary costs/lost revenues related to the COVID-19 public health emergency; and
b. Relates to necessary costs/lost revenues during the period from 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 "About Duplication of Benefits" here [https://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 Agency of Commerce and Community Development if:

Any grant funds received are based on incorrect representations made on this application or to 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. See "About Duplication of Benefits" here https://tax.vermont.gov/covid-19/duplication-of-benefits 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 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 here.

https://www.gsa.gov/policy-regulations/policy/acquisition-policy/office-of-acquisition-policy/gsa-acq-policy-integrity-workforce/suspension-debarment-division/suspension-debarment/frequently-asked-questions-suspension-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 grant 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 Applicant's submitted financial statements are true and correct.

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

* ☐ **Under the penalty of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding;
☐ IRS has notified the payee that backup withholding applies.
3. I am U.S. citizen to other U.S. person (defined below); and
The FATCHA code(s) entered on this form (if any) indicating that I am exempt from FATCHA reporting is correct.

* ☐ **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**

*** Date of Attestation**

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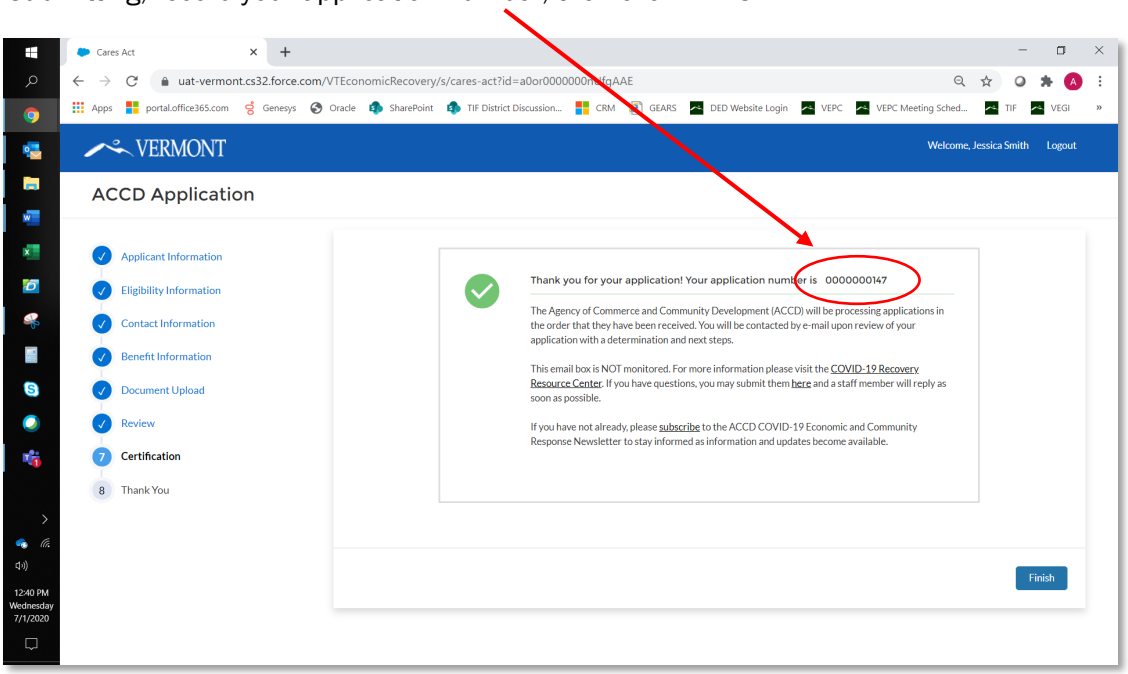
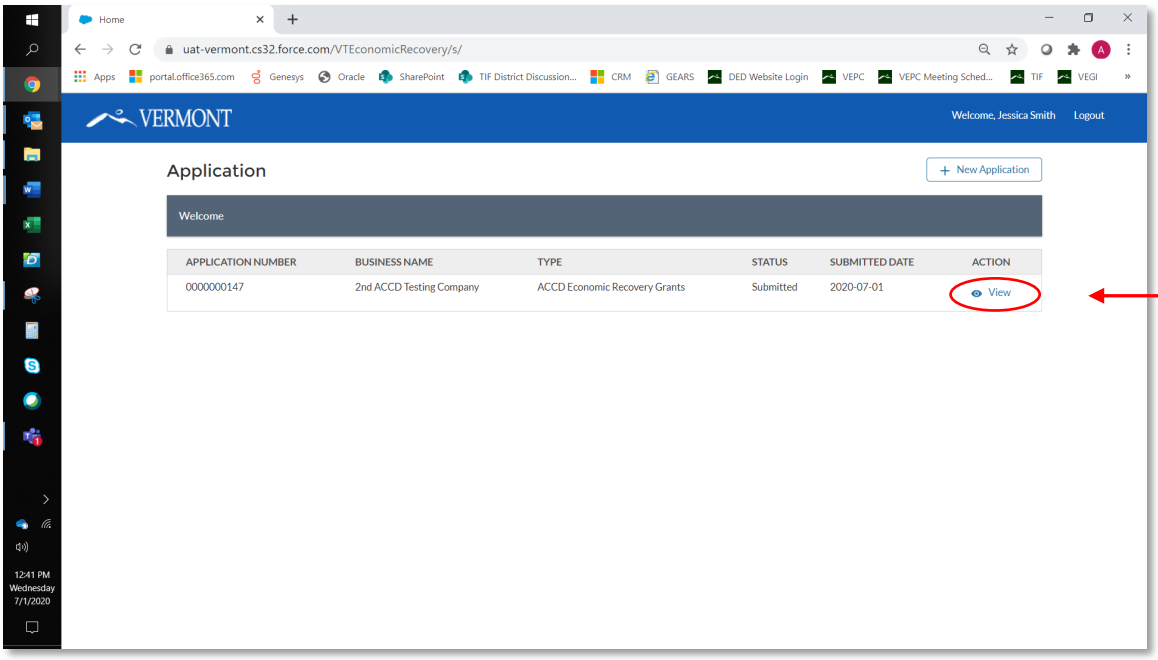
After submitting, record your application number, then click “Finish”.



After you click “Finish”, you may review your application by clicking “View”.

Your application will be added to the queue and reviewed by ACCD in the order it was received. An ACCD staff member will reach out to you at the contact information you provided if there are questions about your application. You will be notified of the decision as soon as practicable.