

Kenneth J. Hopkins

Mayor



Cranston City Hall

869 Park Avenue

Cranston, Rhode Island 02910

401-461-1000

Franklin J. Paulino

Director of Economic Development

City of Cranston Business Hours Impact Mitigation Grant Application

The City of Cranston Impact Mitigation Grant Application is designed to assist businesses that were affected by the construction on Park Avenue and Knightsville area. This grant aims to support businesses who were affected by challenges such as reduced customer traffic or operational disruptions.

- Financial Loss
- Access to Services
- Entrance Obstruction
- Operational Challenges
- Severe Impact to Business

To apply for the grant, businesses must provide detailed information about their operations, the specific impact of reduced hours, and how the funding will be used to mitigate these effects. This may include costs related to staffing, marketing, or enhancing service delivery during peak hours.

Applicants should prepare the following:

1. **A completed grant application questionnaire.**
2. **A brief description of the business, including its location, size, and services offered.**
3. **Evidence of the impact on business operations due to changes in hours (e.g., sales reports).**
4. **A budget outlining how the grant funds will be allocated.**

Applications will be reviewed based on the clarity of the impact described, the proposed use of funds, and the potential for the business to recover and thrive with the support of the grant.

For more information on eligibility requirements and application deadlines, please contact the City of Cranston's Economic Development Office.

To be submitted to the Office of Economic Development Director Franklin J. Paulino at Cranston City Hall 869 Park Avenue Cranston, Rhode Island 02910. For more info call (401) 780-3166

Name of Business:

Name of applicant:

Address:

Federal ID:

Telephone number:

Email:

Position:

Number of employees:

1. Is it your intention to apply to the City of Cranston for a grant?
2. Are all City of Cranston Taxes current as of this application?
3. Have you ever received a grant from the City of Cranston before?
4. Was your business affected by the construction and redevelopment of the Knightsville area?
5. If so, in 100 words or less, please describe the effect that it had on your business?

6. In 100 words or less, what would you intend to use this grant for, should you be approved?

In applying for this grant, the applicant must certify as to the truth and accuracy of the answers above. If any information which is provided shall be determined to be false or misleading, the application shall be denied, and the applicant shall be subjected to criminal prosecution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal on this one-page affidavit certifying its truth and veracity on this _____ day of _____, 2025.

Applicant

SUBSCRIBED AND SWORN TO on the _____ day of _____, 2025 in the City of Cranston, County of Providence, by _____, who is personally known to me, or has provided _____ as proper documentation of his/her identification, and he/she acknowledged that his/her signature is his/her free act and deed.

Notary Public - Signature

Notary Public - Print Name
My Commission expires

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

| | | |
|-----------|---|--|
| 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| 2 | Business name/disregarded entity name, if different from above. | |
| 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> | Requester's name and address (optional) |
| 5 | Address (number, street, and apt. or suite no.). See instructions. | |
| 6 | City, state, and ZIP code | |
| 7 | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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|---|--|--|--|--|---|--|--|--|--|
| Social security number | | | | | | | | | |
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| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties 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 has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | |
|------------------|--------------------------|
| Sign Here | Signature of U.S. person |
|------------------|--------------------------|

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "Other" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they