



DISTRICT OF COLUMBIA SMALL BUSINESS RESILIENCY FUND

GRANT APPLICATION GUIDE

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INTRODUCTION

Thank you for your interest in the District of Columbia Small Business Resiliency Fund. This document will assist you with completing the application and answer common questions. The DC Small Business Resiliency Fund is a grant aimed at financially supporting District's small businesses with, among other things, readjusting their operations model, creating a business continuity plan, cover related COVID-19 marketing expenses, and specified operational expenses.

This opportunity is geared towards brick-and-mortar businesses located in the District of Columbia. The DC Small Business Resiliency Fund application will open on Tuesday, October 6, 2020 at 4:00 PM. The application will close on Friday, October 23, 2020 at 11:59 PM.

Applications not received by the deadline will not be considered.

City First Enterprises (CFE) is a non-profit organization administering the DC Small Business Resiliency Fund on behalf of the District's Office of the Deputy Mayor for Planning and Economic Development (DMPED).

CFE nor DMPED are responsible for any outages or malfunctions on the technology platform that could result in an applicant being unable to submit their application.

BEFORE YOU BEGIN

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THIS APPLICATION:

1. Current Business License
2. Ein Letter or 2018/2019 Tax Return including schedules
3. A Legible Copy of a Valid Driver's License, State Issued Identification Card or Passport
4. Copies of these documents should be preferably in color
5. DCRA Corp Online File Number
6. Certificate of Occupancy
7. Good Standing Certificate or Statement of Injury
8. Business Clean Hands Certificate for your business
9. 2019 Profit and Loss Statement
10. 2019 1st Quarter (January 1 - March 31, 2019) Profit and Loss Statement
11. 2019 2nd Quarter (April 1 - June 30, 2019) Profit & Loss Statement
12. 2020 1st Quarter (January 1 - March 31, 2020) Profit and Loss Statement
13. 2020 2nd Quarter (April 1, 2020 - June 30, 2020) Profit and Loss Statement
14. Current Payroll Roster listing all full time/ part time employees and state of residency

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

Please do not include any substitute documents or placeholder documents; this will also result in the disqualification of your application.

Please upload documents in Excel or PDF format. A clear JPEG of your identification may be used for ID verification only.

For information on how to obtain a “Clean Hands” certificate, please visit:

<https://otr.cfo.dc.gov/page/certificate-clean-hands> For detailed instructions on how to obtain a “Clean Hands” certificate, please review this document:

<https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/CCH%20MyTax.DC%20for%20logon%20Taxpayers.pdf>

To get more information on Business Licenses and Good Standing Certificates, contact DCRA at:

<https://dcra.kustomer.help/contact/contactus-SkowCOjX8>

<https://dcra.dc.gov/page/business-services-0>

City First Enterprises will not assist applicants with acquiring these documents. All applicants must apply on their own behalf. If you need additional support, you may contact a Community-Based Non-Profit Organizations (CBO) to provide you with the necessary technical assistance.

To learn more, please visit <https://greatstreets.dc.gov/page/smallbusinesstechnical-assistance-cbos-0>

IMPORTANT DATES

- Application Opens: October 6, 2020 at 4:00 PM
- Application Closes: October 23, 2020 at 11:59 PM

ELIGIBILITY REQUIREMENTS

The DC Small Business Resiliency Fund will be open to local small businesses in the District of Columbia with twenty-five (25) or fewer employees and independently owned restaurants regardless of number of employees.

Applicants must:

- Have a current, active District of Columbia Business License and Certificate of Occupancy
- Have a Clean Hands Certificate from the DC Office of Tax and Revenue
- Good Standing Certificate or Statement of Hardship (one paragraph or less) and ability to obtain Good Standing Certificate by 10/29/2020 if selected for funding.
- Have been revenue-generating for at least three (3) months prior to the declaration of the COVID-19 Response Emergency Amendment Act of 2020 (December 18, 2019).
- Derive at least 51% of its gross receipts from the District of Columbia
- Generate less than \$3,000,000 in gross receipts per year
- Demonstrate economic injury through loss of revenue of 25% or more due to COVID-19

- Employ at least one District resident, the total may include owner. For the purposes of this grant, W-2 or 1099 independent contractors are acceptable. (Applications indicating zero District resident employees will not be considered.)
- Use awarded funds for business model restructuring (pivot support), business continuity plan, related COVID-19 marketing expenses, purchase of personal protective equipment (PPE), and/or disinfection products for the business
- Comply with local and federal guidelines for operating their businesses (social distancing guidelines, disinfection protocols, occupancy restrictions, etc.)
- Submit a fully executed grant agreement with payment form (if awarded); and
- Submit a W-9 form (if awarded)

Selected grantees will be contacted by City First Enterprises with instructions on how to complete the grant process by submitting a Grant Agreement and payment form prior to funding.

Use of electronic transfer of funds is strongly preferred for payment of grant funds (grantees are expected to provide banking information to process the transfer of funds).

REVIEW OF INFORMATION

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

1. The application is received after the closing date
2. The application is incomplete
3. The applicant’s business does not meet the minimum guidelines for the DC Small Business Resiliency Fund grant.

All documentation will be verified for accuracy and to ensure all attachments are accurate and applicable. 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 into the final pool and scored.

Applicants that meet the scoring threshold will be ranked by score and, if successful, presented for funding. The final grantees will be notified about next steps, including executing the grant agreement, completing the payment form (or ACH form) and submitting a W-9 form.

HOW THIS APPLICATION FORM WORKS

All information requested must be entered to complete this application. Error messages will be shown if any requested information is omitted or entered incorrectly. If you receive an error message, please review your entries and look for the red error messages on the page that will identify what information must be corrected.

If you are missing a piece of documentation or would like to continue your application later, you will be able to save your form and access it at a later time by clicking on “*Save my progress and resume later*” at the very top right of the form or the bottom right corner of the form. Please be sure to note the email address and password you create, as you will need these to re-access your application. You can bookmark the page so that you can easily return to it from your browser. A link to the application is sent to the email address entered when saving your form. Be sure to check your spam or junk folders if you do not see that email in your inbox.

Save my progress and resume later | [Resume a previously saved form](#)

To resume a form that you have already started, reopen the form link <https://dcresiliencyfund.tfaforms.net/f/application> and select “*Resume a previously saved form*” from the top right of the screen. If you have forgotten your password, you may use the password reset link to reset it. Make sure to check your spam or junk folder if you do not receive the password reset link in your inbox.

DC RESILIENCY GRANT APPLICATION

Reset your Password

Enter the email address you used to save your response to this form.

Your Email:

[Continue](#) | [Cancel](#) | [Need assistance with this form?](#)

To re-access the form you will need your email address and password you created when you initially saved the form. **We cannot assist with retrieving passwords or email addresses for saved forms.**

DC RESILIENCY GRANT APPLICATION

Identity check

Please enter your email and password to resume this form.

Your Email:

Your Password:

[Resume this form](#) | [Forgot your password?](#) | [Need assistance with this form?](#)

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.

PAGE 1 OF THE APPLICATION

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: <https://planning.dc.gov/whatsmyward>

GREAT STREETS CORRIDOR INFORMATION:

FY20 Great Streets Retail Grant Status

Select either yes or no. If your business received an FY20 Great Streets Retail Grant *your business is ineligible to apply for this grant.*

This information will be confirmed by the District’s Great Streets Program.

IS YOUR BUSINESS LOCATED IN A GREAT STREETS CORRIDOR?

Answer yes or no.

To find out if your business is located in a Great Streets Corridor, navigate to the Great Streets website located here:

<https://dcgis.maps.arcgis.com/apps/InformationLookup/index.html?appid=77167e5109b644c9bb903706595c9255> Follow the instructions on the page and enter your address on the Great Streets Locator.

Copy the Confirmation URL from the address bar in your browser and paste it into the “Insert Great Streets Confirmation URL” box on the application form.

Select your Great Streets Corridor from the selection box.

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BUSINESS INFORMATION CONTINUED

TYPE OF BUSINESS:

Enter your industry or business type. For example: Restaurant, Clothing Store, Convenience Store, Retail, Food Service, etc. Please be as specific as possible.

INELIGIBLE BUSINESSES AND INDUSTRIES:

- Adult entertainment
- Auto body repair
- Banks
- Childcare centers
- Construction/general contracting/architecture/design-build
- E-commerce business
- Financial services
- Home-based businesses
- Hotels
- Liquor stores
- Livery, taxi or shared vehicle driver/operators
- Phone stores
- Professional services: this includes physicians offices, business consultancy services and dental service providers.
- Real estate development/property management/realtor
- Non-profits
- Seasonal (open only part of the year)

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.

MY BUSINESS IS REGISTERED AS DOMESTIC ENTITY IN THE DISTRICT OF COLUMBIA

Please indicate if your business is registered as a domestic entity in the District. *If no, your business is ineligible for this grant.*

MY BUSINESS WAS IN OPERATION AND REVENUE GENERATING AS OF DECEMBER 18, 2019

Please answer yes or no regarding your business’s operational status prior to the declaration of emergency related to COVID-19 in the District of Columbia. This grant is intended for

established, revenue generating businesses solely. *If the answer is no, your business is ineligible for this grant.*

BUSINESS LICENSE NUMBER

Enter your business license number in this box. The business license number can be found on your business license in the top right corner of the license. [See Example](#)

To obtain a copy of your business license, please visit:

<https://business.dc.gov/> or <https://mybusiness.dc.gov/login#/login>

Upload your business license to the application. Business licenses must be valid through November 1, 2020. If you are unable to obtain, or do not have, a valid business license, *you are ineligible to apply for this grant.*

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.

An Occupational or Professional License may not be substituted for a Business License.

DCRA CORP ONLINE STATUS AND FILE NUMBER

To retrieve your DCRA Corp Online file number, please visit <https://corponline.dcradc.gov/>. Login to your account and scroll to the bottom of the page. Use the search function to find your business by name. The file number will be displayed in the results. Please enter your Corp Online File Number in the "DCRA Corp Online File Number" field. [See Example](#)

EIN INFORMATION

Please enter your 9-digit EIN number in the "EIN Number" field on the application.

Upload you 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.* [See Example](#)

CERTIFICATE OF OCCUPANCY

Your Certificate of Occupancy must be current and may not expire before November 1, 2020. 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. [See Example](#)

To obtain a copy of your Certificate of Occupancy

If you misplaced your Occupancy Permit you need to contact the Department of Consumer and Regulatory Affairs at (202)-442-4589 or (202) 442-4400. For more information please visit: <https://dcra.dc.gov/node/1410111>

CLEAN HANDS CERTIFICATE AND CERTIFICATE OF GOOD STANDING

Your business must have a Clean Hands Certificate at the time of application.

Clean Hands and Good Standing Certificates issued prior to May 1, 2020 will not be accepted.

We recognize that difficult and unexpected circumstances may arise and create hardships for applicants. In the event you are unable to obtain the Certificate of Good Standing, please provide a written explanation and attach the written statement (maximum of one paragraph) in the "Upload Certificate of Good Standing" section below.

If you have any questions, please email dcresiliencyfund@cfenterprises.org.

If you currently have a valid Certificate of Good Standing please include it below. Applicants who do not include the Certificate of Good Standing at the time of application, must obtain one prior to funding. Failure to do so will result in delay in funding and/or disqualification.

Certificate of Good Standing must be obtained by 10/29/2020 if applicant is selected for an award.

No substitutions are acceptable for for Clean Hands Certificate. All documentation will be verified.

Refer to the information in the Required Documentation section of this guide for details on how to obtain these documents. See an example of Clean Hands Certificate [HERE](#) and an example of Good Standing Certificate [HERE](#).

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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). Find your Ward information at the following link by entering your address

<https://planning.dc.gov/whatsmyward>

UPLOAD VALID IDENTIFICATION

Upload a copy of the Owner's driver's license, state issued identification, or passport.

Occupational licenses, leases and utility bills will not be accepted. Please ensure the image file is clear and legible.

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DEMOGRAPHIC INFORMATION

Complete the fields on this page by selecting the appropriate answers for you and your business. You may choose “*Elect Not to Disclose*” for any answer on this page.

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REVENUE INFORMATION

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

BUSINESS OPERATING STATUS

Select yes or no to indicate if your business is currently open. You will be presented with a follow up question asking if your business’s closure is due to the District’s phased reopening plan. Learn more about the District’s Phased Reopening here: <https://coronavirus.dc.gov/>

2019 BUSINESS REVENUE INFORMATION

Enter the revenue for 2019 in the 2019 Revenue box.

Upload your business’s 2019 Profit and Loss Statement to document the revenue information entered for 2019.

2019 1ST QUARTER REVENUE

Enter the revenue for the first quarter of 2019. The first quarter is the period between January 1 and March 31, 2019. Upload your Profit and Loss statement for first quarter of 2019 for documentation of revenue.

2019 2ND QUARTER REVENUE

Enter the revenue for the second quarter of 2019. The second quarter is the period between April 1 and June 30, 2019. Upload your Profit and Loss statement for the second quarter of 2019 for documentation of revenue.

2020 REVENUE INFORMATION

2020 1ST QUARTER REVENUE

Enter the revenue for the first quarter of 2020. The first quarter is the period between January 1 and March 31, 2020. Upload your Profit and Loss statement for the first quarter of 2020 for documentation of revenue.

2020 2ND QUARTER REVENUE

Enter the revenue for the second quarter of 2020. The second quarter is the period between April 1 and June 30, 2020. Upload your Profit and Loss statement for the second quarter of 2020 for documentation of revenue.

USE OF FUNDS

Use this section to explain how you plan to use the grant funds for your business. You do not need to utilize each category. Enter zero for any category you will not utilize for your business. Enter the number only, without the percent sign. The total must add up to 100. If the number in the total field is over or under 100 the form will register an error. Check that your entries add up to 100.

The DC Small Business Resiliency Fund is intended to support the following five COVID-19 related categories to assist strong healthy businesses in the District. The funds must be used to support your business operations during the pandemic in the following categories:

1. Business model restructuring (pivot support)
2. Business continuity plan
3. Infrastructure development (e.g., e-commerce platform procurement)
4. Related COVID-19 marketing expenses
5. Purchase of personal protective equipment (PPE), and/or disinfection products for the business

The information entered in this section is approximate. Grantees will be required to submit a report on their use of funds including receipts and invoices to demonstrate how they *actually* used the funds for expenses in the above listed categories to help their business recover.

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EMPLOYMENT INFORMATION

For the first quarter of 2020, indicate how many full-time and part-time employees your business employed. If the answer is zero, please indicate zero. The totals can include the owner and any consultants your business currently employs.

If the business employs no District employees on either a full-time or part-time basis, *your business will be deemed ineligible for this grant.*

UPLOAD 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 contractors. The payroll roster must include employee names, employment status (Full-Time or Part-Time) and state of residency *See Example Below*

Payroll Roster				
Employee Name	Employee Status	State of Residency	Wages	Hire date
	Full Time/Part Time			
Bob Jones	Full Time	DC	26.00/hr	7/10/2017
Tom Williams	Part Time	VA	1200/bi-weekly	9/5/2018
Linda Smith	Full Time	MD	500/per week	5/6/2020

WILL THIS GRANT HELP YOU RETAIN YOUR EMPLOYEES?

Answer yes if this grant will help you retain your current employees.

NUMBER OF EMPLOYEES YOU EXPECT TO HAVE AS OF DECEMBER 31, 2020

Indicate how many employees you believe your business will have as of 12/31/20.

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CERTIFICATION AND SIGNATURE

CERTIFICATION

Check the box to acknowledge the certification statement.

Click the Submit button to submit the form.

FORM REVIEW AND FINAL SUBMISSION

We do advise that you review your answers for accuracy prior to submission. You may also choose to print a copy of your application information at this time.


To make corrections to your form please scroll to the bottom of the page and select “Make a Correction” which is found to the right of the “Submit Signed Response” button on the bottom of the form.

This will give you the opportunity to page through the application and correct any information.

Applications cannot be altered after submission.

Please be sure to fully review your application prior to submitting your signed response.

Submit Signed Response

 [Make a correction](#)

SIGNATURE

You MUST sign at the bottom of this page and click the 'Submit Signed Response' button to complete your application.

You can choose to either draw your signature on the screen or select the check box to type your name to complete the signature.

Your Signature

The undersigned has the authority to act on behalf of the Company and certifies that all the information provided herein is true and correct.

Please sign here _____

or type your name to sign Reset Signature

Your Name: *

Your Email Address: *

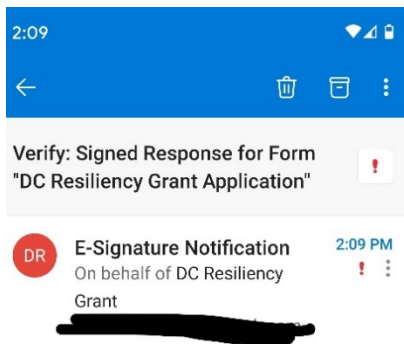
At the bottom of the screen you will see the “Incomplete Response” message.

Incomplete Response

Please click the link in the verification email to complete your signature.

The incomplete response message is normal.

This message is to alert you that after completing your signature and submitting your e-signature, the final step to complete the application process is to complete the e-signature verification. To complete the signature, you must click the link in the email that is sent to you on behalf of DC Resiliency Grant (dcresiliencyfund@cfenterprises.org). See Example below.



The link will be included in the body of the email.

If you do not receive this email, please check your spam, and junk folders. Complete your application by clicking the link in the email.

You will see the following message after clicking the link in the signature verification email:

Signatory Verification

Thank you. You are now verified.

The information you provided when signing the response is verified. You may now access the E-Signature Record associated with your response.

[Click here to access your E-Signature Record.](#)

You can bookmark the URL used to access the E-Signature Record. By doing so, you will have permanent access to the E-Signature Record for your signed response.

Please note that the E-Signature record may still be incomplete. You will receive an email once the E-Signature Record has been sealed and finalized.

You will receive a confirmation of your submitted e-signature via email.

Your application is now completed.

NEXT STEPS

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. Should we need additional information a member of the City First Enterprises team will contact you directly.

Grantees will be notified via email if selected for an award in early November.

CONTACT INFORMATION

For specific questions about this application please contact us at dcresiliencyfund@cfenterprises.org.