



# The City of **WORCESTER**

## **Outdoor Dining Grant Program**

### **INTRODUCTION:**

The City of Worcester recognizes that outdoor dining has become critical during the pandemic for the success of our local restaurants and bars. The City of Worcester (City) has established the Outdoor Dining Grant Program to support restaurants, bars, and other food establishments on a reimbursement basis to safely expand outdoor dining options. These grant funds will assist food related businesses to enhance, expand or establish new outdoor dining options. Examples include sidewalk cafes, newly created courtyards, parklets, and use of off-street parking areas.

### **ELIGIBLE APPLICANTS:**

- Owners of licensed restaurants, bars or food-related business physically located within the City of Worcester.
- Businesses must either already have, or plan to apply for a Permanent/Temporary Extension of Premises for Outdoor Dining, or Alteration of Premises request with the Worcester License Commission.
- If restaurant serves alcohol, restaurant must be in good standing with the City of Worcester's license commission and the Massachusetts Alcoholic Beverage Control Commission (ABCC).
- Business must be current on Federal, State and Local Taxes.
- Preference will be given to disadvantaged businesses.

### **INELIGIBLE APPLICANTS:**

The City reserves the right to reject any application that is incomplete or does not meet the Program Requirements in the sole opinion of the Economic Development Department, including Planning and Regulatory Services & Business and Community Development Division. In addition, the City may decide on a case-by-case basis to reject any application that does not meet and advance the goals of this Program.

### **APPROVED USES OF FUNDS:**

1. Outdoor partitions or barriers for spacing (includes vehicle safety barriers)
2. Outdoor cover (tents, gazebos, umbrellas, canopies, igloos etc)
3. Outdoor heating equipment (fuel is not eligible expense)
4. Outdoor lighting fixtures
5. Outdoor furniture (tables, chairs, picnic tables)
6. Outdoor planters

### **AMOUNT OF FUNDING:**

Program Total - \$50,000

Funding Per Business: \$2,000 maximum

## **WHEN TO APPLY:**

Grant Open Date: **April 5, 2021 9:00am**

Grant Close Date: **April 16, 2021 5:00pm**

**Applicants will be notified of their grant status by April 30<sup>th</sup>, 2021.**

## **REQUIRED SUBMISSIONS:**

1. Statement about intended use of grant funds
  - a. Quotes for items to be purchased
  - b. Site plan for outdoor dining area
  - c. A brief budget
2. Completed IRS W-9 form.
3. A copy of the most recent business tax returns (2019 if 2020 is not filed), or most recent personal tax returns for Sole Proprietors.
4. Businesses have 30 days after delivery of equipment to provide photographs of new outdoor dining area with equipment purchased with grant funds and the economic impact of increased outdoor dining options.

## **REIMBURSEMENT:**

If awarded a grant, businesses should expect to submit paid invoices of equipment purchases after signing a Grant Agreement. Reimbursement will take approximately 2-3 weeks after a reimbursement request is submitted to the City.

### **For Example:**

Grant Agreement signed on **May 5, 2021.**

Business owner can only make purchases (they expect to be reimbursed for) **after May 5, 2021.** After purchases, Business owner will submit a reimbursement request to the City with paid invoices and photographs of purchases.

After 2-3 weeks of processing that request, City will send business owner reimbursement check.

## **CONTACT INFORMATION:**

For further information pertaining to this program, please email Vaske Gjino at [GjinoV@worcesterma.gov](mailto:GjinoV@worcesterma.gov)

***PROGRAM APPLICATION ON NEXT PAGE***

**City of Worcester  
Outdoor Dining Grant Program Application**

**First Name:**  **Last Name:**

**Home Address:**   
 Street  
  
 City  State  Zip Code

**Business Name:**

**Business Address:**   
 Street  
  
 City  State  Zip Code

**Phone Number(s):**

**E-Mail Address:**

**Business Organization Type:** ☐ Sole Proprietor ☐ Limited Liability Company  
☐ Corporation ☐ Partnership

**Ownership/Management:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	% Interest Owned	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	% Interest Owned	Title

**Grant Amount Request (\$2,000 maximum):** \$

**Please provide a brief narrative of how you will use the funds?**

<b>Years in Business:</b>	<input type="text"/>
<b>Years at present Address:</b>	<input type="text"/>
<b>Type of Business:</b>	<input type="text"/>
<b>Do you already have a permit for outdoor dining? (Temporary Extension of Premises or Permanent:</b>	<input type="text"/>
<b>Do you have a liquor license for the business?</b>	<input type="text"/>

**BUDGET**

**Use of Funds:** Please describe how the Outdoor Dining Grant will be used with the above approved use of funds:

Use:	<input type="text"/>	\$	<input type="text"/>
Use:	<input type="text"/>	\$	<input type="text"/>
Use:	<input type="text"/>	\$	<input type="text"/>
Use:	<input type="text"/>	\$	<input type="text"/>
Use:	<input type="text"/>	<b>Total</b>	\$ <input type="text"/>

**Have you applied for and received any other COVID-19 financial assistance programs (Pay Check Protection Program, SBA Economic Injury Disaster Loan, Massachusetts Growth Capital Corporation grant, Massachusetts Small Business Recovery Loan Fund, etc.)?**

**Yes / No**

**If yes, which program?**

**PROGRAM NAME:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**DATE RECEIVED:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**For reporting purposes only, please answer the following questions:**

Sex: Male ☐ Female ☐

Handicapped: Yes ☐ No ☐

Single Family Head of Household: Yes ☐ No ☐

**Please identify the appropriate racial and ethnic category below:**

American Indian/Alaskan Native ☐

American Indian/Alaskan Native & Black/African American ☐

Asian ☐

Asian/Hispanic ☐

Black/African American ☐

Black/African American & White ☐

Black/Hispanic ☐

Native Hawaiian ☐

Other Pacific Islander ☐

White ☐

White/Hispanic ☐

Other Multi-Racial ☐

I certify that the above information, to the best of my knowledge is accurate and true.

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Date**

### **Application / Eligibility Checklist:**

- ☐ I confirm that my business is located within the City of Worcester and the business maintains all proper licenses and permits for operation.
- ☐ I have attached a copy of the most recent tax return for the business (2019 if 2020 is not filed) or most recent personal tax returns for Sole Proprietors.
- ☐ I have attached a completed IRS W-9 Form.
- ☐ I have attached my Temporary Extension of Premises for Outdoor Dining (not required if not yet acquired).
- ☐ I agree to document and report the economic impact as a result of this grant, including but not limited to photographs of outdoor dining area, increased sales, etc.
- ☐ Pursuant to Massachusetts General Law, Chapter 62C, Section 49A(b), I confirm that I have complied with all laws of the Commonwealth of Massachusetts and the City of Worcester and I am current with all local, state, and federal taxes.
- ☐ I certify that I am authorized to submit this application and execute a grant agreement on behalf of the business entity listed.
- ☐ I certify that submitting this application in accordance with the below instructions constitutes an electronic signature

### **SUBMISSION INSTRUCTIONS**

#### **BY EMAIL:**

Due to the COVID-19 State of Emergency, completed application forms and all attachments should be sent via email to [GjinoV@worcesterma.gov](mailto:GjinoV@worcesterma.gov)

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email [GjinoV@worcesterma.gov](mailto:GjinoV@worcesterma.gov)

Staff is available for translation assistance in Spanish, Vietnamese and Albanian.

The City of Worcester does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable. Direct inquiries to: City Hall Human Resources, [EEOAA@worcesterma.gov](mailto:EEOAA@worcesterma.gov)