



**Town of Londonderry**  
**"CRCAR" Program**  
**Application for Assistance**

**Section 1 (Background Information)**

- 1.1 Name of business ("Applicant"): \_\_\_\_\_
- 1.2 Address and phone number: \_\_\_\_\_
- 1.4 Email Address: \_\_\_\_\_
- 1.5 Type of business: \_\_\_\_\_
- 1.6 Authorized agent: \_\_\_\_\_
- 1.7 Number of employees: \_\_\_\_\_
- 1.8 Total funds sought: \_\_\_\_\_

**Section 2 (Certifications)**

- 2.1 I hereby certify that the following statements are true and correct to the best of my knowledge and belief:
- (A) On behalf of the above business, I seek reimbursement for funds actually expended by such business to prevent, prepare for, or respond to the coronavirus. I attach receipts evidencing such expenses as well as a W-9 form so that the Town may process payment of any grant award.
- (B) The information supplied in Section 1 is true and correct.
- (C) The above business has not received reimbursement from any other source for the expenses for which it seeks reimbursement.
- (D) The expenses for which reimbursement is sought were incurred after March 1, 2020 and before the application deadline solely as a result of the coronavirus pandemic.
- (E) I have actual authority to act on behalf of the above business.
- (F) I have read and I understand the Instructions and Definitions applicable to this Application.
- (G) I understand that funds awarded may be subject to audit, and if any statements contained in this Application are not true, awarded funds will be subject to recapture.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and title

## Instructions and Definitions

- 1.1 **Name of business.** The registered name of the business or, if a sole proprietorship or a common law partnership, the name under which the entity does business.
- 1.2 **Type of business.** Sole proprietorship, partnership, limited partnership, corporation, limited liability company, professional entity, or other form of association.
- 1.3 **Authorized agent.** I am the sole proprietor, or a partner, limited partner, general partner, managing member, member, or shareholder, or an officer, and I am actually authorized to submit this application on behalf of the business.
- 1.4 **Number of employees.** “Number of employees” means the measure of the average employment of the business and means its average employment, based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. If a business has not been in existence for 12 months, “number of employees” means the average employment of the business during the period that such business has been in existence based on the number of persons employed during each of the pay periods of the period that such business has been in business. Only businesses or entities with 50 or fewer employees are eligible for assistance.
- 1.5 **Total funds sought.** Reimbursable expenses are funds actually expended by the Applicant to prevent, prepare for, or respond to the coronavirus. Without limiting the foregoing, the Town expects that awards will be made for expenses such as the following: tents, barriers, tables, chairs, and other expenses related to outdoor dining; Plexiglas barriers and other physical alterations made to comply with social distancing practices; thermometers and other testing equipment to screen entrants; personal protective equipment; cleaning or sanitation expenses; and other expenses within the scope of the foregoing controlling language. Reimbursement shall not be awarded for lost revenue.
- 1.6 **Due Process.** The Town Council has delegated to a committee comprised of: the Town Manager; the Assistant Town Manager; and the Assistant Town Solicitor (the “Awards Committee”), to be chaired by the Town Manager, the initial duty to approve or deny applications for assistance and relief made under the CRCAR Program, consistent with Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act. Should an Applicant disagree with a decision of that committee, appeal may be made to the Town Council.
- 1.7 **Award Process.** The Town Council has allocated the sum of \$75,000 to the CRACR Program. **The application deadline is September 24, 2020 at 5:00 PM and completed applications (INCLUDING all receipts and a completed Subsitute W-9 Form, attached hereto) must be RECEIVED by 5:00 PM on September 24, 2020 to be considered.** You may email an electronic copy to [kbrown@londonderrynh.org](mailto:kbrown@londonderrynh.org) or submit an original to Kirby Brown (2<sup>nd</sup> Floor) at Town Hall. After that date, the Awards Committee shall meet and approve or disapprove all applications based upon the foregoing requirements and any other requirements imposed by law. Grants shall be made fairly and equitably, in the exercise of the Awards Committee’s discretion, proportionally with the applications received. The committee shall not be obligated to expend the entire sum allocated by the Town Council.



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**SUBSTITUTE W-9**

Pursuant to **Internal Revenue Service** regulations, you must furnish your Taxpayer Identification Number (TIN) to the Town of Londonderry. If this number is not provided, you may be subject to a 28% withholding on each payment. To avoid this 28% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Owner's Name (if Sole Proprietor) \_\_\_\_\_  
Legal Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9 Digit Taxpayer Identification**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Business Designation — You may select more than one**

_____ Individual	_____ Sole Proprietorship
_____ Partnership	_____ Estate/Trust
_____ Corporation	_____ Personal Service Corporation
_____ Governmental Entity	_____ Non-Profit Organization
_____ LLC	

**Principal Business Activity — List Type of Service or Product Provided**

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

Under penalties of perjury, I declare that the information provided is true, correct and complete to the best of my knowledge and belief.

Name and Title (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: For timely payment, please fill out and return ASAP. You may fax.**