

CITY OF MANCHESTER, NH

American Recovery Plan Act (ARPA)

Small Business Grant & Program Assistance (SBGPA)

Program Guidelines

In response to the American Rescue Plan Act (ARPA), the City of Manchester is pleased to launch its SBGPA grant program, designed to both provide relief to businesses that have experienced significant negative financial impacts associated with the COVID-19 public health emergency (incurred after March 3, 2021) and to allow for investments enabling future pandemic-related resilience of business operations. Awards for small businesses will range up to \$10,000, as determined by demand and expense documentation, in the form of a reimbursement-based grant. Please read and consider all information below to determine your business' eligibility for this program and the requirements for program awardees.

Eligible Business Applicants

- Business has a physical establishment within the City of Manchester
- Must be deemed to be in "Good Standing" status by the New Hampshire Department of State
- Business employs no more than 15 full-time equivalent employees
- Must have less than \$2,000,000 in gross annual receipts
- Have obtained all required business licensure and permitting from the City of Manchester (if unsure, please indicate this in the application section below)
- Can document a loss of revenue of 25% or more due to the COVID-19 public health emergency by:
 - Comparing revenue during two consecutive years via IRS form Schedule C, or other form of tax filing documentation (additional revenue information may be provided to show quarterly changes (i.e., March – June/2019 vs. March – June/2020).
 - Alternative method for new businesses (i.e., documentation of greater difficulty in accessing credit than prior to the pandemic, increased costs to starting a business, or a loss in expected startup capital)
- Have no outstanding tax liens or legal judgments
- *For business owners owning the property where their business is located:*
 - Have no outstanding City taxes and fees
 - For property tax verification, access the [Tax Collector portal](#)
 - For water bill verification, contact fhawkins@manchesternh.gov and pperreault@manchesternh.gov
 - For fire alarm fee verification, contact dvallee@manchesternh.gov

Business preference criteria

1. Minority or Woman owned businesses
2. Businesses that have had to temporarily close due to the Stay-at-Home Order (e.g. hair salon or massage)
3. Private childcare centers
4. Loss of employees

Eligible Use of Funds

1. Rent, mortgage, utility bills, accounts payable, and other fixed costs for small business or non-profit organization
2. Employee wages
3. Resources to establish entity online (for example, a business needed to revamp website to make e-commerce or delivery available to customers; a non-profit revamped website to accept online applications or client services)
4. Perishable inventory that was lost due to an interruption of business
5. Increased costs to directly address Coronavirus (such as purchasing PPE)

Ineligible Use of Funds

ARPA grant funding may **not** be used for:

1. Arrears of rent, accounts payable, utilities, or other items occurring before **March 3, 2021**
2. Business expansion or capital improvements that cannot be justified by a COVID-19 health emergency related financial impact
3. Activities/projects for which prior federal funding has already been awarded (such as CARES Act funding of 2020)

SAM Registration/UEI Assignment Requirement

The Department of the Treasury (USDT) requires that all subrecipients obtain an active System for Award Management (SAM) registration in order to receive federal funds. If the applicant does not have a record of an active SAM registration, grantees must begin this registration process to obtain **Unique Entity Identifier (UEI)** and submit this information to SBGPA program staff **prior to the release of any grant funding.** Specific instructions for the SAM registration/UEI assignment process is referenced below.

Program Administration Structure

The City of Manchester SBGPA Program is being promoted in partnership with the Greater Manchester Chamber and Deo Mwano Consultancy. The implementation of the program and roles are as follows:

Greater Manchester Chamber and Deo Mwano Consultancy

- Development and implementation of overall marketing strategy for program
- Development and implementation of strategy to ensure minority community engagement with program and COVID-19 city resources
- Outreach efforts to minority community to ensure awareness of program and provide assistance and counseling on accessing resources and submitting applications
- Creation of database and contact list of minority business owners in the city to support ongoing outreach and program development
- Assisting applicants to confirm completeness and eligibility
- Submission of vetted applications to city for final approval and disbursement of grants

City of Manchester SBGPA Program Staff

- Verification that USDT requirements are met
- Disbursal of payments to approved applications
- Quarterly reporting of grant achievements

Application Process and Award

SPGPA Applications may be accessed on the City's ARPA main webpage using the link below:

<https://www.manchesternh.gov/Departments/Planning-and-Comm-Dev/American-Rescue-Plan-Act>

Completed grant applications will be reviewed on a "first come, first served" basis until all the funding has been expended. City of Manchester staff will process applications by confirming that basic criteria and USDT requirements are met, ensuring that businesses are current with City fees and permits, and disburse payments to approved businesses. On a case-by-case basis, grant awards will be approved by the Director of Planning and Community Development, if the applicant aligns with the eligibility criteria. The City reserves the right to reject any application that, in its sole opinion, is incomplete or does not meet the Program requirements. In addition, the City may decide on a case-by-case basis to reject any application that does not meet or advance the goals of this Program.

Other Requirements for Applications

Applicants will have to provide the following documents to support their application:

1. Completed IRS W-9 form.
2. *If the applicant does not have an active SAM registration:* Submission of a UEI information to SBGPA program staff after initial application for SAM Registration
3. *For reimbursement:* submission of any additional paperwork to support the use of these funds including purchase orders, invoices, payroll records, or other documentation, as requested by SBGPA program staff.

Disbursement of Funds

Funds will be disbursed to grantees **within approximately three (3) weeks** following submission of properly documented and eligible program costs. All costs shall be supported by properly executed payrolls, time records, invoices, contracts, or vouchers, or other official documentation evidencing in proper detail the nature and propriety of the charges for expenses deemed eligible under the guidelines of the SBGPA program and ARPA. All checks, payrolls, invoices, contracts, vouchers, orders, or other accounting documents, and costs documented therein pertaining in whole or in part to the grantee's application, shall be clearly identified and readily accessible.

Program Contacts

Program e-mail: pcd-arpa@manchesternh.gov

Deo Mwano Consulting: deo@deomwano.com

City of Manchester SBGPA Staff:

- CIP Coordinator, Todd Fleming (tfleming@manchesternh.gov)
- ARPA Program Manager, Dan Orr (dorr@cityofmanchester.gov)

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Application Form

Please fill out the form completely, save electronically and email to PCD-ARPA@manchesternh.gov, including all supporting documents (where applicable) to your application. Please note that applications will not be considered for funding until all required information is provided.

1. Please indicate that you/your business complies with the following requirements for this grant program by placing a checkmark next to each statement, unless otherwise noted:
 - **My business is a physical establishment within the City of Manchester**
 - **My business employs no more than 15 full-time equivalent employees**
 - **My business has less than \$2,000,000 in gross annual receipts**
 - **My business has no outstanding tax liens or legal judgments and no outstanding City taxes, fees, or required business permits/licenses**
 - **My business is has "Good Standing" status from the NH Department of State**
 - **I plan to use these grant funds in one of the following ways:** *(please indicate eligible activity number [between 1-10] below)*
 - **Prior COVID-19-Related Impacts**
 1. **Rent, Mortgage, Utility Bills, Accounts Payable and other fixed costs for small businesses.**
 2. **Employee wages.**
 3. **Resources to enhance online/digital accessibility of my business (for example, revamp of website to make e-commerce or delivery available to customers).**
 4. **Perishable inventory that was lost due to an interruption of business.**
 5. **Increased costs to directly address COVID-19 (such as purchasing PPE).**
 6. **Reimburse any of the above eligible expenses incurred since March 3, 2021 that no other federal, state, or local funding has previously covered.**
 - **COVID-19-Related Business Resilience**
 7. **Creation of formal outdoor space for business operations/employees/customers.**
 8. **Upgrades to ventilation systems.**
 9. **Technical assistance or business counseling for business planning or COVID-19 related expense.**
 10. **Other mitigation needs to ensure functionality of business operations in a pandemic scenario (description required).**

2. Business Legal Name: _____

3. Applicant/Primary Contact Name: _____

4. Phone: _____ 5. Email: _____

6. Business Address: _____

7. Organizational Structure of My Business (*please check one*):

Sole Proprietor Limited Liability Corporation (LLC) Corporation Other

8. Date My Business Was Established: _____

9. Do you have an active registration with the federal System for Award Management (SAM)?

Yes

Will initiate SAM registration/obtain UEI number upon submission of grant application (*Please note that grant funds cannot be issued prior to the grantee submitting entity's UEI information provided during the initial SAM registration process*).

10. Please provide a brief description of your business and the product(s) or service(s) it offers.

11. Number of Employees: _____ (*Full-Time Equivalents must be **fewer than 15** to qualify for grant funding*)

12. Annual Business Revenue: \$_____ (*Must be **less than \$2 million** to qualify for grant funding*)

13. Is your grant request based on an incurred cost or impact to your business as a result of the COVID-19 pandemic (beginning on or after March 3, 2021)?

Yes No

14. Please provide an explanation of your proposed funding activity (or activities) and indicate the how it will address economic impacts, such as a loss of earnings or revenue, resulting from the COVID-19 public health emergency (on or prior to March 3, 2021). (*Please include supporting documentation to indicate the impact of COVID-19 on your annual revenue and/or how your business has experienced an incurred cost. For example, profit and loss statements or other budget documents showing annual revenue and loss of 25% of revenue by comparing two similar time frames*).

15. Have you applied for the Paycheck Protection Program, Small Business Administration, Economic Injury Disaster Loan, the Manchester Small Business Resiliency Grant (CARES Act) or another emergency loan or grant program related to the COVID-19 pandemic being offered by the federal government, State of NH, or other entity? If so, please briefly explain any award funding was received and how it was used? *(Please note that grant funds from this program cannot be used to cover business costs previously supported by other federal support programs).*

16. Total Amount Requested from the SBGPA/ARPA Program: \$

17. Proposed Use of SBGPA/ARPA Funds:

Activity Description	Amount	Supporting Document (to justify COVID-19 related revenue impact/incurred cost)

19. Please complete the following demographic questions. This information is voluntary and requested only for statistical purposes. All answers will be kept confidential and has no impact on potential grant eligibility.

a. Business-owner Race/Ethnicity:

- White
- American Indian
- Asian
- African American
- Native Hawaiian/Other Pacific Islander
- Hispanic/Latino
- Other

b. Using the below table as a guide, please indicate the household income level (i.e., select appropriate box) for the subject business owner, based on household income size and approximate household income:

- ☐ Income at or below income in **Column A**
- ☐ Income between **Column A** and **Column B**
- ☐ Income at or above **Column B**

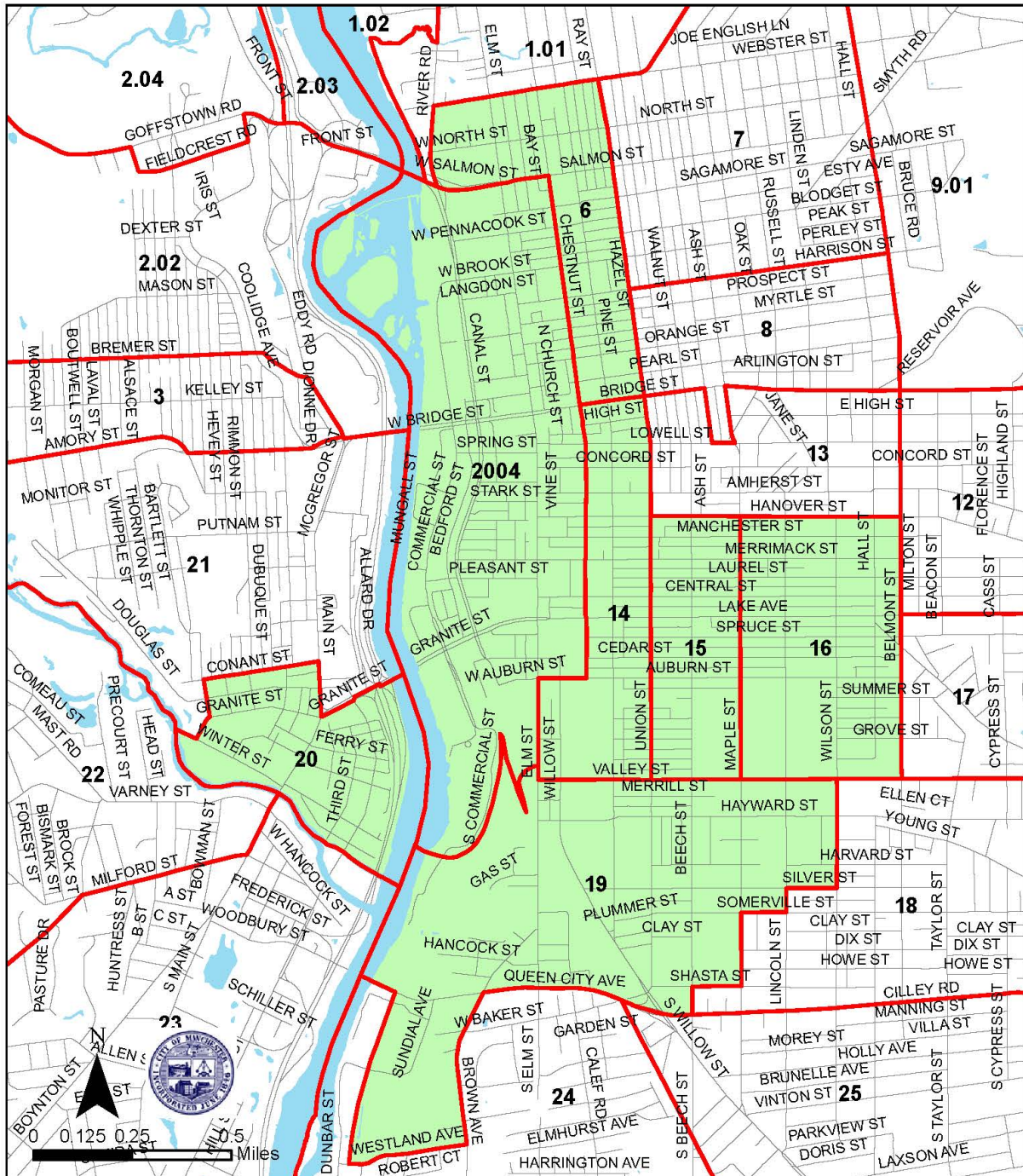
<i>Number of People in the Household Size</i>	<i>Column A</i> <i>(Household income at Federal Poverty Level)</i>	<i>Column B</i> <i>(Household Income at 60% AMI Threshold)</i>
1 Person →	\$12,880	\$37,560
2 Persons →	\$17,420	\$42,900
3 Persons →	\$21,960	\$48,240
4 Persons →	\$26,500	\$53,580
5 Persons →	\$31,040	\$57,900
6 Persons →	\$35,580	\$62,160
7 Persons →	\$40,120	\$66,480
8 Persons →	\$44,660	\$70,740

c. Is your business woman-owned? Yes No

d. Is your business located in a Qualified Census Tract? Please refer to the American Rescue Plan Eligible Census Tracts (shaded in green) on the map on page 5. Yes No

AMERICAN RESCUE PLAN ELIGIBLE CENSUS TRACTS

MANCHESTER NEW HAMPSHIRE



19. Instructions for System for Award Management (SAM) Registration

The Manchester Small Business Grant & Program Assistance program for which you are applying is part of the American Rescue Plan Act (ARPA) funding awarded to the City of Manchester, NH. In keeping with federal regulations, the City of Manchester, NH requires that recipients of ARPA funding complete a federal SAM registration.

To streamline the grant application process, applicants do not need to present completed SAM registration at the time of application. However, in order to release to all grantees, a Unique Entity Identifier (UEI Number) must be provided during the application process. This number will be given to you during the initial SAM registration phase.

For detailed instructions on registering with SAM, please refer to this instructional document, linked [here](#).

20. Overview of Required Documentation

Please include the following documentation in PDF format with your application (*please place a checkmark in the spaces provided to indicate whether each form has been included with your application*):

- Current IRS W-9 Form for your business (this document is needed to process your grant payment from the City of Manchester) - *copy linked [here](#)*
- Documentation that shows gross annual receipts of \$2,000,000 or less and loss of revenue of 25% or more due to impact of COVID-19 pandemic. Acceptable documentation may include financial statements, invoices, summaries, profit and loss statements, and budget documents
- Documentation supporting how these grants funds will be used. Funds may be used to cover any eligible expense from **March 3, 2021** until date of application or current/future expenses along with documentation, as applicable (i.e., if applying towards employee wages, provide payroll records. If applying towards a purchase of supplies or inventory, provide receipt)
- Signed Application Certification - *copy provided as Attachment A*
- City Vendor Form - *copy provided as Attachment B*

21. Equal Credit Opportunity Notice

The City of Manchester practices equal treatment of clients and does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, marital status, disability, age or national origin in services or accommodations offered or provided to our employees, clients or guests.

Application Certification & Authorization to Release Information

I/We hereby authorize the release to City of Manchester and/or assigns of any information they may require at any time for any purpose related to my/our transaction with them and further authorize City of Manchester and/or assign to release such information to any entity they deem necessary for any purpose related to my/our transaction with them.

I/We hereby certify that all information in this application and all information furnished in support of this application, herein or at a later date, is valid and correct to the best of my/our knowledge. I/We also acknowledge that the grant approval process through City of Manchester is a public process.

By signing below, the business owner(s) certify in good faith to all of the following:

- Current economic uncertainty makes this grant request necessary to support the ongoing operations of my business.
- I certify that my business meets all of the eligibility criteria for this program to the best of my knowledge.
- I agree that funds will be used only for eligible activities, such as working capital to maintain payroll, make mortgage, lease, or utility payments, or purchase raw materials and inventory as required.
- I understand that I will be required to submit all associated paperwork to support the use of these funds including purchase orders, invoices, payroll records, or any other documentation as requested.
- I further certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that knowingly making a false statement to obtain this grant from the City of Manchester is considered fraud and will be pursued to the full extent of the law.
- I acknowledge that the eligible grant amount will be confirmed using business documents I have submitted.
- I acknowledge that any property taxes or fees, as well as all State and Federal taxes have been paid/ are current. Alternatively, I have included documentation of payment plans.
- I certify that I have not received, nor reasonably anticipate receiving, duplicative funding assistance for any activities described in the application and that I shall not receive funding assistance in excess of the cost of the activities described in the application. I agree that, if I receive any duplicative or excess funding, I shall repay the City using non-governmental funds for the entire amount of the duplicative or excess funding.

Applicant Signature

Date

Evaluated by: _____

Date: _____

ATTACHMENT B

City of Manchester, New Hampshire Vendor Information Sheet

The following information is required by the State of New Hampshire under RSA 282-A:7

NOTE: A signed and completed W-9 form must accompany this application.
Additional documentation may be required to set you up as a vendor.

Requesting Department:

Vendor Name:

Vendor's Physical Address:

All vendors must provide a
physical street address.

Vendor's Remittance Address:

Address where payment should
be mailed.

Vendor's Phone#

Vendor's Fax#

Contact Person:

Contact Email Address:

Vendor is a: (Please check one)

Sole Proprietor

Partnership

Corporation

 LLC*

Foreign Business/Person (NRA)**

What is the service/product provided?

*If you checked LLC please specify if the IRS classifies you as a sole proprietor, partnership or corporation

**If you are a foreign business or non-resident alien please provide a new, signed and completed W-8 form. (W-8 forms and instructions, as well as Publication 515 can be found at www.irs.gov)