

Business Emergency Gap Assistance Program

Are you seeking an award to help fund the re-opening or restoration of your business? *

- Yes
- No

Please specify your business type: *

- Partnership
- Corporation
- Limited Partnership
- Limited Liability Corporation
- Trust
- Non-profit Organization
- Sole Proprietor
- Other

Number of full-time equivalent Vermont based employees prior to the loss event *

Legal Name of the Organization Seeking Assistance: *

Trade Name (if different from legal name)

Business Phone Number: *

Mailing Address Type *

- Business
- Home
- Temp
- Other

Address Lookup (Not valid for P.O. Box's)

Mailing Address Line 1 *

Mailing Address Line 2 (unit #, Apt #)

Mailing City *

Mailing State *

Mailing Zip Code *

Damaged Property Address Lookup (Not valid for P.O. Box's)

Damaged Property Address Line 1 *

Damaged Property Address Line 2 (unit #, Apt #)

Damaged Property City *

Damaged Property State *

Damaged Property Zip Code *

Damage Property Address County *

Date Business was established *

Business Property is: *

- Leased Owned

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Individuals to Contact for information necessary to process the application.

Primary Contact

First name *

Last Name *

Title or relationship to applicant *

Phone Number *

E-mail Address *

Organization *

Secondary Contact

Name

Phone Number

Title

E-mail Address

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Industry Sector:

Industry Sector: *

- Agriculture*
- Retail
- Accommodations and food services
- Manufacturing
- Services (professional, tech, scientific)
- Healthcare and Social Assistance
- Other (write in)

*Agriculture includes production and on farm processing, cannabis, and hemp growers

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Flood Impact Details

Please describe the physical damage that your business has sustained as a result of the flooding that occurred during July 2023. *
(1000 Character Limit)

Amount of estimated loss:

Real Estate: *

Machinery and Equipment *

Inventory *

Leasehold improvements *

If you rent your location, please describe the physical damage that your business is responsible for restoring versus those that are the responsibility of the landlord? *
(1000 Character Limit)

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Economic Injury

Please describe your economic injury: *
(1000 Character Limit)

Estimated revenue loss *

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Insurance and Other Relief

Do you have insurance coverage? *

- Yes No

Have you received any other relief funding? (For business restoration) *

- Yes No

Are there any existing, or anticipated, regulatory issues that will impact your ability to restore your property?
(1000 Character Limit)

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Required Documents

Upload documentation to support the physical damage to your business. Documentation must be uploaded that supports ALL claims of monetary damage for which you are seeking assistance.

Required:

IRS Form W-9: This must be signed within the last 6 months in blue or black ink (non electronic signature) *

Select files...

Most recently filed Federal Tax Return (or 990 if non-profit) or if you do not have a filed tax return upload your most recent profit and loss statement. *

Select files...

Proof of Ownership - If you are the owner of the property, you must upload proof of ownership (either a deed or your most recent property tax bill).

Select files...

Please upload photos of your physical damages (up to five photos) *

Select files...

You must submit as many of the following documents as are relevant to evidence the damage claims made in this application. The more evidence provided to support your claims, the faster your application can be processed.

Insurance Declarations and Certificates of Insurance for all policies held

Select files...

Insurance Adjusters Report

Select files...

Insurance Claim Application

Select files...

Vendor Estimates to Repair or Replace Damages - include physical structures, machinery, equipment, inventory, or supplies purchases, and/or actual paid expenses

Select files...

Lease Agreement

Select files...

Any Additional Supporting Documentation

Additional supporting documentation:

Select files...

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Attestations

An authorized signatory of the Applicant Organization must attest to the following by checking the box next to the statement:

1. I have the authority to request payment from the State of Vermont. *

2. To the extent that actual expenditures are less than the total award amount, Applicant agrees to return funds to the State of Vermont. *

3. Applicant must repay the award or portion of the award to the Agency of Commerce and Community Development if any funds received were issued in error; are based on incorrect representations made to the Agency; or any costs forming the basis of an award under this program are covered by other federal, state, non-profit grant awards and/or any funds received by the insurance claims. The applicant agrees 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 Agency of Commerce and Community Development. *

4. The applicant authorizes the State of Vermont to share data relevant to this award with Federal and State Agencies including but not limited to previously submitted W-9 data that is related to this award. The applicant understands that any amounts awarded are considered taxable income. *

5. The applicant authorizes the Agency of Commerce and Community Development to share the information on this award with other Federal and Vermont state agencies, local, tribal, and nonprofit organizations. The applicant authorizes my/our insurance company, bank, financial institution, or other related party to release to the Agency of Commerce and Community Development all records and information necessary to process this application. *

6. The Agency of Commerce and Community Development may release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations for the purpose of assisting the applicant with additional assistance. *

7. As the applicant of Business Emergency Gap Assistance Program (BEGAP) funds, I attest, under penalty of perjury, that all information provided in this application is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution. Any person who knowingly presents a false claim for payment to the State is at risk of criminal prosecution including up to five years imprisonment and a fine of up to \$10,000 and may also be liable under the Vermont False Claims Act for up to three times the amount falsely claimed plus a penalty of \$5,500 to \$11,000. *

8. Applicant acknowledges and agrees that BEGAP funds, and any and all information obtained by the State from the Party in connection with this application and grant award are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq. *

9. Applicant will submit reports as required by the State of Vermont, and/or Agency of Commerce and Community Development. Applicant, if awarded funds, will report on incurred expenses in a form and at a frequency prescribed by the State of Vermont. Within six months from the date of the grant award, applicants, will be required to submit to the State of Vermont receipts and proof of payment for all expenditures as evidence of physical damages awarded. Award applicants will need to submit a request for an extension in writing. *

Click to edit *



Signer's Name

Type

Draw

Upload

Clear

Date

08/01/2023

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Submit