

# **Town of Wallingford American Rescue Plan Act (ARPA) Business Grant Program**

**The Town of Wallingford is offering a one-time ARPA grant to Wallingford businesses that have suffered a negative economic impact as a result of the pandemic. ARPA was enacted to provide to local governments funds to give direct aid to their communities, including businesses, to assist in the recovery from the pandemic. Recognizing the vital importance of small, local businesses to the Town's well-being, grants will be awarded to assist businesses in their recovery and future growth. The general purpose of the grant is to assist in the retention and rehiring of employees, recruitment of new employees and capital building or equipment improvements, unpaid rent, mortgage or other expenses.**

## Eligibility Requirements

1. The business is located in the Town of Wallingford.
2. The business existed in January, 2019 and is presently operational.
3. The business has no more than 60 employees (FTEs).
4. The business must demonstrate the negative economic impact resulting from the pandemic.
5. The business must demonstrate how the funds will be used to offset the negative economic impact resulting from the pandemic and assist in sustaining the business.
6. The business must demonstrate that the funds address a negative economic impact not already addressed by other federal/state/local financial assistance programs received by the applicant.
7. Grant applications for building improvements must be submitted by the owner of the property.

## Grant Conditions

1. Funds may not be used for reserves, lost profits or payments on debt.
2. Grants shall not exceed \$25,000.00. Applying for the grant does not guarantee an award and does not guarantee an award of a specific amount of funding.
3. All grants will require an agreement between the Town and the grantee. Grantee will comply with all terms of the grant. Failure to comply with the requirements will be cause for the repayment of the funds to the Town.
4. GRANT APPLICATIONS SUBMITTED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

Town of Wallingford  
 ARPA Grant Assistance Program  
 Business Application

<b>Business Name:</b>		
<b>Owner/Members:</b>		
<b>Business/Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Contact Name and Phone:</b>		<b>Website URL:</b>
<b>Contact Email Address:</b>		
<b>Federal Employer Identification Number (EIN):</b>		
<b>Month and year business/organization was incorporated/registered?</b>		<b>Month:                      Year:</b>
<b>Years in Wallingford:</b>	<b>Years at current location:</b>	
<b>Does your business own or rent its current location?    Own <input type="checkbox"/>    Rent <input type="checkbox"/></b>		
<b>Business/Organization structure</b> (sole proprietorship, LLC, corporation, etc.)		
<b>Number of full-time equivalent employees (FTE) on January 1, 2019:</b>		
<b>Number of full-time equivalent employees (FTE) currently on payroll:</b>		
<b>Describe your business and its products or services.</b>		

Is your business currently open for business?    Yes     No

Was your business closed (partially or totally) during the pandemic for COVID-19 related reasons?    O Yes    O No

If yes, provide details of duration of closure (explain reason – state, local mandates, guidelines, staff shortages, etc.):

Provide a written statement describing the negative impact of the COVID-19 public health emergency to your business and identify how your grant request addresses the negative impact. Also describe any significant change in the way your business now operates due to COVID-19.

Provide Gross Income for the following years:

2019:

2020:

2021:

Is your business currently in "Good Standing" with the Connecticut Department of Revenue Services (DRS)?  Yes\*  No

Is your business current on all tax obligations to the Internal Revenue Service, the State of Connecticut, and the Town of Wallingford?  Yes  No

If no, please explain:

Outstanding liens or judgments?  Yes  No

If yes, please explain:

Is your business compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor?  Yes  No

If no, please explain:

List any other funding sources and amounts the business has applied for, is pursuing, and/or received (i.e. federal, state, or revitalization assistance - PPP loans, EIDL loans, Restaurant Revitalization grants, donations, etc.). Provide details as to program and amount.

**Amount of Funding Request:**

**Total Cost of Project/Program (If the cost exceeds the grant, specify the source of the additional funds needed and state whether those funds have been secured):**

**Name of Project/Program:**

Describe how you will use the funds and how the funds will help you counter the negative impact COVID-19 has had on your business and assist the business in remaining sustainable in the future.

**Budget/Justification**

Provide budget details for the intended use of the funds.

**Timeline**

Include an anticipated timeline and completion date. Indicate whether the project is ready to start and, if not, describe the remaining steps needed to be completed before the project can begin.

**Please attach and submit the following:**

- Completed Application
- Copy of Connecticut Department of Revenue Services Status Letter
- Copy of Wallingford Business Trade Name Certificate, only if a DBA (filed with Town Clerk)
- CPA Issued Profit and Loss Statement 2019, 2020 and 2021 OR tax returns with redacted personal information
- Documentation supporting funding request

**Submit completed application to:**

Town of Wallingford [Insert Address]

**Affirmations and Acknowledgements**

Submission of a request that meets the requirements of the Program, as well as any subsequent requirements, does not guarantee the award of ARPA funding and/or the support of the Town of Wallingford.

This application, any information submitted in support thereof and any award and agreement are public documents subject to the Freedom of Information Act.

The Town of Wallingford is relying on the accuracy of the application and all representations made by the Applicant.

The Town may request additional information, financial or otherwise, in considering and approving any application.

By checking "Yes", you affirm and acknowledge that you have read and understand the above statements.

Yes  No

**APPLICANT CERTIFICATION**

THE UNDERSIGNED CERTIFIES THAT:

- The information contained in this document is true, complete and accurate;
- The applicant shall comply with all Federal, State, and Town laws and ARPA requirements including the terms and conditions set forth in the Formal Award Agreement; and
- Sufficient funds are available from non-ARPA sources to complete the project as described or complete the program by \_\_\_\_\_, if ARPA funds are allocated to the applicant.
- Requested funds will be used only for eligible purposes approved by the Town.
- I certify that I have the legal authority of the Applicant to submit this application.

\_\_\_\_\_  
**Signature of Authorized Applicant Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**