

2021 Robust Retail: Citywide Grant

PAPERWORK BOOTCAMP



DSLBD
DEPT. OF SMALL & LOCAL BUSINESS DEVELOPMENT

House Keeping & Etiquette

DSLBD will:

- Record this session
- Make the recording & materials available (including the chat transcript)
- Answer questions at Inno.ED@dc.gov

We ask that you:

- Keep your line muted; the host may have to mute your line
- Ask any questions you have in the chat

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Download the official Request for Applications (RFA)

[www.https://dslbd.dc.gov/service/current-grant-opportunities](https://dslbd.dc.gov/service/current-grant-opportunities)

(Full legal instructions on the grant.)

Information Session

[https://dcnet.webex.com/dcnet/ldr.php?
RCID=e180808c91fa46dc88f0fa93fd743787](https://dcnet.webex.com/dcnet/ldr.php?RCID=e180808c91fa46dc88f0fa93fd743787)

Here is the link to the Information Session recording

Agenda


- What are the Robust Retail Grants?
- Why a Paperwork Boot Camp?
- How Does Robust Retail Eligibility Work?
- Deep Dive on Requirements
- Questions



Robust Retail Citywide Grant

2021 Robust Retail Citywide Grant

A robust retail sector is critical to maintaining the vibrancy of DC neighborhoods, but due to market realities of the past year, retail businesses are under threat of business decline and closure.



DSLBD intends to award up to \$7,500 per business to 106 businesses from the total \$800,000 in available funding.

This grant will be operated:

- As a reimbursement grant
- Awarded via lottery
- Open to DC retail businesses (that meet all eligibility requirements)



Why a Paperwork Bootcamp?

We have run paperwork boot camps for our grants for the last 2 years.

- Some of the required documents can be confusing but they are necessary for your business
- Document examples
- Information on how and where to obtain eligibility documents



How does Eligibility Work?



To be eligible:

- Businesses must submit all required documentation in advance of an application being entered into the lottery.
- All documentation is subject to verification
- 5 Document Uploads
- 9 Attestations regarding the applicant business

Let's Dig In



Eligibility Documentation Uploads Checklist

- FEIN
- Clean Hands Certificate
- Business License
- General Liability Insurance
- W-9

Federal Employment Identification Number (FEIN) or (EIN)



Number from
the Federal IRS
(FREE to get!)

Only get your
EIN from
www.irs.gov.

Notes on FEIN

- Referred to as an EIN or FEIN (the F is for Federal).
- Free to get, but it should be registered with DC's Office of Tax and Revenue for your Clean Hands.
- Make sure you don't miss a digit typing it in!


Cleans Hands Certificate



Certificate from
Office of Tax
and Revenue

Dated on or
after July 1,
2020

Sample Clean Hands Certificate

	Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue	1101 4 th Street, SW Washington, DC 20024
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Date of Notice: **dd/mm/year** Notice Number: L000


FEIN: **,***1
Case ID: **123345**

Business Name Inc
Main Address

CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT


Authorized By Marc Aronin
Chief, Collection Division

To validate this certificate, please visit MyTax.DC.gov. On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.

Notes on Clean Hands Certificate

- You have to be registered with OTR to get a business clean hands certificate
- OTR has offered guidance here:
<https://otr.cfo.dc.gov/page/certificate-clean-hands>
- Must request Clean Hands Certificate from www.mytax.dc.gov

Business License or Alternative Licensure

BBL (Basic Business License) Number from DCRA,

OR

Copy of other District licensure allowed in place of a BBL



Notes on Licensure

Business License number provided must be:

- A valid Business License Number for the DC retail location
- Verifiable against DCRA's business license database (<https://dcra.dc.gov/service/verify-basicbusiness-license>)
- Upload alternative licensure if a DCRA Basic Business License is not required (i.e. childcare, barbershops, salons)

Notes on Licensure

- The DCRA Small Business Resource Center (<https://dcrasbrc.ecenterdirect.com>) is the best place for support on licensure.
- Your corporate registration IS NOT licensure
- Alternative licensure might be issued by OSSE or DOH

General Liability Insurance

Certificate(s) of General Liability Insurance:



- Covering period of reimbursement requests, July 1, 2020 through January 28, 2021.
- Other forms of insurance are not accepted.

Sample Certificate of Insurance

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>		
PRODUCER	CONTACT NAME	
NAME OF INSURANCE CARRIER	PHONE (A/C, No. Ext.)	FAX (A/C, No.)
	E-MAIL ADDRESS	
INSURED	INSURER(S) AFFORDING COVERAGE	NAC #
	INSURER A: Insurance Company	2
	INSURER B:	2
	INSURER C:	4
	INSURER D:	
NAME OF BUSINESS	INSURER E:	
	INSURER F:	
<p>COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:</p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>		
RIGHT LIT	TYPE OF INSURANCE	LIMITS
A	GENERAL LIABILITY	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 250,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 250,000
		MED EXP (Any one person) \$ 250,000
		PERSONAL & ADV INJURY \$ 250,000
		GENERAL AGGREGATE \$ 250,000
		PRODUCTS - COM/OP AGG \$
	GEN'L AGGREGATE LIMIT AMOUNTS PER:	
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>	
A	AUTOMOBILE LIABILITY	
	ANY AUTO	COMBINED SINGLE LIMIT (EA ACCIDENT) \$
	ALL OWNED AUTOS	BODILY INJURY (Per person) \$
	SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS	PROPERTY DAMAGE (Per occurrence) \$
	HIRING AUTOS	(Per occurrence) \$
B	UMBRELLA LIAB	
	EXCESS LIAB	EACH OCCURRENCE \$
	CLAIMS-MADE	AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	
	ANY INDEMNIFYING CONTRACTS/EXECUTIVE OFFICERS/BOARDER EXCLUDED? (Mandatory on NW)	Y / N
	If yes, describe under DESCRIPTION OF OPERATIONS below	
		WC STATUTORY LIMITS \$
		E.L. EACH ACCIDENT \$
		E.L. DISEASE - EA EMPLOYEE \$
		E.L. DISEASE - POLICY LIMIT \$
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</p> <p>The Government of the District of Columbia, and its officers, employees, agents and volunteers are included as additional with respect to liability abilities arising out of the performance of services under the award. All rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors are waived.</p>		
CERTIFICATE HOLDER		CANCELLATION
Government of the District of Columbia		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
441 4th St NW Washington, DC 20001		AUTHORIZED REPRESENTATIVE
		Zoom

Notes on Insurance

- Must be General Liability.
- Other forms of insurance are great for your business, but not applicable here.
- Your banker may be able to recommend a broker, or another business may recommend a provider.

W-9 Form

- Prepared for tax reporting
- Current IRS W-9
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>



Sample W-9 Form

W-9 Form (Rev. December 2011) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.	
Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)				
	Business name/disregarded entity name, if different from above				
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____				<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)			Requester's name and address (optional)	
	City, state, and ZIP code				
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.					
				Social security number	
				[][] - [][] - [][][][][][][][]	
				Employer identification number	
				[][] - [][][][][][][][][]	
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).					
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 on page 4.					
Sign Here		Signature of U.S. person ▶		Date ▶	
General Instructions					
Section references are to the Internal Revenue Code unless otherwise noted.					
Purpose of Form					
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.					
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:					
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),					
2. Certify that you are not subject to backup withholding, or					
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.					
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.					
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:					
• An individual who is a U.S. citizen or U.S. resident alien,					
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,					
• An estate (other than a foreign estate), or					
• A domestic trust (as defined in Regulations section 301.7701-7).					
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.					

Notes on W-9

- Please ensure that it is signed and dated
- Only provide the FEIN and not a Social Security number
- The completed form must be dated within the last year.

Attestation Check List

- Business Size
- Business Operation
- Retail Business
- Applicant is Owner
- Qualified Reimbursable Expense
- No Double Dipping
- Accountability
- Electronic Funds
- Full Accuracy

Notes on Attestations

- In addition to providing eligibility documentation, applicants must make several attestations regarding the applicant business.
- It is important that applicants answer these attestations:
 - Accurately
 - Honestly
- Applicant is making a legal claim to the truth of these statements.

Business Size

Attest the business is small and independently owned, with 25 or fewer full time employees or full time equivalents (FTE)s.

Business Operation

Attest that the business is open and operating.
Businesses that are not open AND operating are not eligible.

Retail Business

Attest that the business is a retail location in DC.

Applicant is Owner

Attest that the applicant is the business owner.

Qualified Reimbursable Expenses

Attest the business will be able to provide full receipts and documentation of \$7500 of qualified business expenditures clearly made between July 1, 2020 and January 28, 2021 for expenses made when the business is/was covered under the general liability insurance provided.

No Double Dipping

Attest that the business has not been reimbursed for these receipts by another DC Government or other business grant, and if awarded will not request reimbursement for these same expenses from another grant source.

Accountability

Attest that the business has completed all reporting requirements for DSBLD and DC Government grants previously received and closed in the last 2 years.

Failure to complete reporting for previous DSLBD direct to small business grant rounds, including previous Robust Retail grants, will result in disqualification from this grant round.

Can Receive Electronic Funds

Attest that the business has a business bank account that can receive electronic funds transfer if awarded the grant.

Full Accuracy

Attest that all information provided in the application is true and accurate.

Eligibility Pre-Review

Applicants who complete eligibility documentation by or before January 8, 2021 at 2pm will receive a courtesy review and determination of their eligibility on a rolling basis

- Option to Save and Continue later
- Located on the top of the application

Question Policy

All questions not asked during an information or paperwork bootcamp session must be submitted in writing to Inno.ED@dc.gov

- No phone calls
- If you call, we will direct you to write an email to Inno.ED@dc.gov

Deadline

The final deadline is **January 28, 2021 at 2pm**
No Exceptions.

- **Question Deadline:** The last date to ask questions about the grant application is January 25, 2021 2 pm eastern.
 - Questions asked after this time cannot be guaranteed a response prior to application deadline

Questions