** City of Pawtucket:**

**Outdoor Capabilities and Activities Program**

This form is for Pawtucket establishments to use to apply for **supplies/equipment** to create or expand upon outdoor seating or improve their outdoor capabilities. Eligible organizations may apply for physical supplies that must be used to support outdoor capabilities. This grant program is sponsored by the City of Pawtucket and funded through a grant from the Rhode Island Commerce “Take It Outside Initiative”. This program **cannot** reimburse establishments for items purchased prior to the date of approval granted by the City. Approved establishments will have the City of Pawtucket purchase the supplies/equipment for them. Delivery/pick-up of supplies/equipment will be coordinated with each establishment.

**The maximum amount allowed per request is $8,000.** Examples of items that the City will fund include: Patio heaters/heat lamps, outdoor lighting, chairs, tables, tents or umbrellas, fencing, etc. Please note that an expansion of premise permit from the City of Pawtucket Clerk’s Office will be required if you would like to create or expand an outdoor seating area. Funding may be tentatively approved, pending permits from the City Clerk’s Office. (<http://www.pawtucketri.com/city-clerks-office>)

If you are proposing to improve an existing approved outdoor seating area **(but not creating or expanding on one)** then an *Expansion of Premise Permit* from the City will not be required. Please note that the City Council will need to approve any expansion of permit requests. Approvals for having outdoor entertainment (music, singing, etc.) requires additional approvals from the City.

Establishments must meet the following criteria to be eligible for funding:

* Must be a business located within the City of Pawtucket
* The business which is applying for this funding generated less than $1 million in either 2020 and/or 2021
* Must demonstrate negative impact from COVID-19 pandemic by attesting to one of the following:
  + Was forced to close or curtail its operations due to the pandemic or government order pertaining to the pandemic
  + Experienced a material supply chain delay or disruption that negatively impacted its operations
  + Experienced increased cost as a result of the pandemic
  + Forced to lay off workers as a result of the pandemic
  + Impacted by COVID-19 in some other way (must be explained )

**Submittal Requirements:**

Applicants must complete the **Application Form** below including the **Budget Sheet** and attach a **W-9** **Form**. Diagrams or concepts for any proposed seating areas are encouraged but not required. The City reserves the right to deny or reduce the amount approved for any line item in the budget. Applicants are welcome to submit additional attachments including a site map, letters of support, etc.

All establishments that receive supplies/equipment through this program are required to complete a “Project Evaluation Form”. The City will contact each establishment that receives funding in the months following their approval with the evaluation form.

We reserve the right contact applicants for clarification or additional information on their application. We reserve the right to partially fund requests. Applications will be accepted on a rolling basis but we encourage you to return applications ASAP in order to be considered. Funding for this program is limited.

The City is working with Rhode Island Commerce to establish the purchasing procedures for this program. Once the application has been submitted, it will be placed in a queue for review and all approved applicants will be informed of the purchasing and delivery process once they are in place.

**Applications and any attachments should be emailed to** [**ahebert@pawtucketri.com**](mailto:ahebert@pawtucketri.com)**.**

Please contact [ahebert@pawtucketri.com](mailto:ahebert@pawtucketri.com) or 401-728-0500 ext. 248 with any questions.

**Application Form**

**City of Pawtucket: Outdoor Capabilities and Activities Program**

What is the name of your establishment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of the establishment owner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the establishment’s address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best email to contact you at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best phone number to contact you at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this application to assist with the creation of a new outdoor seating area or improve upon an existing one?

How many additional seats will this request create if approved? (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the supplies/equipment you are requesting and how each will assist you in improving your outdoor capabilities/operations (you may use a separate sheet if more space is needed).

The business I operate which is applying for this funding generated less than $1 million in revenue in either 2020 and/or 2021 Yes  No

To be eligible for this funding you must demonstrate negative impact from COVID-19 pandemic by attesting to one of the following. Select any and all of the hardships which apply to your business:

* Was forced to close or curtail its operations due to the pandemic or government order pertaining to the pandemic
* Was forced to close or curtail its operations due to the pandemic or government order
* Experienced a material supply chain delay or disruption that negatively impacted its operations
* Experienced increased cost as a result of the pandemic
* Forced to lay off workers as a result of the pandemic
* Impacted in some other way. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby agrees that if their establishment is selected for funding, to adhere to the stated guidelines and reporting requirements. The undersigned affirms that the information stated in this application form is to the best of their knowledge accurate and correct.

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

Owner’s Name – Printed

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

Owner’s Signature Date

**Project Budget:**

**Please note that in order to efficiently secure the supplies you are requesting in a timely manner, the City of Pawtucket may request that we procure your requested type of supplies/equipment through the State’s *SupplyRI Program* rather than through your preferred vendor. This may result in substituting items of the same type. More information on the *SupplyRI Program* can be found** [**here**](https://www.supplyrhodeisland.com/)**.**

This program **cannot** reimburse establishments for items purchased prior to the date of approval granted by the City. Approved establishments will have the City of Pawtucket purchase the supplies/equipment for them. Delivery/pick-up of supplies/equipment will be coordinated with each establishment.

Please compete the budget form below listing all the supplies/equipment you would like to request, providing as much detail as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item you are Requesting** | **# of Units** | **Price Per Unit (Estimate)** | **Total (Estimate)** | **Source of quote (if applicable)** |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Totals** | **N/A** | **N/A** |  | **N/A** |

**There is an $8,000 limit per applicant\***

**Please include any additional budget/financial information you like to share below:**