RESTAURANT BRIDGE FUND
APPLICATION GUIDE
# TABLE OF CONTENTS

**INTRODUCTION** ........................................................................................................................................... 3

**BEFORE YOU BEGIN** ................................................................................................................................. 4
required documents ..................................................................................................................................... 4
important dates ............................................................................................................................................. 5
eligibility requirements ................................................................................................................................. 5
review of information ................................................................................................................................. 6

**APPLICATION GUIDE** ............................................................................................................................ 7

**PART 1: Pre-Application Eligibility Checklist** ......................................................................................... 7
business definition ........................................................................................................................................ 7
pre-application checklist .............................................................................................................................. 7
required standard ......................................................................................................................................... 7
required documentation .............................................................................................................................. 7

**PART 2: Business Information** ................................................................................................................ 7
business name ................................................................................................................................................ 7
transaction name .......................................................................................................................................... 7
contact email .............................................................................................................................................. 7
physical address .......................................................................................................................................... 7
state and federal financial assistance ......................................................................................................... 8
domestic or foreign entity .............................................................................................................................. 8
type of business ........................................................................................................................................... 8
how long has your business been in operation? ............................................................................................ 8
how long has your business been revenue generating? ............................................................................... 8
business license number ............................................................................................................................. 8
my business has an active abra license ........................................................................................................ 8
federal ein information ................................................................................................................................ 8
certificate of occupancy ............................................................................................................................... 9
clean hands certificate .............................................................................................................................. 9

**PART 3: OWNER INFORMATION** ............................................................................................................ 9
ward information ........................................................................................................................................... 9
valid identification ....................................................................................................................................... 9
demographic information ............................................................................................................................ 9

**PART 4: OPERATIONS AND REVENUE INFORMATION** ....................................................................... 10
revenue information .................................................................................................................................. 10
rent or mortgage information .................................................................................................................... 11
use of funds .................................................................................................................................................. 11

**PART 5: EMPLOYMENT INFORMATION** ................................................................................................ 12
payroll roster ................................................................................................................................................ 12
self-certifications ......................................................................................................................................... 12

**END OF APPLICATION** .......................................................................................................................... 13

**RESOURCES** ............................................................................................................................................. 13
INTRODUCTION

Thank you for your interest in the Restaurant Bridge Fund. This document will help you complete the application and answer common questions.

To meet the existing and future COVID-19 related needs for DC’s businesses, Mayor Muriel Bowser and the Office of the Deputy Mayor for Planning and Economic Development (DMPED) are strategically investing $100 million in The Bridge Fund to sustain the hospitality, entertainment, and retail industries to mitigate the ongoing impact of COVID-19 on workers and businesses. The Bridge Fund is devised to assist small business employers to maintain operations and employees. With $35 million allocated to the restaurant industry, the Restaurant Bridge Fund aims to provide competitive grants to eligible restaurant and food service establishments that have experienced significant economic distress since the beginning of the COVID-19 public health emergency and made plans to respond and adapt to these challenging circumstances.

The Restaurant Bridge Fund is a grant aimed at preserving the DC restaurant industry by investing in viable businesses in the District of Columbia, including: full-service restaurants, limited-service restaurants, fast food restaurants, bars and taverns (with a tavern license), bakeries, cafes, delicatessens, coffee shops, vending trucks or carts, food trucks, food courts, caterers, and cafeterias. It is intended to support general operational expenses (rent/mortgage/docking expense, payroll, insurance, fuel for mobile vendors, and/or utilities), and expenses incurred related to "winterization" or COVID-19 preparation.

The Restaurant Fund will award at least 700 grants for eligible businesses with consideration to economic distress, business viability, length of revenue-generating operations, and District resident employment. Additionally, 15% of the funds ($5.25M) will be set aside for businesses that meet the following conditions:

- Are eligible to be a Resident-Owned Business (ROB)
- Are eligible to be a Small Business Enterprise (SBE); and
- Are at least one of the following: at least 51% owned by economically disadvantaged individuals OR at least 51% owned by a woman or a majority of women OR a certified Disadvantaged Business Enterprise (DBE)
- Applicants for the set-aside must also meet the eligibility requirements for the Bridge Fund Restaurant program (below).

The Restaurant Bridge Fund application opened on Monday, December 7, 2020 at 11:00 AM/EST. Due to the upcoming Holiday observances, the Restaurant Bridge Fund application will be open for three (3) weeks, closing on Monday, December 28, 2020 at 5:00 PM/EST. Applications not received by the deadline will not be considered.

City First Enterprises (CFE) is the Community Development Financial Institution (CDFI) that will be administering the Restaurant Bridge Fund on behalf of the Office of the Deputy Mayor for Planning and Economic Development (DMPED).

CFE nor DMPED nor any partnered technical assistance programs are responsible for any outages or malfunctions on the application platform that could result in an applicant being unable to submit their application. Please refer to the last page of this document for resources who can provide technical assistance to you.
BEFORE YOU BEGIN

REQUIRED DOCUMENTS

The following documents are required to complete this application:

<table>
<thead>
<tr>
<th>Required Document</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Employer Identification Number (EIN)</td>
<td>To find your EIN, look in a previously filed tax return or by following <a href="#">these tips from the IRS</a>. The names and addresses you use for this application should match your EIN registration.</td>
</tr>
<tr>
<td>Proof of Valid Identification for owner</td>
<td>Proof of Valid Identification for all owners (a legible copy of a valid driver’s license, state issued identification card, or US-issued passport). Copies of these should preferably be in color.</td>
</tr>
<tr>
<td>2019 Tax Return</td>
<td>Only applicable if your business was operational in 2019. Must include full return with all schedules. Personal returns will be accepted for sole proprietors if business returns are not available (must include all schedules).</td>
</tr>
<tr>
<td>2019 Monthly Profit &amp; Loss Statements</td>
<td>Only applicable if your business was operational in 2019. Statement must be provided in a monthly format &amp; must list rent, payroll, and utilities separately.</td>
</tr>
<tr>
<td>2020 Monthly Profit &amp; Loss Statements (to date)</td>
<td>Statement must be provided in a monthly format &amp; must list rent, payroll, and utilities separately. Must cover financials through September 30, 2020. (If business opened in 2020, please include all statement that covers the time period the business has been in operation.)</td>
</tr>
<tr>
<td>Certificate of Clean Hands</td>
<td>Certificate of Clean Hands must be dated within 90 days prior to date of application. For additional resources:</td>
</tr>
<tr>
<td></td>
<td>• Learn how to obtain a Certificate of Clean Hands <a href="#">here</a>.</td>
</tr>
<tr>
<td></td>
<td>• <a href="#">Certificate of Clean Hands Brochure with Step-by-Step Instructions (PDF)</a>.</td>
</tr>
<tr>
<td></td>
<td>• Watch <a href="#">Certificate of Clean Hands tutorials</a>.</td>
</tr>
<tr>
<td></td>
<td>• <a href="#">Certificate of Clean Hands Webinar presentation</a>.</td>
</tr>
<tr>
<td>Active DC Basic Business License</td>
<td>Business licenses are issued by the DC Department of Regulatory and Consumer Affairs (DCRA). To get more information about DC Business Licenses, visit DCRA’s Business Services website or contact DCRA through their online portal. To obtain a copy of your business license, please visit DCRA’s My DC Business Center.</td>
</tr>
<tr>
<td></td>
<td>The Business License should be in the Business’s name. The address listed in the Business License should match the Occupancy Permit. If you have more than one location, make sure to provide the correct Business License.</td>
</tr>
<tr>
<td></td>
<td>An Occupational or Professional License may not be substituted for a Business License.</td>
</tr>
</tbody>
</table>
| Applicable ABRA License | Please include a copy of all ABRA licenses held by the business.  
- Learn more about ABRA Licensing  
- View current ABRA License Holders |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Roster</td>
<td>Current Payroll Roster (dated as of September 30, 2020) listing all full-time employees, part-time employees, and 1099 independent contractors. Roster must include state of residency for each employee/contractor.</td>
</tr>
</tbody>
</table>
| Certificate of Occupancy | Your Certificate of Occupancy must be current and may not expire before March 1, 2021. The Occupancy Permit and Business License must have the same address.  
If you need assistance obtaining a copy of the issued certificate of occupancy, you may call DCRA Records Management at (202) 442-4480 to obtain a copy. |

**Note:** Failure to include any of the above documentation with your application will result in the disqualification of your application.

**General Tips:**  
Please do not include any substitute documents or placeholder documents; this will also result in the disqualification of your application.  
- All financial documents, certificates, and payroll roster must be provided in PDF (must not be password-protected) or Excel only. Photo identification can be provided using JPG or PDF format.  
- DMPED, CFE, and/or program partners will not assist applicants with acquiring these documents. All applicants must apply on their own behalf. If you need additional support, please refer to the last page of this document for a list of resources you may contact.

**IMPORTANT DATES**  
- Application Opens: Monday, December 7, 2020 at 11:00 AM/EST  
- Application Closes: Friday, December 28, 2020 at 5:00 PM/EST

**ELIGIBILITY REQUIREMENTS**  
- The DC Restaurant Bridge Fund will be open to full-service restaurants with restaurant licenses, including limited-service restaurants, fast food restaurants, and food service providers such as: bars and taverns with a tavern license, wineries, breweries or distilleries with a tavern license, bakeries, cafes, delicatessens, coffee shops, vending trucks or carts, food trucks, food courts, caterers, and cafeteria.  
- Business must be located in the District of Columbia  
- Business must employ at least one District resident; this may include owner.  
- Business must be currently open and operating  
- Business must have been revenue-generating prior to October 1, 2020.  
- If the business opened after March 17, 2020 and before September 30, 2020, the business must have generated a minimum of $25,000 in revenue.  
- Business must have and submit a DC Basic Business License and all applicable ABRA license(s).
• Maximum of $10 million in annual revenue for 2019 and/or $7.5 million in revenue as of September 30, 2020.
• Franchises must be independently owned and operated
• Must demonstrate financial distress of 25% in decrease in revenue during the COVID-19 pandemic.
• Must be Local Business Enterprise (LBE) eligible. (see below for guidance)
• Must have a Certificate of Clean Hands dated within 90 days of application submission

What does it mean to be “Local Business Enterprise (LBE) eligible”?
Your business must meet the following criteria to be Local Business Enterprise (LBE) eligible. The definition for a Local Business Enterprise (LBE) is below:
• Principal office physically located in the District;
• Chief executive officer and highest-level managerial employees maintain their offices and perform their managerial functions in the District;
• Meets one of the four following standards:
  o More than 50% of the assets, excluding bank accounts, are in the District;
  o More than 50% of the employees are residents of the District;
  o The owners of more than 50% of the business enterprise are residents of the District; or
  o More than 50% of the total sales or other revenues are derived from transactions in the District
• Is properly licensed under DC law; and
• Is subject to tax under DC law (Chapter 18 of Title 47)

REVIEW OF INFORMATION
Prior to the formal review process, each application will receive an initial screening to ensure the application is complete and meets the minimum requirements. An application will not be evaluated if:

1. The application is received after the closing date of Friday, December 28, 2020 at 5:00 PM/EST
2. The application is incomplete (e.g. missing required documentation)
3. The applicant’s business does not meet the minimum eligibility requirements for the DC Restaurant Bridge Fund

All required documents will be verified for accuracy. Applications deemed ineligible will not be reviewed further. It is important to ensure that all documentation is accurate and legible. Applications that are deemed complete will advance for final award recommendation. The final grantees will be notified about next steps, including executing the grant agreement, completing the payment form (or ACH form) and submitting a completed W-9.
APPLICATION GUIDE

This Guide is designed to give applicants a walk-through of each question in the application and gives specific guidelines on how to fill out the application.

PART 1: Pre-Application Eligibility Checklist

BUSINESS DEFINITION
Answer as to whether your business falls into one of the eligible categories listed or if it does not. If it does not fall into one of the categories listed, you are ineligible to apply to the Restaurant Bridge Fund.

PRE-APPLICATION CHECKLIST
Check all boxes that apply to your business. To be eligible for the Restaurant Bridge Fund, you must be able to meet all of the requirements listed.

REQUIRED STANDARD
Check all boxes that apply to your business. Your business must be able to check off at least one of the boxes to be eligible to apply for the Restaurant Bridge Fund.

REQUIRED DOCUMENTATION
The Restaurant Bridge Fund requires specific documentation from applicants to be eligible to apply. Check all boxes that apply to your business.

PART 2: Business Information

BUSINESS NAME
Enter the legal name of your business. Please include the full business name including suffix. Example: [Business Name] Inc, [Business Name] LLC

TRANSACTION NAME
Enter the name your business is known as to the public or any DBA name (Doing Business As). If your Transaction Name is the same as your Business name enter "same" in the Transaction Name box.

CONTACT EMAIL
This should be the email address of the person best qualified to answer questions regarding this form, preferably the owner of the business. This email address will be used should we have any questions on the application and to notify grantees of awards.

PHYSICAL ADDRESS
Please enter the physical address of your business. This address must match the address information on your documents. If your addresses do not match this may result in
disqualification of your application. To look up your ward information please visit: planning.dc.gov/whatsmyward

**STATE AND FEDERAL FINANCIAL ASSISTANCE**
Please answer yes or no if you have received local or federal financial assistance from any of the listed programs since March 2020.

**DOMESTIC OR FOREIGN ENTITY**
Please select whether your business is a Domestic Entity (i.e., a corporation incorporated in the District of Columbia) or a Foreign Entity (i.e., a corporation incorporated in a state outside the District of Columbia).

**TYPE OF BUSINESS**
Please click on the category that best describes your business.

**HOW LONG HAS YOUR BUSINESS BEEN IN OPERATION?**
Please tell us in years and months how long your business has been in operation in its current location.

**HOW LONG HAS YOUR BUSINESS BEEN REVENUE GENERATING?**
Please tell us in years and months how long your business has been revenue-generating in its current location.

**BUSINESS LICENSE NUMBER**
Enter your active DC Basic Business License number in this box. The business license number can be found on your business license in the top right corner. The business license must be issued by the District of Columbia and active through March 1, 2021 at the earliest.

Upload your business license to the application. Business licenses must be valid. If you are unable to obtain or do not have a valid business license, you are ineligible to apply for this grant.

For more information on DC Business Licenses, visit DCRA’s Business Services website or contact DCRA through their online portal.

**MY BUSINESS HAS AN ACTIVE ABRA LICENSE**
Businesses that serve alcohol (such as bars, taverns, wineries, breweries, and distilleries) must submit an active ABRA license. Please indicate if your business has an active ABRA license and if it does, please submit a copy of the license.

Learn more about ABRA Licensing & View current ABRA License Holders

**FEDERAL EIN INFORMATION**
Please enter your 9-digit EIN number without dashes in the "EIN Number" field on the application. Upload your EIN Verification information in the "Upload Verification of EIN" field. You may choose to upload a copy of your EIN letter from the IRS or a copy of your 2018 or 2019 tax return for verification and be sure to include all schedules.
CERTIFICATE OF OCCUPANCY
Please specify whether you have a Certificate of Occupancy and upload a copy of the Certificate.

- Your Certificate of Occupancy must be current and may not expire before March 1, 2021. If your business does not have a Certificate of Occupancy your business is **ineligible for this grant**.
- If you have a Home Occupancy Permit or an Electronic Home Occupancy Permit you **are ineligible for this grant**. The Occupancy Permit and Business License must have the same address.

If you need assistance obtaining a copy of the issued certificate of occupancy, you may call DCRA Records Management at (202) 442-4480 to obtain a copy.

CLEAN HANDS CERTIFICATE
Your business must have and submit a Clean Hands Certificate at the time of application. Failure to do so will cause a delay in funding and/or disqualification. Certificate of Clean Hands must be dated within 90 days prior to date of application. No substitutions are acceptable for Clean Hands Certificate. All documentation will be verified.

For additional resources:
- Learn how to obtain a Certificate of Clean Hands [here](#).
- [Certificate of Clean Hands Brochure with Step-by-Step Instructions (PDF)](#)
- Watch Certificate of Clean Hands [tutorials](#).
- [Certificate of Clean Hands Webinar presentation](#)

PART 3: OWNER INFORMATION
Please enter the name, address, and contact information for the owner of the business. If you are assisting a business owner with filling out this form, please be sure to enter the owner’s information in this section.

WARD INFORMATION
Select the Ward in which the business owner resides (if owner is a DC resident). Please use the [Find My Ward](#) tool to match a ward by a DC address.

VALID IDENTIFICATION
Upload a copy of the Owner’s driver’s license, state-issued identification, or passport. ID should be clear and legible. Colored copies are preferred. Applications without valid identification will be deemed ineligible.

DEMOGRAPHIC INFORMATION
Complete the fields on this page by selecting the appropriate answers for you and your business. You may choose “Prefer not to say” for any answer on this page.
PART 4: OPERATIONS AND REVENUE INFORMATION

Please upload all financial documents in either PDF, Word, or Excel format.

REVENUE INFORMATION

Please follow the following instructions carefully:

- If your business opened between March 17, 2020 and September 30, 2020 enter "yes".
- If you generated revenue in either 2018 or 2019 you must select "no" to proceed to enter 2018 and 2019 financials. Failure to answer this question correctly will result in disqualification of your application. Complete financials are needed to review your organization.

In the sections below you will enter information regarding your business’s financial condition. Please be sure to add your information in the following manner:

- Your revenue is defined as your gross sales for each year or quarter.
- Please enter numbers only in this section, negative numbers will not be accepted.
- Round all numbers up to the nearest whole dollar.
- If your business made no sales for any quarter, please enter the number zero in that field.

If you are missing any information regarding your business’s financials, please save your application and return when you have the required information.

- If you identified that your business opened before March 17, 2020, the application questions will update to include questions about your 2018 and 2019 financial information.
- If you identified that your business opened between March 17, 2020 and September 30, 2020, you will only see questions relating to your 2020 revenue and expenses.
- If your business opened between March 17, 2020 and September 30, 2020, please enter the date the business opened in MM/DD/YYYY format.

2018 BUSINESS REVENUE INFORMATION
If your business was open and operating in 2018, enter the annual revenue for 2018 in the “2018 Revenue” box.

2019 BUSINESS REVENUE INFORMATION
Enter the annual revenue for 2019 in the “2019 Revenue” box.

2019 QUARTERLY REVENUE
Enter the revenue for:

- The first quarter of 2019 (January 1, 2019-March 30, 2019)
- The second quarter of 2019 (April 1, 2019-June 30, 2019)
- The third quarter of 2019 (July 1, 2019-September 30, 2019)
- The fourth quarter of 2019 (October 1, 2019-December 31, 2019).
Upload your business’s 2019 Profit & Loss Statement in monthly format for documentation review.

2020 Revenue Information
Enter the revenue for:
- The first quarter of 2020 (January 1, 2020-March 30, 2020)
- The second quarter of 2020 (April 1, 2020-June 30, 2020)
- The third quarter of 2020 (July 1, 2020-September 30, 2020)

Upload your 2020 Profit & Loss Statement (January 1, 2020-September 30, 2020) in monthly format for documentation of revenue.

September 2020 Expenses
Please enter total expenses for:
- September 2020 Payroll Expense
- September 2020 Rent or Docking Expense
- September 2020 Utilities (or fuel for mobile food vendors)

RENT OR MORTGAGE INFORMATION
Please specify whether you lease or own your location. If you lease your location, please enter the date your lease ends.

USE OF FUNDS
Use this section to use percentages to notate how you plan to use the grant funds for your business. You do not need to utilize each category. Enter ‘0’ for any category you will not utilize for your business. Enter the number only, without the percentage sign.

Eligible categories are:
- Rent/mortgage/docking expense
- Payroll
- Insurance
- COVID-19 related supplies
- Fuel (for mobile food vendors)
- Utilities
PART 5: EMPLOYMENT INFORMATION

For the first, second, and third quarter of 2020, indicate how many full-time and part-time employees and how many full-time and part-time District resident employees your business employed. If the answer is zero, please indicate zero. The totals should include the owner and any 1099 contractors your business currently employs.

For the month of September 2020, any employee who worked an average of 30+ hours a week should be considered a full-time employee. Independent contractors that averaged 30+ hours a week in the month of September 2020 should be included as full-time employees. Independent contractors that averaged less than 30 hours a week for the month of September 2020 should be included as part-time employees.

PAYROLL ROSTER

This information may be obtained from your payroll processor (preferred method) or you may create an Excel spreadsheet including the name, state of residency, and full time/part time status of all employees and 1099 contractors. The payroll roster must include employee names, employment status (Full-Time or Part-Time or 1099 contractor) and state of residency. It must be dated for the payroll period that includes September 30, 2020. See Example Below

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Hire Date</th>
<th>Employment Status</th>
<th>State of Residency</th>
<th>Pay Rate</th>
<th>Gross Income</th>
<th>Taxes</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ebenezer Scrooge</td>
<td>06/14/2015</td>
<td>F/T</td>
<td>VA</td>
<td>25.25/hr</td>
<td>2020.00</td>
<td>626.20</td>
<td>1393.80</td>
</tr>
<tr>
<td>Mary Poppins</td>
<td>04/21/2019</td>
<td>F/T</td>
<td>DC</td>
<td>24.30/hr</td>
<td>1944.00</td>
<td>602.64</td>
<td>1341.36</td>
</tr>
<tr>
<td>Susanna Carmichael</td>
<td>02/03/2020</td>
<td>C</td>
<td>DC</td>
<td>22.00/hr</td>
<td>1226.50</td>
<td>0</td>
<td>1226.50</td>
</tr>
<tr>
<td>William Wonka</td>
<td>07/20/2020</td>
<td>P/T</td>
<td>MD</td>
<td>15.10/hr</td>
<td>604.00</td>
<td>120.80</td>
<td>483.20</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4568.00</td>
<td>1349.64</td>
<td>3218.36</td>
</tr>
</tbody>
</table>

SELF-CERTIFICATIONS

To complete and submit your application, you must check off two self-certifications:

- I certify that I have read the District of Columbia Restaurant Bridge Fund Program application materials fully. I understand that this is a competitive award and that not all businesses will be funded through this program. I further certify that I believe my business to be eligible for this grant program.

  I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements and/or incomplete information may result in denial or revocation of the grant award (if deemed eligible).
END OF APPLICATION

Applications deemed completed will be reviewed for accuracy and completeness prior to entering the verification and qualification review. No modifications may be made to applications after submission.

We anticipate that grantees will be notified via email if selected for an award beginning in mid-January and notifications will continue through February 2021.

RESOURCES

For additional assistance, please see below for the following options:

For language assistance, please contact the following offices for assistance with translation:

- Mayor’s Office on Latino Affairs: (202) 671-2825
- Mayor’s Office on Asian and Pacific Islander Affairs: (202) 727-3120
- Mayor’s Office on African Affairs: (202) 727-5634

For assistance with visual or hearing impairment:
Please contact restaurantbridgefund@dc.gov

For any technical issues with the application platform:
If you are having troubles with technology and need assistance with accessing the grant information and materials, uploading your required documents, or any other technical issues, please contact restaurantbridgefund@cfenterprises.org

For assistance with filling out the application and/or questions about required documentation, please see contact the resources below:

- DC Main Streets Program
- Community-Based Organizations (CBOs)

For all other inquiries related to the Restaurant Bridge Fund:
Please contact: restaurantbridgefund@dc.gov