



Rockingham County
American Rescue Plan Act (ARPA)
Aid to Travel, Tourism and Hospitality Industries
Business Assistance Program
(Treasury Expenditure Category 2.35)

Program Description

The purpose of the Rockingham County Business Assistance Program is to support the local travel, tourism and hospitality industries by providing funding to those Rockingham County businesses that have incurred negative financial impacts due to the COVID-19 pandemic. Negative financial impacts include a reduction in revenues, business disruption or closure, event cancellation, increase in operating costs related to implementing COVID-19 prevention and/or mitigation measures or other cost increases related to the pandemic, and/or other similar circumstances during the pandemic that created an economic hardship. A preference shall be given to providing assistance to small businesses in Rockingham County that received little or no State of New Hampshire “Main Street” or federal Payroll Protection Program funds.

The Board of County Commissioners has approved the allocation of \$501,000 of its State and Local Fiscal Recovery Funds (SLFRF) awarded by the federal government as part of ARPA towards this Business Assistance Program. The allocation of program funds, made available under U.S. Treasury Expenditure Category 2.35, *Aid to Tourism, Travel, or Hospitality*, will be evenly distributed amongst the three Commissioner districts of Rockingham County. The program will provide assistance in the form of grants between \$1,000 and \$25,000.

If an applicant believes that an award greater than \$25,000 is warranted, it can appeal to the County Commissioners for such an amount, based upon the following:

1. Severity of negative economic impact due to the COVID public health emergency
2. The importance of the applicant’s business to the Rockingham County economy
3. The significance of mitigation actions taken by the applicant during the COVID pandemic for which no prior reimbursement funding from the federal or State government was received
4. Other relevant factors

Funding requests exceeding \$25,000 must be accompanied by sufficient additional justification and documentation for the higher requested amount to be considered by the Commissioners.

Application submission is required for Rockingham County staff to make a determination regarding applicant eligibility. Incomplete applications will not be considered as eligible submissions for financial assistance.

Submission of the application does not guarantee approval of the application or an award of funds. Ultimate approval of a financial award will be by majority vote of the County Commissioners held at a regularly scheduled Board of Commissioners meeting.



Rockingham County Business Assistance Program Funding Application

Application must be completed in full to be considered.

Submit complete application and any supporting information electronically to
cnickerson@co.rockingham.nh.us and aguittarr@co.rockingham.nh.us -or-
Mail – Rockingham County Finance Office, 119 North Road, Brentwood, NH 03833
Electronic submissions cannot exceed 10 MB in size.

GENERAL INFORMATION

1. Business Legal Name (if sole proprietor, enter first and last name):

2. “Doing Business As” Name, if different than Business Legal Name:

3. Business Address (Street, City, State, Zip Code)

4. Business Tax Identification Number (EIN, SSN, ITIN): _____

5. If applicable: DUNS number: _____

6. Business website: _____

7. Applicant Ownership: List all owners of 20% or more of the equity of the Applicant. If no owner has at least 20% ownership of the Applicant, you must list enough owners whose combined equity represents at least 20% of the ownership of the Applicant. Listed equity does not have to total to 100% of ownership. Attach a separate sheet if necessary.

Owner #1 Name: _____

- Owner #1 Tax Identification Number (EIN, SSN, ITIN): _____

- Owner #1 Percentage of Ownership: _____%

- Owner #1 Address _____

Owner #2 Name: _____

- Owner #2 Tax Identification Number (EIN, SSN, ITIN): _____

- Owner #2 Percentage of Ownership: _____%

- Owner #2 Address _____



Owner #3 Name: _____

• Owner #3 Tax Identification Number (EIN, SSN, ITIN): _____

• Owner #3 Percentage of Ownership: _____%

• Owner #3 Address _____

Owner #4 Name: _____

• Owner #4 Tax Identification Number (EIN, SSN, ITIN): _____

• Owner #4 Percentage of Ownership: _____%

• Owner #4 Address _____

Please answer the following questions:

1. The Applicant's business

- a. Is a State or local government-operated business: No Yes (if Yes, the Applicant is not eligible)
- b. As of March 13, 2020, owns or operates (together with any affiliated business) more than 20 locations, regardless of whether those locations do business under the same or multiple names. No Yes (if Yes, the Applicant is not eligible)
- c. Is a publicly-traded company (defined as an entity that is majority owned or controlled by an entity that is an issuer, the securities of which are listed on a national securities exchange) No Yes (if Yes, the Applicant is not eligible)

2. Please give a brief description of your business:

3. Is the Applicant's business *permanently* closed?

- No (Check "No" if you are temporarily closed or are actively working on opening)
- Yes (Applicant is not eligible)

4. Is the Applicant currently in bankruptcy?

- a. No (Applicant is eligible)
- b. Yes – Operating under an approved plan of reorganization under either a Chapter 11, Chapter 12 or Chapter 13 bankruptcy (Applicant is eligible)
- c. Yes – Filed for either a Chapter 11, Chapter 12 or Chapter 13 bankruptcy but no plan of reorganization has been approved (Applicant is not eligible)
- d. Yes – Filed for a Chapter 7 bankruptcy, is undergoing a liquidating Chapter 11, and/or is permanently closed (Applicant is not eligible)



ROCKINGHAM COUNTY, NEW HAMPSHIRE

5. Did the Applicant receive a loan as part of the Paycheck Protection Program (PPP) at any time in 2020 or 2021?

No

Yes

If Yes: How much did you receive? \$ _____

PPP Loan Number(s): _____

6. Did the Applicant receive a loan as part of the State of New Hampshire's Main Street Lending Program at any time in 2020 or 2021?

No

Yes

If Yes: How much did you receive? \$ _____

Loan Number(s): _____

7. Does the Applicant have affiliates?

No

Yes

6.(a) If yes, how many affiliates does the Applicant have?

6.(b) Please list each affiliate's legal business name (attach extra sheet if necessary):

8. Is the applicant operating under a franchise, license, or similar agreement?

No

Yes

9. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any State or Federal department or agency?

No

Yes

10. What date did you begin making sales/open operations? (Month, Day, Year)

11. How much are you requesting for your business? (Maximum request is \$25,000)



12. Purpose the funds will be used for (select all that apply):

- Business Payroll Costs
- Business Rent / Business Mortgage
- Business Debt Service
- Business Utilities
- Business Food and beverage expenses, including raw materials
- Business Maintenance Expenses
- Construction of Outdoor Seating
- Business Supplies
- Covered Supplier Costs
- Other Business Operating Expenses: please specify

13. Please describe specifically how your business was affected financially by the COVID-19 pandemic.

Grant funds cannot be utilized to offset the following costs:

1. Workforce bonuses other than hazard pay or overtime
2. Severance pay
3. Legal settlements
4. Damages covered by insurance
5. Property taxes
6. Personal activities/services that are unrelated to COVID-19

Please attach comparative financial statements and/or other documents (i.e. tax returns) that provide evidence of losses and/or negative financial impact during the COVID-19 pandemic.

Please attach an itemized budget showing how requested assistance will be utilized.

THE APPLICANT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. The information submitted to the County of Rockingham (“the County”) in this application, and substantially in connection with this application, is true and correct.
2. The applicant is in compliance with applicable laws, regulations, ordinances and orders.
3. The applicant is not in default under the terms and conditions of any grant agreements.



4. Any grant funds received from the County will not be re-granted to a different entity.
5. Any grant funds received from the County will not be used to reimburse expenses for which the entity is already receiving funds under a federal program.

THE APPLICANT ACKNOWLEDGES:

1. This application and other materials, or specific portions thereof, submitted to the County may constitute public records subject to disclosure under New Hampshire's Right to Know Law (RSA 91-A). The applicant may mark documents "confidential" as applicable if they contain sensitive information. Commercial, financial, confidential information (i.e. Tax Identification Numbers) and any other "exempt" information will not be part of the public record as applicable under the provisions of NH RSA 91-A.
2. Submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under this program, and the applicant or its representative may be subject to civil and/or criminal prosecution.

Signature of Authorized Representative of Applicant

Date

Printed Name: _____

Title of Authorized Representative: _____

Business Phone: _____

Email Address: _____

(If none, we will mail correspondence to the business' mailing address)