



EDC REGULAR MEETING TUESDAY, Oct 19, 2021– 5:30 P.M.

VIA ZOOM

Join Zoom Meeting

<https://us02web.zoom.us/j/83853282684>

Meeting ID: 838 5328 2684

AGENDA

1. **CALL MEETING TO ORDER:**
2. **ROLL CALL:**
3. **ADDITIONS TO THE AGENDA:**
4. **APPROVAL OF MINUTES:**
5. **PUBLIC COMMENT:**
6. **TREASURERS REPORT:**
7. **PZDO REPORT:**
8. **NEW BUSINESS:**
 - a. 2022 Meeting Calendar
 - b. Future Meeting Platform
 - c. Annual Report
9. **OLD BUSINESS:**
 - a. “North Stonington Works” Employer Hiring Bonus Grant Program
 - b. Business Operational/infrastructure grant program
10. **ADJOURNMENT:**

“NORTH STONINGTON WORKS!”
Employer Hiring Bonus Grant Program
Guidelines

The “North Stonington Works” program was established to provide limited one-time direct financial hiring bonus to eligible North Stonington small businesses that employ fifty or fewer employees in which employee recruitment has been affected the COVID-19 pandemic. The Program is funded through monies from the United States American Rescue Plan Act and administered by the Town of North Stonington’s Economic Development Commission in cooperation with Southeastern CT Enterprise Region (seCTer). The Program is intended to help North Stonington businesses recruit and compete for employees needed to help maintain and grow their businesses. This hiring bonus is designated to be given to the employee after 8 weeks of employment.

Eligible Bonuses:

New Full Time Employee- \$500 Hiring bonus

New Part Time Employee-\$250 Hiring bonus

Business will also receive \$50/\$25 stipend per eligible employee to cover related hiring expenses

Eligibility Criteria:

To be eligible for this program, applicants must be a for-profit business enterprise that is physically located within the Town of North Stonington and employ fifty or fewer employees. The business must be a registered business with an EIN#. The business must apply before the hiring of the employee. In order to qualify for the full-time hiring bonus the employee must work a minimum of 35 hours per week for 8 weeks. To qualify for the part time hiring bonus the employee must work a minimum of 12 hours per week for 8 weeks. The employer must also furnish a preprogram employee list from accounting program or payroll company, and an employee list at the end of eight weeks. To receive the bonus monies the employer must furnish the first paystub for the employee and the 8-week paystub. We will also request a copy of the paystub to show the benefit paid out to the employee. Benefit will be limited to 3 new hires per participating business. Program will run until 12/31/2022 or until funds are exhausted.

Application Process:

Applications must be completed and submitted to Nostoworks@northstoningtonct.gov. Applicants should note that all information submitted in connection with this application is subject to verification by Southeastern CT Enterprise Region (seCTer). Non- disclosure or the making of false or misleading statements will result in disqualification, forfeiture of benefits and/or criminal prosecution under the laws of this State.

“North Stonington Works” Employer Hiring Bonus Grant Program

Section 1: Applicant Information

Business Name _____

Business Street Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Website URL _____

Federal Employer Identification Number (EIN): _____

What month and year was your business incorporated? _____

Years in North Stonington: _____ Years at Current Location _____

How is your business structured? ☐ Sole Proprietorship ☐ Partnership ☐
Limited Liability (LLC) ☐ C-Corporation ☐ S-Corporation

Type of Business: ☐ Retail Trade ☐ Personal Services ☐ Food Service ☐
Professional Services ☐ Educational Services ☐ Manufacturing

How many employees did your business have on March 15, 2020? _____

How many employees does your business currently have on payroll? _____

How many employees are you looking to employ? _____

What is the timeframe you are planning on hiring? _____

Where/How are you advertising your employment opportunities:

Section 2: Owner Information

Please list all owners below and percentage of business ownership.

Owner 1 Name _____

Owner 1 % Business Ownership: _____

Owner 1 Phone _____ Owner 1 E-Mail: _____

Owner 2 Name _____

Owner 2 % Business Ownership: _____

Owner 2 Phone _____ Owner 2 E-Mail: _____

Section 3: Underwriting

Please include a current employee roster with application

Section 4: Applicant Certification

I, _____, hereby authorize the Town of North Stonington to share my application and reporting requirements with the Southeastern Connecticut Enterprise Region Corporation (seCTer) for the purpose of providing underwriting and administrative services for the program/request.

I understand that this authorization can be revoked by me, in writing, at any time before my records, as described above, are disclosed, and that this authorization is valid for 1 year from the date of my signature.

The undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in the program guidelines and this application, as may be amended. I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature:

Printed Name: _____ Date: _____