HOSPITALITY ECONOMIC RESILIENCY GRANT PLUS SPECIAL BUSINESS BRIEFING

December 4, 2020



SHAWN KESSEL ND Dept. of Commerce Interim Commissioner



TRICIA MILLER ND Dept. of Commerce Digital Systems Manager





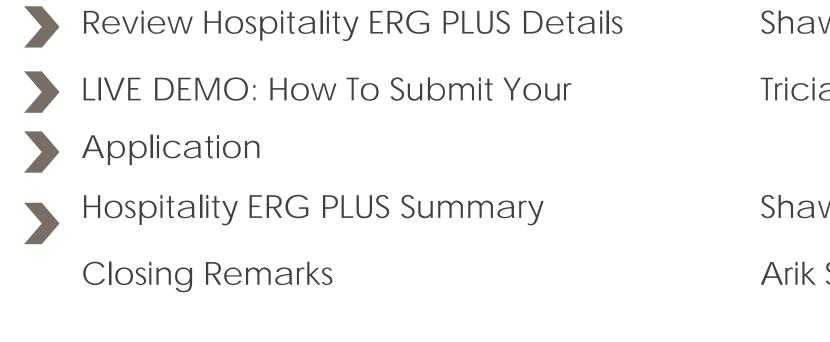
SHARE

- Recording will be available at <u>ndresponse.gov</u>
- Additional information is available at <u>https://belegendary.link/PHERG</u>
- If you have questions on the Hospitality ERG PLUS, email <u>businesshelpCOVID19@nd.gov</u>





AGENDA



Shawn Kessel

Tricia Miller

Shawn Kessel

Arik Spencer



REMINDER

HOSPITALITY ECONOMIC RESILIENCY GRANT (HERG) APPLICATION WINDOW CLOSES TODAY AT 5:00 p.m. CST







HOSPITALITY ERG PLUS

ELIGIBLE

 Includes hotels, motels, lodges and resort establishments

INELIGIBLE

- NOT intended for private vacation rentals or bed and breakfasts [Airbnb, HomeAway, VRBO]
- Extended stay hotels ONLY serving long-term stays, defined as 30 days or more, are not eligible.

Grantees will be chosen on a first come, first served basis among all recipients who have self-certified that they are complying with the current North Dakota Smart Restart protocols. Noncompliance with these protocols will result in the repayment of all grants funds.

Hospitality ERG PLUS funds will be used to reimburse eligible entities for costs in operations, such as payroll, rent, utilities and other expenses that comply with federal guidelines. Payroll taxes and other taxes are not eligible for reimbursement.

Please note, there is **NO APPEALS** process for the Hospitality ERG PLUS grant program. Providing all documentation requested and appropriate justification for each expense item will ensure your best chance for success with the grant program.



BUSINESS ELIGIBILITY REQUIREMENTS

- List all locations in which your ownership is 50% or greater (regardless of whether business has a separate EIN)
- To be eligible for Hospitality ERG PLUS, a business must meet ALL of the following criteria:
 - Customer facing marketplace
 - Have a permanent physical location in North Dakota (P.O. Boxes or mailing addresses are not considered a physical location)
 - Have been financially viable prior to March 1, 2020
 - Have experienced negative financial impact due to COVID-19
 - Be in good standing with the ND Secretary of State or applicable tribal government at the time of application
 - A lodging entity Derives a minimum of 51% of their sales from "heads in beds"; as well as a current lodging license
 - Business meets <u>ND Smart/ Re-Start standards</u>
 - Must have spent the money PRIOR to requesting reimbursement.
 - Must meet business eligibility requirements listed at <u>https://belegendary.link/PHERG</u>



OWNERSHIP

- Facilities may apply for up to \$40,000
- Applicants with more than one eligible facility may apply for up to \$80,000
- If you receive a grant for more than one location, you cannot spend more than \$40,000 per location
- List all locations in which your ownership is 50% or greater (regardless of whether business has a separate EIN)

Q: Please provide clarification on if there are multiple owners and locations

A: You may only fill out **ONE** application and will be eligible for up to \$40,000 for one eligible location, up to \$80,000 for two or more eligible locations. If you receive a grant for more than one location, you cannot spend more than \$40,000 per location. An eligible location must meet business eligibility requirements as listed at <u>https://belegendary.link/PHERG</u> and is defined by the customer facing marketplace. List all locations in which your ownership is 50% or greater, regardless of whether business has a separate EIN. Applicant must list each business under this guideline and will be awarded according to the \$40,000, and \$80,000 maximum rule.



RECEIPTS

 Legitimate receipts must include itemization (item description/or picture), total purchase price, date, verification of payment in full, evidence it came from the vendor.

Go to <u>https:belegendary.link/PHERG</u> for more information on required receipt documentation.



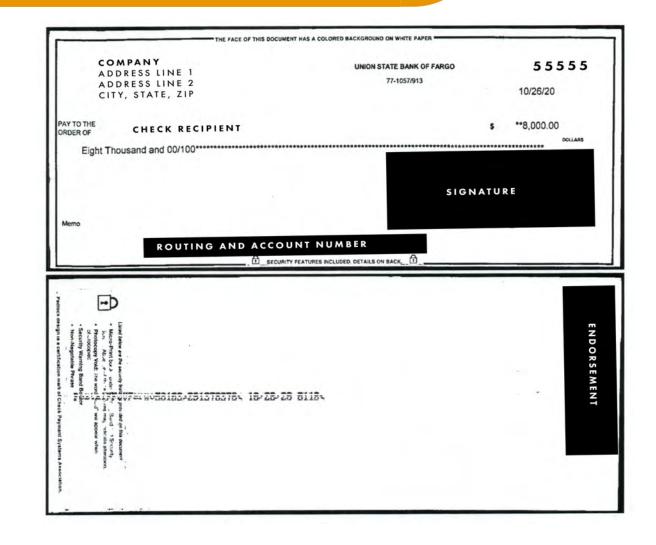
Commerce

✓ Eligible (standalone) Receipts:

- Itemized vendor receipt that shows proof of payment
- Invoices if showed paid-in-full with \$0 balance due
- Screen shots showing the required information above (not just the shopping cart screenshot)
- Receipts for the items from the distributor/supplier which refer back to the invoice or estimate provided
- Eligible: (if accompanied by proof of payment: cancelled check, credit card statement/receipt, bank draft, etc.)
 - Invoice, quote, estimate, bid, purchase order, etc. (not showing a zerobalance due).
 - Hand-written/editable receipts
- ✓ Ineligible:
 - Receipts showing applicant as the vendor
- ✓ If ANY of the required information above is missing, or if the receipt is in any way editable, the applicant must provide additional transaction information such as cancelled checks, credit card statements, bank drafts, emails, etc. which provide the missing information.

WHAT IS A CANCELED CHECK?

 Check example edited to block out identifying and account information

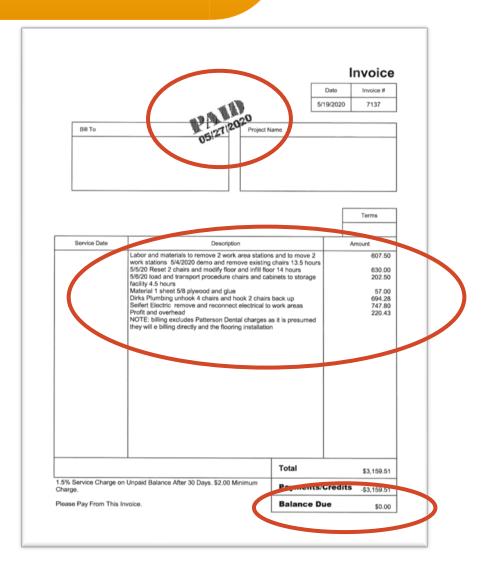


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INVOICES

- Be sure to identify what line item goes with what on the receipts.
- Limit one expenditure per line item, with corresponding documentation.
- Paid stamp only allowed if zero balance
- If invoice shows amount due, need supporting information showing it was paid
- Sales tax is not allowed
- If you have listed multiple locations in your application, please note in the description of your line item which location this expense is for.





HOW TO APPLY

FOR THE HOSPITALITY ERG PLUS



TRICIA MILLER ND Dept. of Commerce Digital Systems Manager



If you were a previous applicant, you can use your same login information from round 1 ERG and HERG. If you are a new applicant, you will see a sign-up button.

Dakota	ommerce	🕈 Sign in
Sign in with a local ac	count	
Email		
* Password		
	Remember mel Sign in Forget your pawwind?	



Once signed in, if you are a returning applicant, you can select the "create application" button. If you are a "new" registration applicant, meaning you have not registered previously, you will need to follow the "verify email" button and prompts and also complete that part of the registration. But you can continue with your application.

DEPARTMENT OF COMMERCE Below is a listing of your applications you have created or submitted. If you have not submitted an application, please click the "create application" button. Upon creating the application, it will have one of the following status reasons: • Submitted, • Under Review, • Awarded or

· On Hold- Awaiting Additional Info.

If your application is in submitted, under review or awarded, you can view your application. If your application is on hold – awaiting additional info, you can click on "Add

info" to provide the supporting documentation needed



- Enter in business name should match LEGAL name EXACTLY to any tax records.
- Tax Identification Number If your business has an EIN number, that should be used, if an EIN is not available, then the following are allowed: State Tax ID, Tribal Tax, TERO or SS# for Sole Proprietor.

Create Application

Business Name (text) *

Business Name should match Legal Name EXACTLY to any tax records – DO NOT put the Doing Business As (DBA) as your business name

Doing Business As

Tax Identification Number *

If your business has an EIN number, that should be used, if an EIN is not available, then the following are allowed: State Tax ID, Tribal Tax, TERO or SS# for Sole Proprietor.

Save



- One additional question added to this round: You will need to note your ownership % of the business location.
- Please enter in all taxpayer information. The physical address
 MUST be the physical address of your business. The Mailing address is where the check will get mailed if awarded.



Edit Application	
1 Taxpayer Information	
ontact Information	Number of Employees
Primary Contact	
Tricia Miller	
Primary Contact Title *	# of Employees at Physical Location as of 01/01/20 *
Owner	45
Applicant Telephone Number "	# of Employees at Physical Location Today *
(701) 555-5555	40
Contact's Relationship to Business *	
Owner v	
hysical Address of Business Please list applicant % of business ownership of this location "	Mailing Address for mailing of check if awarded Mailing Address Line 1 * Same as Physical Address PO Box is allowed.
hysical Address of Business	Mailing Address Line 1 * Same as Physical Address
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 *	Mailing Address Line 1 * Same is Physical Address PO Box is allowed. 555 Noway Place
hysical Address of Business Please list applicant % of business ownership of this location * 75	Mailing Address Line 1 * Same as Physical Address PO Box is allowed.
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 * No PO Box is allowed.	Mailing Address Line 1 * Same is Physical Address PO Box is allowed. 555 Noway Place
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 * No PO Box is allowed. 555 Noway Place	Mailing Address Line 1 * Same as Physical Address PO Box is allowed. 555 Noway Place Mailing Address Line 2
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 * No PO Box is allowed. 555 Noway Place	Mailing Address Line 1 * Same as Physical Address PO Box is allowed. 555 Noway Place Mailing Address Line 2 City *
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 * No PO Box is allowed. SSS Noway Place Physical Address Line 2	Mailing Address Line 1 * Same as Physical Address PO Box is allowed. 555 Noway Place Mailing Address Line 2 City * Absaraka
hysical Address of Business Please list applicant % of business ownership of this location * 75 Physical Address Line 1 * No PO Box is allowed. 555 Noway Place Physical Address Line 2 City *	Mailing Address Line 1 * Same as Physical Address PO Box is allowed. 555 Noway Place Mailing Address Line 2 City * Absaraka Zip Code *

Business must:

- Must be located in North Dakota
- Registered to do business in North Dakota
- Allowed to conduct business in North Dakota
- NAICS code submission is no longer needed



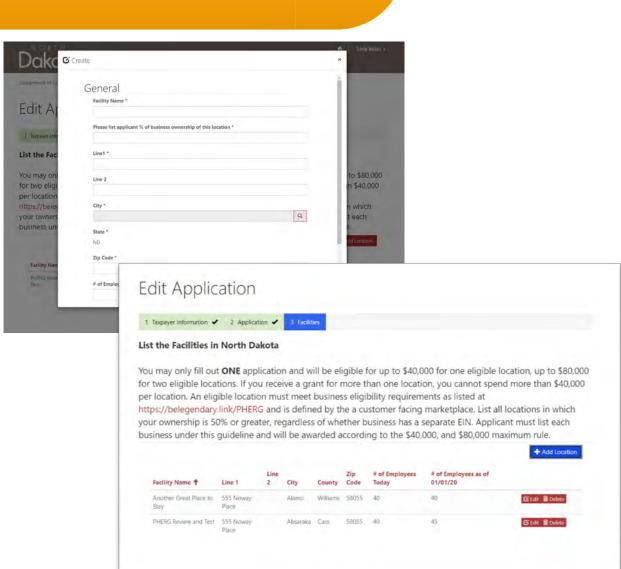
1 Taxpayer Information 🖌 2 Application	
structions to fill Step 3 usiness Information	Type of Business *
Is this business located in North Dakota? *	· · · · · · · · · · · · · · · · · · ·
Ŷ	What portion of your funding is from a public funding source? *
Is this business in your home? *	Do you receive all or part of your funding from local, state, tribal, or federal sources? (excluding grants)
~	Ŷ
What is the registering entity for this business? *	Description of Business Operations Conducted *
·	
If you are a tribal business, do you participate in the 477?	
Ý	
Is this business registered to do business in ND? * Is your business registered or a sole proprietor and in good standing in ND?	
· · · · · · · · · · · · · · · · · · ·	
Is this business allowed to legally conduct business in ND? *	
~	

You may only fill out **ONE** application and will be eligible for up to \$40,000 for one eligible location and up to \$80,000 for two or more eligible locations. If you receive a grant for more than one location, you cannot spend more than \$40,000 per location. An eligible location must meet business eligibility requirements as listed at

<u>https://belegendary.link/PHERG</u> and is defined by the customer facing marketplace. List all locations in which your ownership is 50% or greater, regardless of whether business has a separate EIN. Applicant must list each business under this guideline and will be awarded according to the \$40,000 and \$80,000 maximum rule.

When adding another location in your application, you must also note the % of ownership with each location.





ACIC EXPERIALLULE Qualifying Purchase (Sales tax is not an allowable expense) Name or Description of Purchase * Physiol costs for Jone		Sales tax is not an allowable expense. Click HERE to view all business eligibility, expense elig Please list each receipt item on separate line items. D f you have listed multiple locations in your application Maximum award you quality for In: 10000 Application Line Items	O NOT combine rece	eipts for multiple	e expenses on one		his expense is	for.		
Will asset with my buttime in paying paying. Vendor or Source(g) * Thours "test to Einetlog 2 Expenditure Type *	Q	Line # Description Detailed Desc There are no records to display.	cription of Purpose	Store/Vendor	Expenditure Type	Purchase Date 🕇	Documentation Type	Total Receipt Amount	Non-Qualifying Cost	Add Expenditure Qualifying Purchase Cost
Purchase Date Hexappic prev to March 27, 2021 will not be accepted. 10//2203 Total Receipt Amount * Dollar amount of full moves? 3 0x00 Qualitying Portion of Purchase Amount * Dollar amount of lime recept/guale/biol/retinute 4 9 9000 Mon-qualitying Portion of Purchase Amount Procequalitying Portion of Purchase Amount Procequalitying Portion of Purchase Amount Procequalitying Portion of Purchase Amount	Lookup records ✓ Name ↑ ✓ Mortgage	Search Category	× Q		Expend Expense Utilities					
	Operating Expenses Payroll and Benefits Rent Utilities				items. D expense	DO NC es on Cost S)T com one lir Summa	nbine re ne item ary - she	eceipts f 1 eet to u	eparate line for multiple se to outline
Dakota	Commerce				y need t items.	to upl	oad sa	ame re	ceipt fo	r multiple

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When entering in your receipt amount. Be sure to note the following:

- Total Receipt Amount: this is the dollar amount of full receipt
- Qualifying Portion of Purchase Amount: this is the dollar amount that you would like to be reimbursed from the total receipt amount.
- Non-qualifying Portion of Purchase Amount: Sales tax is not allowable and could be placed in this field.
- When entering in supporting documents for your expense, please note the supporting document file types: JPG, JPEG, PDF, .doc, .xls. Files need to be less than 20MB.



Please review your line expenditures, you will notice your award amount max at the top, which aligns with the previously discussed protocol on multiple businesses.

Luit	Applic	ation								
1 Taxpaye	r Information 🖌	2 Application 🖌 3 Facilitie	s 🖌 4 Qualified I	lipendhures						
Sales ta	x is not an	allowable expense.								
Please li If you ha	st each rece	Il business eligibility, exp ipt item on separate line ultiple locations in your a ality for is:	items. DO NOT	combine recei	ipts for multipl	e expenses on on		pense is for.		
\$80,000										
	tion Line Items									+ Add Expenditure
	tion Line Items Description	Detailed Description of Purpose	Store/Vendor	Expenditure Type	Purchase Date 🕇	Documentation Type	Total Receipt Amount	Non-Qualitying Cost	Qualifying Purchase Cost	+ Add Expenditure



- Business was viable
- Not more than 90 days delinquent prior to March 1, 2020
- Business is in good standing in the State of North Dakota
- Business is not delinquent on Federal or State Taxes
- Incurred a negative financial impact due to COVID-19
- Verify that nothing you are expensing in Hospitality ERG PLUS was approved in ERG Round 1 or HERG Round

he undersigned certifies that the information provided in this document and its a	attachments is true and accura
. I certify that my business was financially viable based on the following: Business was viable on 03/01/2020 or my business was a startup and in operation prior to 03/01/2020 and is pr	rejected to be viable within 180 days of
03/01/2020.*	*
Business was not more than 90 days delinquent on any loans prior to 3/1/2020 *	
Business is in good standing in the state of North Dakota or equivalent Tribal entity *	Ŷ
	÷
Business is not currently delinquent on Federal or State taxes *	



- Certify you have read and understand the requirements of the PHERG
- Certify you have the authority to submit the request on behalf of business
- Have NOT submitted a Hospitality Economic Resiliency Grant PLUS application within the past 30 days
- All PHERG funds are subject to
 an audit H



Commerce

1 Taxpayer Information 🖌 2 Application 🖌 3 Facilities 🖌 4 Qualified Expenditures 🖌 5 Certifications 🖌 6 Certifications 🖌

7 Certifications

3. I certify that I have read and understand the requirements regarding improvements eligible for the PHERG and that the APPLICATION I have submitted complies with these expectations by specifically demonstrating how the PHERG will improve customer confidence by implementing any requested improvements to reduce the spread of infection.

4. I certify that I have the authority to submit this request on behalf of the named entity

5. I have NOT submitted a Hospitality Economic Resiliency Grant PLUS (PHERG) application for any other business entity within the past 30 days.

6. I certify and understand that by accepting PHERG funds all records, regardless of physical form, relevant to the PHERG funds are subject to audit and examination by the State of North Dakota or its designee. I understand and agree that if I fail to provide the State access to any relevant records, I will be required to repay the PHERG funds within two business days. I further understand and agree that if, during its audit and examination of the records relevant to the PHERG funds, the State, in its sole discretion, determines that the use of the PHERG funds is inconsistent with either my application or the requirements of the PHERG funds, I may be required to repay the PHERG funds within 72 hours. Failure to repay the funds within the specified period of time may result in the State pursuing legal action against me.

- No expenses can be claimed that were expensed in ERG Round 1 or HERG
- Verify that you are a lodging entity – must derive a MINIMUM of 51% of sales from "heads in beds" as well as current lodging licenses

8. A lodging entity licenses.	- Derives a minimum o	of 51% of their sales	from "heads in beds'	"; as well as a current	lodging



Business Obligations

- Certify that all information is true and accurate
- Read and agree to abide by the <u>Smart Restart guidelines</u>

1	Certify Correct *	
	by submitting application for this grant, I certify that the answers and information given above are true and accurate. I understand that making any false or nisleading answers will result in denial of my application and may result in criminal prosecution.	
		~
	have read and agree to abide by the Smart Restart guideline *	
		v
	ND Smart Restart Protocols	
	Provide Receipts *	
	certify that I will provide receipts when asked to document eligible expenditures.	
		*



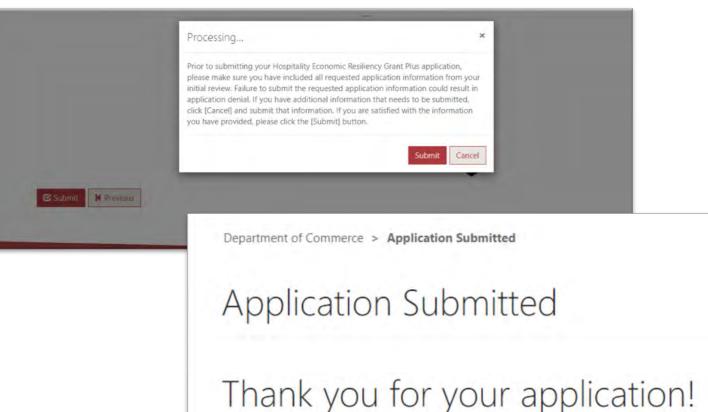
Process and submit application:

 If you would like a copy of your application, please print from the browser when on the review screen

dit Applica	tion					
1 Taxpayer Information 🖌 7 Certifications 🖌 8 Obli			Qualified Expenditures 🖌	5 Certifications 🗸	6 Certifications 🖌	
		and a second a second second				
If you would like to print you usiness Verification	application, please pr	int from browser.				
	application, please pr	int from browser.				
usiness Verification	application, please pr	int from browser.				
usiness Verification Business Name (text)	application, please pr	int from browser.				



Submit and process your application:





LIVE DEMO

HOSPITALITY ERG PLUS

DEPARTMENT OF COMMERCE

One application will be allowed per contact social security number. If there are duplicates entered in, they will be cancelled.

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Click HERE to view all business eligibility, expense eligibility and required documentation information.

Below is a listing of your applications you have created or submitted. If you have not submitted an application, please click the "create application" button.

Upon creating the application, it will have one of the following status reasons:

Submitted,
Under Review,

Awarded or
 On Hold- Awaiting Additional Info.



OUESTIONS AFTER APPLYING

EMAIL: businesshelpCOVID19@nd.gov

Once you submit your application and if you have questions, please make sure your ID number AND business name is listed in the email as it appears on the application.



HOSPITALITY ERG PLUS SUMMARY



https://belegendary.link/PHERG

SHAWN KESSEL ND Dept. of Commerce Interim Commissioner

NORTH Dakota Commerce Be Legendary.[™]

HOSPITALITY ERG PLUS APPLICATION WINDOW





NEXT STEPS



COMMERCE NEWSLETTER: <u>https://commerce.nd.gov/news/SignUpNewsReleases/</u>

EMAIL: businesshelpCOVID19@nd.gov





CLOSING REMARKS



ARIK SPENCER President & CEO, GNDC





THANK YOU



