# Vermont FPR Forest Economy Stabilization Grant Application Guide

## Introduction

This document provides information about how to apply for the Vermont Forest Economy Stabilization Grant (FESG). This application is for forest products businesses that meet the eligibility criteria.

#### **Summary of Steps**

- 1. <u>Register your business</u>
- 2. <u>Register as an applicant</u>
- 3. Applicant information
- 4. <u>Provide contact information</u>
- 5. <u>Determine your eligibility</u>
- 6. Provide information about other benefits you may have received
- 7. Upload relevant documents
- 8. <u>Review your application</u>
- 9. <u>Certify your application</u>

# **GET READY**

Before you begin, you will need the following documents or information to complete your application.

- A. Your Federal Employer Identification Number (EIN) or SS# for sole proprietors.
- B. Your Vermont Employer ID Number if you have one (used for Vermont Department of Labor filings).
   Providing this 7-digit number is <u>not required</u> but helps populate some of the application required fields. You can add your company manually if you don't have an ID Number.
- C. Tax information from your W9 form.
- D. The **NAICS code** for your company or organization found on your Federal tax return. *If you don't have one, <u>identify one</u> that matches your primary forest and wood products business activity.*
- E. The amount of previous compensation you have received to cover business interruptions due to COVID-19, if you have received any.
- F. Your Income Statements also called Profit and Loss for 2020 and 2019 by month (in PDF format).
- G. Federal and State Tax Returns for 2019, or the most recent year filed (in PDF format).



If you have questions about filling out the application, email us at <u>Forests.CovidResponse@vermont.gov</u>.

# **STEP 1: REGISTER YOUR BUSINESS**

#### **Confirm your Business is Eligible**

Review the FESG eligibility requirements and confirm your forests products business is eligible.



**TIP:** A '\*' next to a field designates that the field is required.

#### **Register your Business**

To access the application, you must register your business.

It is important to enter in **ALL** required information **CORRECTLY** upon applying. Any improperly submitted applications will be categorized as **INCOMPLETE**. If edits are required (incomplete documents, incorrect business ID information) you will receive an email with instructions for you to make those required edits, and you will need to resubmit your application. Since this is a first come, first serve grant, this will delay the review of your application.

**TIP:** The business name on your application must match the business name on your federal tax filings.



Before you apply, you need to register here:			
nent ID Number	Company		

Enter your **Vermont Employer ID Number** if you have one (used for Vermont Department of Labor filings). Providing this 7-digit number is not required but helps populate some of the application required fields. If you don't have one, you can add your company.

If you receive a red error message box:



	Add Company
Vermont Employer ID Number	* Business Legal Name
DBA (Doing Business As)	* Entity Type
	Select Entity Type 👻
* Street	* City
* State	• Zip
* Country	
	Cancel Add Company



# **Step 2: Register as an Applicant**

Enter information about the person completing this form.

* First Name	* Last Name
Title	* Role
	Select Role
' Email	* Phone
User Name	* Password
Confirm Password	

**User Name:** Your User Name must be in an email format (for example: <u>abc@xyz.com</u>). The system will automatically add '.**vtgrants**' to the end of it.

**Password:** Your Password must be greater than 10 characters and contain a letter, a number, and at least one special character

If you <u>do not enter</u> your User Name and Password in the correct format, the following error will appear:

6	* User Name	* Password
	jsmith	••••••
	Username must be in email format abc@xyz.com.	Your password must be greater than 10 characters contain a letter, number and at least one special character

TIP: Write down your User Name and Password. Your User Name will be the email you entered with



'.vtgrants' added to the end, e.g., smith@gmail.com.vtgrants

### **Step 3: Applicant Information**

#### **Create a New Application**

When you have registered, you will see the dashboard. Click the "+ New Application" button.

VERMONT							Welcome, Fred Forest	Logout
	Application					+ New Application		
	Welcome							
	APPLICATION NUMBER	BUSINESS NAME	TYPE	STATUS	SUBMITTED DATE	ACTION		

After clicking "+ New Application", you will see the grant selection page. Scroll down and select "Forest Economy Stabilization Grant."

Create New Application

ACCD Economic Recovery Grants	Dairy Processor Application Program
Administered through Agency of Commerce and Community Development, these grant orograms are open to all businesses in Vermont who can demonstrate revenue loss. Agriculture, forestry, healthcare, fulficare, summer comps, after school programs, and government entities should refer to their sector specific program(s) first.	Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible value-added dairy processors who are licensed with AAFM to manufacture and sell cow, goat, and sheep dairy products.
Select	Select
Dairy Producer Application Program	Hazard Pay Grant Program
Administered through the Agency of Agriculture, Food and Markets, this program is only open to eligible cow, gost, and sheep dairy farmers who are licensed with AAFM as one or more of the following: Certified Small Farm Operation; Small Farm Operation; Medium Farm Operation; or, Large Farm Operation.	Administered through the Agency of Human Services (AHS), this grant opportunity is open to certain public safety, public health, health care, and human services employers whose employees were engaged in activities substantially dedicated to mitigating or responding to the COVID-19 public health emergency during the eligible time period, March 13, 2020 through May 15, 2020
Select	Select
Health Care Provider Stabilization Grant	The Vermont Forest Economy Stabilization Grant
Administered through the Agency of Human Services, this grant program is only open to sligible healthcare providers.	Administered through the Department of Forests, Parks, and Recreation, this program is only open to eligible forest products businesses.
Select	Select

#### **Navigation**

Use the eight navigation steps to keep track of where you are in the application process. (Right image)

Use the navigation at the bottom right hand side of the screen to move about your application. Do not use your browser's back button. (Bottom image)



#### **Applicant Information**

Vermont FPR Forest Economy Stabilization Grant Application Guide v1.1

#### VERMONT

Forest Economic Stabilization Grants

1	Applicant Information	
2	Contact Information	
3	Eligibility Information	
4	Benefit Information	
5	Document Upload	
6	Review	
7	Certification	
8	Thank You	



Provide information about your business from your W9 form.



- As you are completing the application, hover your mouse over (1) the to learn more about the information field.
- It's important to make sure you enter your full legal business name as indicated on your W9, e.g., LLC or Inc.

Applicant Information	
Applicant Information	
Enter Vermont Employer Identification Number (EIN) 7884784	I cannot find my company
* Business Legal Name  Forestry Test account 2	DBA (Doing Business As)
Do you have any employees? Yes No	
* NAICS Code on Federal Tax Return  🕕	" NAICS Sub code
Q Search by name or code	Q Search by name or code
* Forest products business type	

#### **NACIS Code**

Fill in your business's NAICS code found on your federal tax return. If your NAICS code is not identified as a forest or wood products business, you will be asked to explain why and what your primary business activity is.

* NAICS Code on Federal Tax Return 🚯	/	* NAICS Sub code	
Q 11 - Agriculture, Forestry, Fishing and Hunting	8	Q 115115 - Farm Labor Contractors and Crew Leaders	٢
* If you do not have a forest and wood products NAICS code on your	r tax return, please explain why your NAICS code is not	a forest and wood products code, and what your primary business activity is? 🕚	
Forest products business type  🕕	P	lease fill out this field.	
	•		

All applicants will be asked to select their primary forest business type from the following drop-down list: **1.** manager (consulting forestry services), **2.** harvesting (logging contractor or maple sap producer), **3.** trucking, **4.** processing (sawmill, fuelwood producer, veneer mill, pellet mill), **5.** manufacturing, **6.** Distribution (lumber distributors and wholesalers or log and pulp concentration yards), or **7.** crafter.

#### **Tax Information**

Continue with the application by providing information about your business based on your W9 form. If you have questions about the fields in this section, please refer to the sample Form W9 and instructions link in the application.



If you don't have a Federal Identification Number (EIN), e.g., sole proprietor, you will need to provide your Social Security Number.

Tax Information (principally from your W9)	
Please complete the below information based on your Form W9. A sample Form W9 and instructions can be found here https://ww	w.irs.gov/pub/irs-pdf/fw9.pdf
* Name (as shown on income tax return) - Box-1 from W9	
Business Name \ Disregarded Entity Name \ OBA (Doing Business As) - Box 2 form W9	
* Federal Tax Classification - Box 3 from W9 🔹	
Select Federal Tax Classification	
Exempt Payee Code (if any)	Exemption from FATCA Reporting Code (iF any)
* Street - Bax 5 from W9	° City-Bax-6 from W9 🕚
State - Box-6 from W9 0	County
Zip-Bax-6 from W9	
Federal Employer Indentification Number (FEIN) - Part I from W9	Social Security Number 0
<sup>a</sup> Please select which of the following is most applicable to your business	
Select Your Business	

The question 'Please select which of the following is most applicable to your business:' is most likely, 'Other'.

### **STEP 4: PROVIDE CONTACT INFORMATION**

You can add additional people to be contacts for the application by clicking the **"Add Contact"** button. Please note that only the primary contact can edit and receive communications about the application. The other contacts may access the application but will not receive any emails about it. If you are a third party supporting several applications, you can register under one account and manage several application by adding "+ New Applications" and accessing them from the dashboard.

# **STEP 5: DETERMINE YOUR ELIGIBILITY**

You will now be asked a series of questions to further determine if your business is eligible. Read the questions thoroughly and click either **"Yes"** of **"No."** If your answer to the question makes your business ineligible, you will see the following notification. Remember to click on the information icon for details.

Eligibility Information
ligibility Information
your business primarily engaged in managing, harvesting, trucking, processing, manufacturing, crafting, or distributing forest or wood products? 0 Yes   No
Unfortunately, based on your answers to the eligibility questions, your business does not currently qualify for a Forest Economy Stabilization Grant. To search for other grant resources, visit accd.vermont.gov or arciculture vermont.gov(covidresponseresources)

#### **Eligibility Questions**



- Question 1: Is your business primarily engaged in managing, harvesting, trucking, processing, manufacturing, crafting, or distributing forest or wood products?
  - Primarily engaged in means more than 50% of the annual gross revenue in 2019 for the entity applying is derived from a forest product businesses.
- Question 2: Is any portion of the forest or wood products derived from Vermont forests?
  - This means that you must manage, harvest, haul, process, manufacture, distribute, or craft forest and wood products (or forests) derived from Vermont forests, but there is not a percentage test applied to the volume of work in, or product from Vermont.
- Question 3: Is your business domiciled or has its primary place of business in Vermont?
  - This means that the businesses principle place of business is in Vermont the address on your last Form W9 filed with the IRS must be Vermont.
- Question 4: Was your business open and active before February 1st, 2020?
- Question 5: What is your 2019 topline revenue on your income statement?
  - You can find you topline revenue in the following:
    - Partnerships: Form 1065 Line1c
    - Sole proprietorships: Form 1040, Schedule C Line 2
    - C-corporations: Form 1020 Line 1c
    - S-Corporations: Form 1020-S Line 1c
    - Nonprofits: Form 990, Line 9 or Form 990 EZ, line 2
    - Estate and Trusts (filing Federal Form 1041): Schedule C, line 2
    - Sole proprietors with rental income: Form 1040, Schedule E
    - Profit or Loss from Farming: Form 1040, Schedule F
- Question 6: Is not a business or organization, nor a subsidiary of a business or organization, nor owned by a business or organization, that reported more than \$20,000,000 in total revenue in 2019?
  - If your business is NOT one of the situations described and reported less than \$20,000,000 in total revenue in 2019, select "yes".
- Question 7: Do you certify that your business is open now, or if your business is currently required to be closed, that you intend to reopen your business when the guidelines of EO 01-20 allow you to reopen?
  - The Governor's Emergency Order of March 2020 creating the state of emergency can be found <u>here</u>.
- Question 8: Has your business experienced \$5,000 or more in total revenue loss in the months of March, April, May, June, and July of 2020 when compared to the total revenue in the same months of 2019?
  - This means that your business experienced a cumulative revenue loss of \$5,000 or more during the months of March, April, May, June, and July of 2020 compared to 2019.



- In addition to your 2019 financial statements and 2020 year to date financial statements, you will need to enter your business's revenue for these months for each year,2019 and 2020, in the application see below.
- If you choose not to report revenue for one month, e.g., July, you will need to put \$0 in both 2019 and 2020.
- Since your expenses may not be finalized for the month of July for several weeks, you can estimate expenses, but revenue will need to finalized, and you may be required to submit final expenses for July at a later date.

Month	2019 Revenue	2020 Revenue	
farch	•		
pril			
prii			
404			
ay .			
100	•		
June			
uly			

- Question 9: Does your business have any unpaid taxes with the Vermont Department of Taxes that are not currently in a payment plan?
- Question 10: Please enter the maximum number of employees you had at any point during the time of January 1<sup>st</sup>, 2020 to the day of application?
  - You can enter 0 or more employees.
- Question 11: Is your business currently in Chapter 7 bankruptcy?

# STEP 6: PROVIDE INFORMATION ABOUT OTHER BENEFITS YOU MAY HAVE RECEIVED

When you click **"Yes"** for any benefits you may have received, you will be asked to provide the amount of those benefits.



Benefit Information	
Benefit Information	
* Did you receive compensation from an insurance company for the covered business interruption due to COVID-19? Ves  No	
* Has your business received a SBA-backed Payroll Protection Program loan (PPP)? Ves  No	
* Has your business received an Economic Injury Disaster Loan (EIDL)?  Ves  No	
* Has your business received any other grants or non-loan compensation from any other federal program for damages incurred due to COVID-19? Ves  No	
* Have you received an economic recovery grant from the Agency of Commerce and Community Development; Agriculture, Food and Markets; Dept. of Tax; Working I  Yes O No	Lands Enterprise Initiative, or Other Vermont Agency?
* Other aconomic recovery grant compensation amount.	* Source of other economic recovery grants description.

# **STEP 7: UPLOAD RELEVANT DOCUMENTS**

Make sure your documents are in **PDF file format**.

Note: Please upload all the required documents.	
Document Uploads	
* 2020 Income Statement broken down by Month 🕚	
* 2019 Income Statement broken down by Month 0	▲ Upload Files Or drop files
* 2019 Federal Tax Returns	▲ Upload Files Or drop files
* 2019 VT State Tax Returns	

When all documents have been uploaded, click **"Next."** If you have made a mistake and need to delete a document, use the **trashcan** icon to delete and then upload a new document.

Document Uploads	$\mathbf{N}$	
2020 Income Statement broken down by Month 🕚	💼 P&LStatement.pdf	
2019 Income Statement broken down by Month 🕚	D&LStatement.pdf	
2019 Federal Tax Returns	💼 TaxReturn.pdf	
2019 VT State Tax Returns	💼 TaxReturn.pdf	

#### TIPS:

• If you are creating your income statements with QuickBooks, create a 'custom' report that revenue loss



and profit by month. Learn more.

- If your income statements, or Federal and State tax returns, are in the same PDF and you are unable to split them, upload the document twice.
- If you need to scan your documents, there are several free scanning apps that can be downloaded on your smartphone or tablet (Genius Scan, Adobe Scan).

#### **STEP 8: REVIEW YOUR APPLICATION**

Before completing your application, review all of the information provided to make sure all your information is correct. Remember to use the **"Back"** and **"Next"** buttons in the bottom righthand to navigate through the application.

### **STEP 9: CERTIFY YOUR APPLICATION**

Read the statements and attest to them by clicking each of the boxes. Sign by typing your name. The current date will be filled into the form with your signature. When complete, click **"Submit"**.

	Certification	
I whether the base of Vermons in the units dependent of the state data is dependent of the state data is dependent of the state is dependent of t	* I have the authority to request payment from the State of Vermont on behalf of the business submitting this application. I am requesting payment demonstrated total lost revenue between the months of March, April, May, June and July of 2020 when compared to 2019	nt of the grant amount, determined by the Agency of Natural Resources and the Vermont Economic Development Authority, equal to the amount of
<pre></pre>	• I understand that the State of Vermont will rely on this certification as a material representation in making this grant award.	
A register by fearling to the paper late, t	* I agree to have my information shared within state government and the state's contracted entities to process this grant and manage grant progra	ams.
A Ansessary specific function of a tota to the path is that the parenet of the path is that the parenet of the path is the pat	* As required by federal law, the proposed uses of the funds provided will be used only to cover those costs that:	
A set to the bulkers achieved by the provide protect protect of the protect by	A. Are necessary expenditures incurred due to the public health emergency with respect to the COVID-19 public health emergency. B. Relate to necessary costs/lost revenues during the period from March 1, 2020 through December 30, 2020. C. Were not accounted for in the state budget most recently approved as of March 27, 2020. D. Were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020. E. Are not covered by other federal grants or federally forgiven loans that the business has received. For additional information on this require.	rement, see "About Duplication of Benefits" at https://taxvermont.gov/covid-19/duplication-of-benefits.
A Argument function construction requested to income of progression readers of the large license of a sequence of the large license is a sequence of the large license of the lar	*	
<pre></pre>	A. Any grant funds received are based on incorrect representations made on this application or to the Agency of Natural Resources or the Ve received by the business. See "About Duplication of Benefits" at https://asovernont.gov/covid-19/duplication-of-benefits for how this will be B. Further, to the extert for threaven and exposes are less than the total award amount. I agrees to return the balance of unspect funds to the C. Expenses covered by the funds received under this grant application/award have not been and will not be recovered using any other source.	ermont Economic Development Authority related to this application, or Any grant funds that are covered by other federal grants or federally forgiven loans e determined. I agree that the final determination of whether there has been a duplication of benefits will be made by Agency of Natural Resources. E state of Vermon, Secretary of Administration's Office.
here:	* To the best of my knowledge, as of the date that this Application is signed, neither Party nor Party's principals (officers, directors, owners, or part supported in whole or in part by Federal funds. Entities that are suspended and/or debarred will have received a notification letter from the Federal G	tners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs overment. Information on suspension and debarment can be found
<pre></pre>	here.	
<ul> <li>attest, under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrepresentation of information is fraud and may subject me to disqualification from receiving further banefits, administrative penalties, and criminal presentation.</li> <li>a lan lanitaria all records pertaining to performance under this agreement. "Records means any written or recorded information, regardless of physical form or characteristic, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a manable for the means the means that the means any written or recorded information, regardless of physical form or characteristic, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a manable state of the s</li></ul>	If the application results in the avarding of Federal grant funds, I will complete the Subrecipient Annual Report annually within 45 days after its of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required. For fixed as must be conducted in accordance with 2 CFR Chapter I, Dars 200, Subgart F. The Subrecipient Annual Report is required. The submitted with the submitted on the submitted with a submitted wither a submitted with	fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, I will submit a o are ending on or after Dexember 23, 2013, a Single Audit is required if the subrecipient expends 3750,000 or more in Federal assistance during its fiscal year think 36 days, whether or not Single Audit is required.
<ul> <li>Ishall maintain all records pertaining to performance under this agreement. Records 'means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records 'means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records 'means any written or recorded uning the period of the Agreement and for five years therafter or for any period required by law for inspection by any authorized representatives of the State or Federal Company, and the segarant funds by December 30, 2020.</li> <li>In critify that explicant is in good standing with the Vernont Department of Taxes.</li> <li>In critify that Applicant agrees to pend these grant funds by December 30, 2020.</li> <li>In critify that Applicant agrees to pend these grant funds by December 30, 2020.</li> <li>In critify that Applicant agrees to pend these grant funds by December 30, 2020.</li> <li>In critify that Applicant agrees to pend these grant funds by December 30, 2020.</li> <li>In critify that Applicant set and federal labor laws.</li> <li>In critify that Applicant set and federal labor laws.</li> <li>In critify that Applicant is no distanding with the Vermont Secretary of State.</li> <li>In the number shown on this form is my correct taxayser identification number (or I an walking for a number to be issued to me); and</li> <li>In an subject to backup withholding because; (a) I am exampt from EACHA reporting is correct.</li> <li>Is Shas nothed the paynee that hackong withholding, or (b) thave 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 notified me that I is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS</li></ul>	* I attest, under penalty of perjury, that all information provided on this form is true and accurate. Further, I understand that intentional misrep prosecution.	presentation of information is fraud and may subject me to disqualification from receiving further benefits, administrative penalties, and criminal
<ul> <li>Applicant agrees to spend these grant funds by December 30, 2020.</li> <li>I certify that the applicant is in good standing with the Vermont Department of Taxes.</li> <li>I certify that Applicant is ubmitted financial statements are true and correct.</li> <li>I certify that Applicant is in good standing with the Vermont Secretary of State.</li> <li>I certify that Applicant is in good standing with the Vermont Secretary of State.</li> <li>I certify that Applicant is in good standing with the Vermont Secretary of State.</li> <li>I certify that Applicant is in good standing with the Vermont Secretary of State.</li> <li>I certify that Applicant is in good standing with the Vermont Secretary of State.</li> <li>I not subject to backup withholding because: (a) I am exampt from backup withholding. or (b) I have not been notified by the Internal Revenue Service (IR5) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I an subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I and subject to backup withholding as a result of a failure to report all interest</li></ul>	Ishall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of t Government. If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all itigation, claim.	f physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a mach phy Agreement and for five years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal ims or audit findings involving the records have been resolved.
C leartify that the applicant is in good standing with the Vermont Department of Taxes. C leartify that Applicant complex with local, state and federal labor laws. C leartify that Applicant's submitted financial statements are true and correct. C leartify that Applicant is in good standing with the Vermont Secretary of State. C Information on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. Jam not subject to backup withholding because; (o) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IR5) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding is a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding is a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding is a result of a failure to report all interest or dividends, or (c) the IRS notified me that I longer subject to backup withholding as a result of a fail	<ul> <li>Applicant agrees to spend these grant funds by December 30, 2020.</li> </ul>	
	* I certify that the applicant is in good standing with the Vermont Department of Taxes.	
	* I certify that Applicant complies with local, state and federal labor laws.	
Certify that Applicant is in good standing with the Vermont Secretary of State. Under the penalty 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 notified me that I longer subject to backup withholding. Science or ther US person (dhem din the instruction); and 3. I am US, Stience or ther US, Sperson (dhem din the instruction); and 4. The FATCHA code(s) entered on this form (if any) indicating that I am exempt from FATCHA reporting is correct. By Upping my name into this box. I hereby agree that this action constitutes my electronic signature. Attested by (must be business owner or principal, a US person) Center of Attestation Center of Attestation	* I certify that Applicant's submitted financial statements are true and correct.	
Onder the penalty of perjury. I certify that:     I. 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     I. 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     I. 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     I. 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     I. 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     I. The Shan notified the payee that backup withholding, or (c) the IRS notified me that I     I. Shan notified the payee that backup withholding that I am exempt from FATCHA reporting is correct.  By typing my name into this box, I hereby agree that this action constitutes my electronic signature.  Attested by (must be business owner or principal, a US person)     Correct Cor	* I certify that Applicant is in good standing with the Vermont Secretary of State.	
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 notified me that I longer subject to backup withholding. So it is not the intervention; and 4. The FATCHA code(s) entered on this form (if any) indicating that I am exempt from FATCHA reporting is correct. By typing my name into this box, I hereby agree that this action constitutes my electronic signature. Attested by (must be business owner or principal, a US person)	* Under the penalty of perjury, I certify that:	
by typing my name into this box, I hereby agree that this action constitutes my electronic signature.  Attested by (must be business owner or principal, a US person)  Date of Attestation  Date of Attestation	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     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     longer subject to backup withholding:         Shan solfied the payse that backup withholding applies.         All am U.S. oftican or other U.S. person (defined in the instruction); and         A. The FATCHA ceporting is correct.	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 notified me that I and
Attested by (must be business owner or principal, a US person)       * Date of Attestation	by typing my name into this box, i nereby agree that this action constitutes my electronic signature.	
	* Attested by (must be business owner or principal, a US person)	* Date of Attestation



#### After submitting, record your application number, then click "Finish".

Your application for a Vermont Forest Economy Stabilization Grant has been received. Your application number is 0000000997.		
The Agency of Natural Resources (ANR) and the Vermont Economic Development Authority (VEDA) will be processing applications in the order that they have been received. You will be contacted by e-		+ New Ap
mail upon review of your application with the determination and next steps. If you would like to check the status of your application, you may log in to the application portal to see your current status in your dashboard. If you have questions about the Vermont Economic		
Recovery Grant Program, contact us using our "Economic Recovery Grants Live Chat" feature located on the Economic Recovery Grants web page at https://accd.vermont.gov/covid- 19/economic-recovery-grants/. DO WE HAVE THIS CAPABILITY FOR FESG?	TE	ACT
If you have not already done so, please subscribe to the Agency of Commerce and Community Development COVID-19 Economic and Community Response Newsletter to stay informed as information and updates about the state response to COVID-19 become available.		0

After you click "Finish", you may review your application by clicking "View."

Your application will be added to the queue and reviewed by FPR in the order it was received. You will receive a confirmation email after you submit your application; check your spam filter if you do not receive it within a few minutes. An FPR staff member will reach out to you at the contact information you provided only if there are questions about your application. You will be notified of the decision via email to the primary contact as soon as practicable.

### If you have questions about filling out the application, email us at <u>Forests.CovidResponse@vermont.gov</u>

