**Applicant / Business:**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID (EIN, SSN, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIFICATIONS:**

* If the Grant is awarded, receipts will be required to submit to the Division of Economic Development for proof of purchases. All purchases will have to be in compliance with the term and conditions stated by RI Commerce for the “Take it Outside Grant.” Note: Eligible Expenses may include the cost affiliated with purchasing, obtaining, delivering, installing, or otherwise enabling the use of the following: chairs, tables, heat lamps, tents, outdoor WiFi systems, masks, hand sanitizer, staffing, security, insurance costs related to specific outdoor activities, lighting, power sources, relevant signage, bike racks, and other costs affiliated with purchasing or obtaining goods or services that, in the Corporation’s sole discretion, and necessary to increase the proposer’s outdoor opportunities.
* Funding request total must be under $10,000.00.
* All grants will be awarded based on a scoring system and evaluated by the City of Cranston’s “Take It Outside” Review Committee.
* For small businesses, we will need them to self-attest that:
* (i) The applicant is a Rhode Island-based business.
* (ii) The applicant has less than $1 million in gross annual revenue in either 2020 or 2021;
* (iii) The applicant has been negatively impacted by the COVID-19 Pandemic
* (iv) The applicant is not disbarred in the federal System of Account Management (“SAM”).

**QUESTIONS:**

1. How Will You Take Your Business Outside? What is your concept? How will the funds be used? Please be specific. (40 points)

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1. Project Impact/Distribution of Total Project Costs. Please include a proposed line item cost list. Please be specific. (20 points)

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1. Have you received any other Take it Outside grant before? Yes\_\_\_ No\_\_\_\_ If yes, how much have you received? Please list the organizations from which you have received this funding. (20 points)

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1. Are you currently applying to any other community for the Take it Outside grant? Yes\_\_\_ No\_\_\_\_ if so where? (10 points)

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1. Are you in good standing with the City of Cranston Treasurer’s Office? Yes\_\_\_ No\_\_\_\_ (10 points)

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1. Is your business at least 51% owned by women and/or minorities? Yes\_\_\_ No\_\_\_\_
2. Did your business earned less than $1.0 million in gross revenues in 2020 or 2021 Yes\_\_ No\_\_
3. If so revenue range? Less than $100,000 \_\_\_ $100,000-$249,000\_\_\_ $250,000-$499,999\_\_\_\_

$500,000-$749,000\_\_ $750,000-$1,000,000\_\_\_\_

1. Additional Comments: (Optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REQUIREMENTS

* All reimbursement requests will be reviewed through on-site visits by the Division of Economic Development upon completion of the project. The applicant agrees to submit copies of all paid invoices / receipts and copies of all required permits and approvals to demonstrate compliance with the “Take It Outside” grant initiative.
* All completed reimbursement applications must be send by mail, it must be to the following address: Division of Economic Development at 869 Park Avenue, Cranston, RI 02910. Attn: Franklin J. Paulino. Or call 401-780-3166
* If you need products/services, please feel free to send an email to supplyri@commerceri.com with your request-please include number of items or a description of requested service. SupplyRI is available to assist you to fulfil your request. For any questions, please contact Doris Blanchard at doris.blanchard@commerceri.com

I certify I have the authority to apply for this grant on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the business as described herein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_