

VT Economic Recovery Grant



For best performance of this application, please use the latest version of Chrome, Firefox, or Safari (on Mac OS).

Log-In Information

* User Name 

* Password 

- Register for: ACCD Grant
- Register for: Agriculture Grant (Dairy)
- Register for: Forestry Grant
- Register for: Hazard Pay Grant Program
- Register for: Vermont COVID-19 Arrerage Assistance Program (VCAAP)
- Register for: Vermont Temporary Broadband Subsidy Program
- Register for: Agriculture & Working Lands
- Register for: Healthcare and Services Grant Cycle 2

[Forgot Password](#)

[Log In](#)

Vermont Economic Recovery Grant Application



For best performance of the grant applications, please use the latest version of Chrome, Firefox, or Safari (on Mac OS). Please note that you will experience problems completing the application if using Internet Explorer/Microsoft Edge.

Welcome to the new application for the Expanded Vermont Emergency Economic Recovery Grant. Using funds provided by the Coronavirus Aid, Relief, and Economic Security “CARES” Act, this grant program will provide up to \$300,000 in financial support for eligible Vermont-based businesses and nonprofits.

Your organization may be eligible to receive grant funding even if your business has already received a Vermont Economic Recovery Grant from the Agency of Commerce and Community Development (ACCD) or the Department of Tax (Tax). The grant award cap of \$300,000 will apply to your total funding from the program, including any grants already received from this program.

The funds you are applying for are a grant from Coronavirus Relief Funds (CRF) CFDA # 21.019 Able to view the updated text on Performance on Cycle 2 Grant applications

Which Grant should I apply for?

* Did your business generate revenue before March 1, 2019?

- Yes
 No

If “No” – Registration

If “Yes”:

* Do you make Rooms & Meals and/or Sales & Use Tax filings on a monthly or quarterly basis?

- Yes
 No

If “No” – Registration

If "Yes":

* Does your business generate substantial revenues in addition to those that are included in your Rooms & Meals and/or Sales & Uses tax filings?

- Yes
- No

If "No" – Registration

If "Yes":

conomic Recovery Grant from the Agency of Commerce and Community Development (ACCD) or the Department of Taxation (Tax). The grant award cap of \$200,000 will apply to your total funding from the program, including any grants from other programs.

Selecting Your Grant Program

If the Applicant generates significant revenues that are not included in those that are reported in their Sales & Use or Rooms & Meals tax filings, they should consider applying for the ACCD Program. Grants from the Tax Program are primarily focused on the retail and hospitality sectors and only include revenues reported on Sales & Use and Rooms and Meals tax filings in calculating the grant amount. ACCD's Program includes revenue from all sources and therefore may offer a larger award. Applicants may only receive an award from one program.

[Select ACCD Program](#) [Select Tax Program](#)

Yes

REGISTRATION:

Before you apply, you need to register here:

Search Vermont Employer ID Number

Company

Can't find your EIN? [Add Company](#)

Applicant User Registration

* First Name

* Last Name

* Title

* Role

* Email

* Phone

* User Name ⓘ

* Password ⓘ

* Confirm Password

Register

ADD COMPANY:

Sales & Uses tax filings? ✕

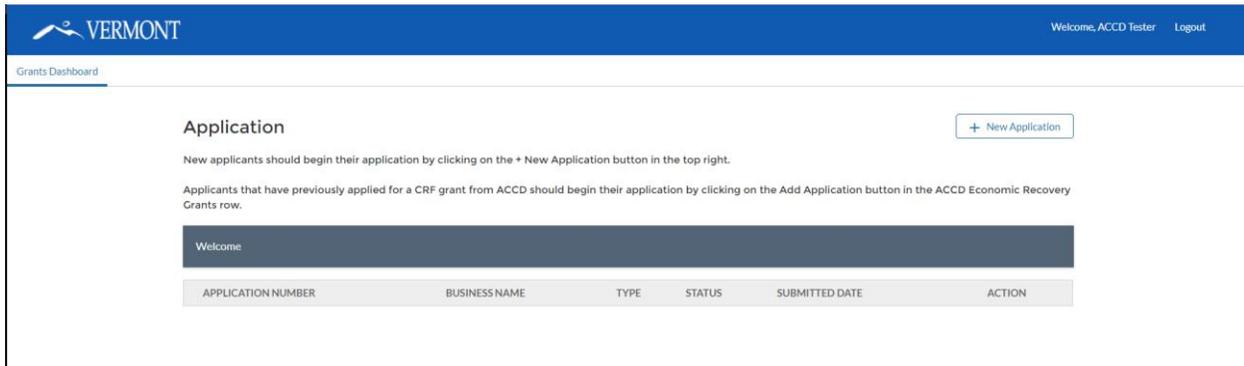
Yes

Add Company

<p>* Business Legal Name</p> <input type="text"/>	<p>DBA (Doing Business As)</p> <input type="text"/>
<p>* Street</p> <input type="text"/>	<p>* City</p> <input type="text"/>
<p>* State</p> <input type="text"/>	<p>* Zip</p> <input type="text"/>
<p>* Country</p> <input type="text"/>	

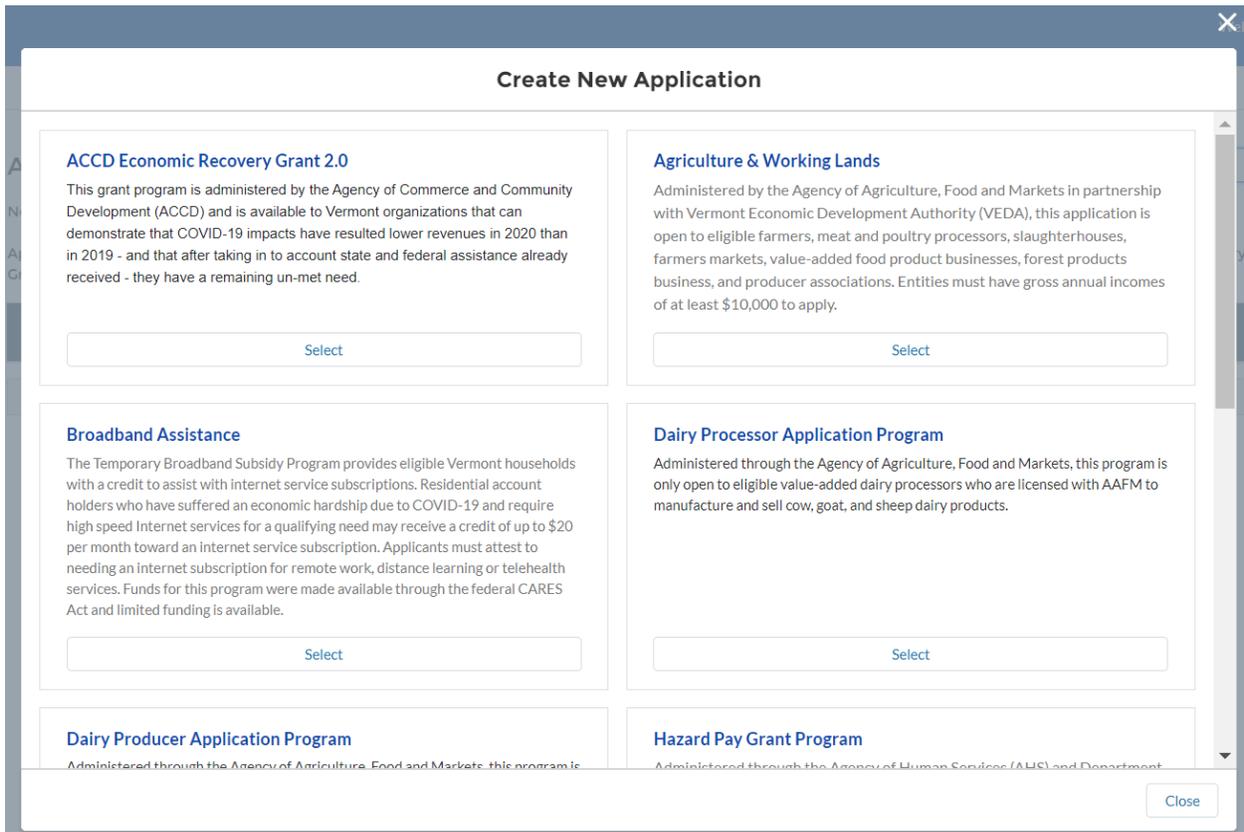
APPLICATION:

Dashboard:



The screenshot shows the Vermont Grants Dashboard. At the top left is the Vermont logo. At the top right, it says "Welcome, ACCD Tester" and "Logout". Below the header, there is a "Grants Dashboard" breadcrumb. The main content area is titled "Application" and includes a "+ New Application" button. Below this, there is a "Welcome" message and a table with columns: APPLICATION NUMBER, BUSINESS NAME, TYPE, STATUS, SUBMITTED DATE, and ACTION.

Click "+ New Application"



The screenshot shows a "Create New Application" modal window. It contains six application options, each with a description and a "Select" button:

- ACCD Economic Recovery Grant 2.0**: This grant program is administered by the Agency of Commerce and Community Development (ACCD) and is available to Vermont organizations that can demonstrate that COVID-19 impacts have resulted lower revenues in 2020 than in 2019 - and that after taking in to account state and federal assistance already received - they have a remaining un-met need.
- Agriculture & Working Lands**: Administered by the Agency of Agriculture, Food and Markets in partnership with Vermont Economic Development Authority (VEDA), this application is open to eligible farmers, meat and poultry processors, slaughterhouses, farmers markets, value-added food product businesses, forest products business, and producer associations. Entities must have gross annual incomes of at least \$10,000 to apply.
- Broadband Assistance**: The Temporary Broadband Subsidy Program provides eligible Vermont households with a credit to assist with internet service subscriptions. Residential account holders who have suffered an economic hardship due to COVID-19 and require high speed Internet services for a qualifying need may receive a credit of up to \$20 per month toward an internet service subscription. Applicants must attest to needing an internet subscription for remote work, distance learning or telehealth services. Funds for this program were made available through the federal CARES Act and limited funding is available.
- Dairy Processor Application Program**: Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible value-added dairy processors who are licensed with AAFM to manufacture and sell cow, goat, and sheep dairy products.
- Dairy Producer Application Program**: Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible dairy producers who are licensed with AAFM to manufacture and sell cow, goat, and sheep dairy products.
- Hazard Pay Grant Program**: Administered through the Agency of Human Services (AHS) and Department of Health Services, this program is only open to eligible employees of the State of Vermont who are employed in a position that is considered essential to the State's operations.

A "Close" button is located at the bottom right of the modal.

Select ACCD Economic Recovery Grant 2.0

ACCD Application

- 1 **Applicant Information**
- 2 Contact Information
- 3 Eligibility Information
- 4 Document Upload
- 5 Review
- 6 Certification
- 7 Thank You

Please complete information below for the applying entity.

Applicant Information

Enter Vermont Employer Identification Number (EIN) [?]

I cannot find my company

Business Legal Name [?]

DBA (Doing Business As)

* Is this business a non-profit organization?

Yes No

The Applicant is a 51 percent minority owned business.

The Applicant is a 51 percent women owned business.

* Did your organization begin operations in 2019?

Yes No

Application Information Form:

Please complete information below for the applying entity.

Applicant Information

Enter Vermont Employer Identification Number (EIN) ⓘ

I cannot find my company

Business Legal Name ⓘ

ACCD Testing Business 2.0

DBA (Doing Business As)

* Is this business a non-profit organization?

Yes No

The Applicant is a 51 percent minority owned business.

The Applicant is a 51 percent women owned business.

* Did your organization begin operations in 2019?

Yes No

* Since January 1, 2019, what is the maximum number of employees in your organization receiving income that is reported on a Form W2?

Please indicate the sector that your organization operates in by providing NAICS Code information in the fields below.* Non-profits please see instruction on the ACCD FAQ web page - [Click Here](#)

* NAICS Code ⓘ

Search by name or code

* NAICS Sub code

Search by name or code

* Please describe the impact that the COVID-19 pandemic has had on your organization's performance.

Tax Information (principally from your W9)

Please complete the below information based on your Form W9. A sample Form W9 and instructions can be found here <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

* Name (as shown on income tax return) - Box-1 from W9 ⓘ

Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 form W9

* Federal Tax Classification - Box 3 from W9 (Non Profit Orgs select Other) ⓘ

Select Federal Tax Classification

Exempt Payee Code (if any) ⓘ

Exemption from FATCA reporting code (if any) ⓘ

* Address (number,street, and apt. or suite no.) - Box-5 from W9

* City - Box-6 from W9

State - Box-6 from W9

Vermont

* County

Select County

* Zip - Box-6 from W9

Federal Employer Identification Number (FEIN) - Part-1 on Form W9 ⓘ

* Please select which of the following is most applicable to your business:

Select Your Business

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[Next](#)

Tax Information – If LLC:

* Federal Tax Classification - Box 3 from W9 (Non Profit Orgs select Other) ⓘ
Limited Liability Company ▼

Exempt Payee Code (if any) ⓘ

* LLC Classification - Box-3 from W9
Select LLC Classification ▼
C Corporation
S Corporation
Partnership

If Sole Proprietor – SSN Box Required:

Federal Employer Identification Number (FEIN) - Part-1 on Form W9 ⓘ

* Social Security Number ⓘ

If Non-Profit, select “Other” and complete Other Classification box

* Federal Tax Classification - Box 3 from W9 (Non Profit Orgs select Other) ⓘ
Other ▼

* Other Classification

Last Question Options:

* Please select which of the following is most applicable to your business:

Select Your Business ▼

- Childcare Provider
- Landlord
- Rental Service - Equipment, Storage
- Medical Service
- Veterinary Service
- Legal Services
- Other

Select Your Business ▼

Complete this field

CONTACT INFORMATION TAB:

Applicant Contact Information

[Add Contact](#)

Name	Role	Email	Primary	Action
ACCD Tester	Owner	accd.testers2.0@vermont.gov	<input checked="" type="checkbox"/>	

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Add Contact:

Applicant Contact Information ✕

Contact Information

* First Name

* Last Name

* Title

* Role

* Company or Organization

* Email

* Phone

[Close](#) [Save Contact](#)

ELIGIBILITY INFORMATION TAB:

Please complete the below questions to determine your organization's eligibility for funding.

Eligibility Information

* Is your organization domiciled, or does it have its primary place of business in Vermont?

Yes No

* Do you certify that your organization is currently open for business or can you certify that it is your intention to reopen when able?

Yes No

* Please enter your total revenues for 2019

i To annualize your revenue, divide the total revenue for the months that your business operated in 2019 by the number of months you were in operation. Multiply this monthly average by 12. For example, if your organization's 2019 revenue were \$10,000 and you were open for 4 months, then the calculation would be \$10,000 divided by 4 times 12 ($\$10,000 / 4 * 12 = \$30,000$).

* Does your business have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan?

Yes No

* Is your business currently in Chapter 7 bankruptcy?

Yes No

COVID -19 Revenue Impact

Please enter the total revenue for your organization for the period from March 1st to September 30th, 2019, or if your organization started after March 2019 please refer to the new business note below.

* Total 2019 (March 1st - September 30th) Revenue:

Please enter the total revenue for your organization for the period from March 1st to September 30th, 2020, or if your organization started after March 2019 please refer to the new business note below.

* Total 2020 (March 1st - September 30th) Revenue:

i If you began operations after March 2019, and used 7 months revenue, then enter the total revenue for the period March 1 to September 30th of 2020.

i If you entered less than seven-months of revenue in the previous question then enter the equivalent number of consecutive months of revenue within the period from March to September 2020. For example, if you began your business in November 2019 you would have entered revenue from November 2019 - February 2020 (4 months' worth of revenue) for the prior question. For the current question, enter 4 consecutive months of revenue generated anytime within the period March 1, 2020 - September 30, 2020. If you have questions, please call us at 802-828-1200.

Prior Benefits Information

* Has your organization received an SBA-backed Payroll Protection Program Award (PPP)?

Yes No

* Has your organization received an Economic Injury Disaster grant (EIDL)?

Yes No

* Has your organization received a Vermont Sole Proprietor Stabilization Program grant?

Yes No

* Has your organization received any other CRF grants (non-loan compensation) from any State of Vermont or Federal agencies?

Yes No

* Has your organization received proceeds from Business Interruption Insurance claims due to COVID-19?

Yes No

Previous ACCD Award Amount

Unmet Need Amount

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Ineligible Error:

Unfortunately based on your answer your organization does not qualify for a Vermont Economic Recovery 2.0 Grant.

If Revenues under \$22,000, follow-up question appears:

* Please enter your total revenues for 2019

 To annualize your revenue, divide the total revenue for the months that your business operated in 2019 by the number of months you were in operation. Multiply this monthly average by 12. For example, if your organization's 2019 revenue were \$10,000 and you were open for 4 months, then the calculation would be \$10,000 divided by 4 times 12 ($\$10,000 / 4 * 12 = \$30,000$).

* Did your business begin operation after January 2019?

Yes No

DOCUMENTS UPLOAD TAB:

Please upload the Required Documents and any Optional Documents that will aid in the evaluation of this application.

Required Documents

- * 2020 Income Statement Or drop files
- * 2019 Income Statement Or drop files
- * Federal Tax Return Or drop files
- * State Tax Return ⓘ Or drop files

Optional Documents

- Supplementary Document Upload ⓘ Or drop files
- Supplementary Document Upload ⓘ Or drop files

Upload Files

Upload Files

	2019FederalTaxReturns.pdf 33 KB	<div style="width: 100%; height: 10px; background-color: #00aaff; border-radius: 5px;"></div>	<input checked="" type="checkbox"/>
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1 of 1 file uploaded

APPLICATION REVIEW TAB:

Application Review

Applicant Information

Business Legal Name
ACCD Testing Business 2.0

DBA (Doing Business As)

Company Street Address
123 Any Street

Company City
Anytown

Company State
Vermont

Account Zip
05123

Is this business a non-profit organization?
 Yes No

Did your organization begin operations in 2019?"
 Yes No

Since January 1, 2019, what is the maximum number of employees in your organization receiving income that is reported on a Form W2?
20

The Applicant is a 51 percent minority owned business.
 Yes No

The Applicant is a 51 percent women owned business.
 Yes No

NAICS Code
31 - Manufacturing

NAICS Sub-Code
311813 - Frozen Cakes, Pies, and Other Pastries
Manufacturing

Please describe the impact that the COVID-19 pandemic has had on your organization's performance.
Test Application

Tax Information (principally from your W9)

Name (as shown on income tax return) - Box 1 from W9
ACCD Testing Business 2.0

Business Name \ Disregarded Entity Name \ DBA (Doing Business As) - Box 2 from W9

Federal Tax Classification - Box 3 from W9 (Non Profit Orgs select Other)
C Corporation

Exempt Payee Code (if any)

Exemption from FATCA reporting code (if any)

Address (number,street, and apt. or suite no.) - Box-5 from W9
123 Any Street

City - Box-6 from W9
Anytown

State - Box-6 from W9
Vermont

County
Orange

Zip - Box-6 from W9
05123

Federal Employer Identification Number (FEIN) - Part-1 on Form W9
991234567

Please select which of the following is most applicable to your business:
Other

Eligibility Information

Is your organization domiciled, or does it have its primary place of business in Vermont?

Yes No

Do you certify that your organization is currently open for business or can you certify that it is your intention to reopen when able?

Yes No

Please enter your total revenues for 2019
\$2000000

Does your business have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan?

Yes No

Is your business currently in Chapter 7 bankruptcy?

Yes No

Prior Benefits Information

Has your organization received an SBA-backed Payroll Protection Program Award (PPP)?

Yes No

Has your organization received an Economic Injury Disaster grant (EIDL)?

Yes No

Has your organization received a Vermont Sole Proprietor Stabilization Program grant?

Yes No

Has your organization received any other CRF grants (non-loan compensation) from any State of Vermont or Federal agencies?

Yes No

Our records indicate that your organization has already received the following total Corona Relief Fund (CRF) grants from ACCD
\$0.00

Other Total Non ACCD State and Federal Awards Amount
\$50,000.00

Has your organization received proceeds from Business Interruption Insurance claims due to COVID-19?

Yes No

COVID-19 Un-met Need Calculation

Total Monthly Revenues 2019 Period
\$100,000.00

Less: Total Monthly Revenues 2020 Period
\$2,000.00

COVID - 19 Revenue Impact
\$98,000.00

Less: Amount of Prior Benefit Assistance
\$50,000.00

Total Un-met Need
\$48,000.00

i Please be aware that your organization's actual award will be based on the un-met need calculation shown above, however, it may be less depending on the total demand Program and the amount of your organization's prior ACCD awards.

Contact Information

Name	Role	Email	Primary
ACCD Tester	Owner	accd.testers2.0@vermont.gov	<input checked="" type="checkbox"/>

Document Information

Required Documents

2020 Income Statement [↓ 2020IncomeStatement](#)

2019 Income Statement [↓ 2019IncomeStatement](#)

Federal Tax Return [↓ 2019FederalTaxReturns](#)

State Tax Return [↓ 2019StateTaxReturns](#)

Optional Documents

Supplementary Document Upload

Supplementary Document Upload

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CERTIFICATION TAB:

Certification

I have the authority to request payment from the State of Vermont on behalf of the business submitting this application. I am requesting payment of the grant amount, determined by ACCD, based on a portion of my business's un-met need but no more than \$300,000. This grant will be used to cover costs and lost revenues associated with the Coronavirus Disease 2019 (COVID-19) disaster, in accordance with section 601 of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020) ("section 601").

As required by federal law, the proposed uses of the funds provided will only be used to cover costs and provide economic support that—

- a. Are necessary costs/lost revenues related to the COVID-19 public health emergency; and
- b. Relates to necessary costs/lost revenues during the period from March 1, 2020 through December 30, 2020; and
- c. Are not covered by other federal grants or federally forgiven loans that the business has received. For additional information on this requirement, see "About Duplication of Benefits"

ACCD Testing Business 2.0 will report on revenue losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements of section 601.

To the extent that actual demonstrated need is less than the total grant award amount, ACCD Testing Business 2.0 agrees to return the amount by which the total grant award amount exceeds actual demonstrated need to the State of Vermont.

ACCD Testing Business 2.0 must repay the grant or portion of the grant to the ACCD if: any grant funds received were issued in error; are based on incorrect representations made to the ACCD; or any demonstrated need forming the basis of a grant award under this program are covered by other federal grants or federally forgiven loans received by ACCD Testing Business 2.0. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the ACCD.

ACCD Testing Business 2.0 shall maintain and make available to the State of Vermont and/or United States Department of the Treasury, upon request, all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Records must be maintained for 5 years after final payment is made using Coronavirus Relief Funds. Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

- a. General ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- b. Income and Budget records for 2019 and 2020;
- c. Contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
- d. Grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
- f. All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- g. All internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
- h. All investigative files and inquiry reports involving Coronavirus Relief Fund payments.

To the best of my knowledge, neither ACCD Testing Business 2.0 nor ACCD Testing Business 2.0's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds. Entities that are suspended and/or debarred will have received a notification letter from the Federal Government. Information on suspension and debarment can be found here.

<https://www.gsa.gov/policy-regulations/policy/acquisition-policy/office-of-acquisition-policy/gsa-acq-policy-integrity-workforce/suspension-debarment-division/suspension-debarment/frequently-asked-questions-suspension-debarment>

ACCD Testing Business 2.0 will submit reports as required by the State of Vermont, Agency of Administration, and/or ACCD.

ACCD may share the information on this grant, the status of this application, and grants that I have received and/or returned with other Vermont state agencies, and other Vermont agencies can share information with ACCD for the purpose of verifying ACCD Testing Business 2.0's eligibility for this or another grant or stimulus payment related to the COVID-19 pandemic or for the purpose of reporting on grant recipients.

All of ACCD Testing Business 2.0's tax returns are completed and filed through the date of application filing.

ACCD Testing Business 2.0 complies with local, state and federal labor laws.

ACCD Testing Business 2.0 is in good standing with the Vermont Secretary of State.

I agree to forfeit and return to the State the full amount of this grant upon receipt of a written determination by the Secretary of the Agency of Commerce and Community Development finding I failed to comply with Executive Order 01-20 related to the March 13, 2020, State of Emergency and the health and safety guidance issued by the Department of Health and the Agency of Commerce and Community Development, including most notably, but not limited to, the Work Safe guidance and the Cross State Travel quarantine requirements, with emphasis on capacity restrictions, requirements for certificates of compliance from guests, and visitor log requirements.

Under the penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding;
 - IRS has notified the payee that backup withholding applies.
3. I am U.S. citizen or other U.S. person (defined in the instructions); and
4. The FATCHA code(s) entered on this form (if any) indicating that I am exempt from FATCHA reporting is correct.

I attest, under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrepresentation of information is fraud and may subject me to disqualification from receiving further benefits, administrative penalties, and criminal prosecution.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By typing my name into this box, I hereby agree that this action constitutes my electronic signature.

* Attested by (must be business owner or principal, a US person)

* Date of Attestation

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[Submit](#)

SUBMIT APPLICATION:



Your application for a Vermont Economic Recovery Grant has been received. Your application number is 000002910

The Agency of Commerce and Community Development (ACCD) will be processing applications in the order that they have been received. You will be contacted by e-mail upon review of your application with a determination and next steps.

This email box is NOT monitored. For more information please visit the COVID-19 Recovery Resource Center. If you have questions, you may submit them here and a staff member will reply as soon as possible.

If you have not already, please subscribe to the ACCD COVID-19 Economic and Community Response Newsletter to stay informed as information and updates become available.

[Finish](#)

DASHBOARD:



Welcome, ACCD Tester [Logout](#)

[Grants Dashboard](#)

Application

[+ New Application](#)

New applicants should begin their application by clicking on the + New Application button in the top right.

Applicants that have previously applied for a CRF grant from ACCD should begin their application by clicking on the Add Application button in the ACCD Economic Recovery Grants row.

Welcome

APPLICATION NUMBER	BUSINESS NAME	TYPE	STATUS	SUBMITTED DATE	ACTION
000002910	ACCD Testing Business 2.0	ACCD Economic Recovery Grant 2.0	Submitted	10/21/2020	View