

New Business RFP Cover Sheet

(This form must be fully completed and submitted with your proposal in response to the RFP)

OWNER'S CONTACT INFORMATION

First Name: _____ Last Name: _____

Home Address: _____

Phone Number(s): Work: _____ Cell: _____ Home: _____

Email Address: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

(Please include Zip)

Business Organization Type:

Sole Proprietor

Limited Liability Company

Partnership

Corporation

Partnership Ownership/Management:

Name:	Percentage:	Interest:	Owned:	Title:

Type of Business: _____ Years in Business: _____

Current Business Location is: owned _____ / leased _____

Mortgage/Lease payment (per month): \$ _____ Lease/Mortgage Expiration Date: _____

Average Gross Annual Receipts: _____ Average Net Annual Receipts: _____

Amount of Personal Funds Invested in the Business to Date: _____

Total Household Income over the previous twelve (12) months: _____

How many people did your business employ prior to COVID-19 (March 1, 2020) (include yourself): _____?

Full-Time: _____ Part-Time: _____

As of today: _____ Full-Time: _____ Part-Time: _____

Anticipated Job Retention (and/or rehiring) if awarded ARPA funds: Full-Time: _____ Part-Time: _____

BUSINESS OWNER DEMOGRAPHICS

Business Owner Age:

- 18 years – 29 years 61 years – 80 years
 30 years – 45 years 80+ years
 46 years – 60 years

Is your business Minority owned? Yes No*If so, please indicate:*

- American Indian African American/Black
 Cape Verdean Western Hemisphere Hispanic
 Aleut Eskimo
 Asian Women owned

Please indicate your veteran status:

- Disabled Veteran Other Protected Veteran
 Recently Separated Veteran Armed Forces Service Medal Veteran
 No Military Service Vietnam Era Veteran

APPLICATION REQUIREMENTS**COMMUNITY BENEFIT:**

Describe in detail how your entity creates community benefits (e.g. people served, jobs created, tax revenue generated, or other measurable indicators, etc.), and how the proposal will provide ongoing benefits with impactful, measurable outcomes. Please also describe in as much detail as possible how the proposal benefits the City's disadvantaged and disproportionately impacted minority and low income communities.

LEVERAGING PARTNERSHIPS AND RESOURCES:

Describe any plans your entity has for leverage partnerships, funding and other resources as part of this proposal to amplify and maximize the impact of ARAP funds to counter act the negative health and/or economic impacts of the COVID-19 pandemic.

MANAGEMENT AND REPORTING CAPACITY:

Describe your entity's experience and capacity to manage, implement, measure and report on grant deliverables and uses of funds. Include your plan for managing, implementing, measuring, and reporting in the event you receive a grant award under this RFP.

BUDGET AND FINANCIALS:

Please list and explain the total funding request for this grant using a budget narrative that breaks down the amount requested by line item. Proposers are strongly encouraged to request grant amounts that appropriately reflect their overall organization size, capacity, need, and alignment with ARPA’s intent. The City reserves the right to award an amount less than the total requested, in its sole discretion. Matching funds are not required, however, the City encourages proposals that involve matching funds and/or a combination of entities partnering to share resources and amplify the impact of ARPA funds.

Proposers must also list any funds received from federal COVID-19 aid packages to date. Note: The City reserves the right to prioritize awards for proposers who have not previously received federal loans or grants (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Shuttered Venue Operators Grant, Restaurant Revitalization Fund, or were funded through the City of Springfield’s CARES Act program or Prime the Pump Program). Proposers who previously received other Federal assistance are eligible for grants under this RFP so long as expenses are not duplicated.

Proposers must include the following financial documents with submissions in response to this RFP (label as “Confidential” to allow redaction): Tax Returns (State and Federal), Profit & Loss Statements (if business is or was in operation), and Balance Sheet Statements for the last two (2) years (if business was in operation).

If awarded a grant under this RFP, additional forms will be required (to be provided by the City): W-9 Form; Corporate Certificate/Vote of Corporation; Debarment Statement; Conflict of Interest Statement; Certificate of Insurance; Vendor Maintenance Form; Job Creation/Retention Form; Duns Number; and Payroll Backup.

COVID-19 IMPACTS

Please indicate the impacts your entity has suffered from COVID, according to the options below:

- | | |
|--|--|
| <input type="checkbox"/> Closure | <input type="checkbox"/> Increased Cleaning expenses |
| <input type="checkbox"/> Lack of access to financing or capital | <input type="checkbox"/> Payment of lease / rent |
| <input type="checkbox"/> Decline in patrons / customers | <input type="checkbox"/> Increased utility expenses |
| <input type="checkbox"/> Purchase of protective equipment / supplies | <input type="checkbox"/> Loss of employees |
| <input type="checkbox"/> Increased demand on telecommunication / internet | <input type="checkbox"/> Increased demand for services |
| <input type="checkbox"/> Forced contraction or delayed expansion of business | <input type="checkbox"/> Lower demand for services |
| <input type="checkbox"/> Other (please explain below) | |

Please provide a detailed narrative explaining the impacts selected above, and include any additional impacts not set forth above (please include a separate written submission if additional space is required for this response):
