



STATE OF NEW HAMPSHIRE  
Governor's Office for Emergency Relief and Recovery

Grant Award Reporting Step-by-Step Guide

**IMPORTANT:**  
**YOU WILL NEED A VALID VENDOR ID AND  
APPLICATION NUMBER TO ACCESS THE REPORTING PORTAL.**

The following are step-by-step instructions for accessing and completing your Award Reporting. To access a specific topic, simply click on the desired title below.

**CONTENTS**

I.	ACCESSING THE GRANTS PORTAL .....	2
II.	COMPLETING YOUR REPORT .....	4
	i. REPORT TEMPLATE #1 – REVENUE LOSS/EXPENSE REPORT .....	5
	ii. REPORT TEMPLATE #2 – EXPANDED OR NEW PROGRAM REPORT .....	12
III.	SUBMITTING YOUR REPORT .....	18
IV.	ACCESSING AND PRINTING YOUR REPORT .....	18

**QUESTIONS / HELP**

For questions or to request assistance please email [GOFERR.Reporting@goferr.nh.gov](mailto:GOFERR.Reporting@goferr.nh.gov).

## I. ACCESSING THE GRANTS PORTAL

**IMPORTANT:** Required browsers are current versions of Mozilla Firefox or Google Chrome.

1. From the Grants Portal at → [https://nhpublichealth.force.com/nhgoferr/Core\\_Grant\\_Reporting\\_Page](https://nhpublichealth.force.com/nhgoferr/Core_Grant_Reporting_Page), click on Reporting Portal link.



[Grant Applications](#)

Please click here if you are looking to apply to a relief program.

[Reporting Portal](#)

Please click here if you are required to report information back to the Governor's Office for Emergency Relief and Recovery (GOFERR).

[Reporting Portal For New Hampshire Higher Education System Grants & Safer Scholars Reporting](#)

Please click here if you are required to report information back to the Governor's Office for Emergency Relief and Recovery (GOFERR).

2. From the login page, enter your login credentials. If you don't currently have an account you will need to create new account.

- a. Existing Users – enter your current portal credentials.

NOTE: If you've forgotten your password, click the Forgot password link and enter your username.

IMPORTANT: Your full username is [email.egrants](#).

- b. New Users – create a new account.

3. Click the **Login** button.

GOVERNOR'S OFFICE  
*for*  
EMERGENCY RELIEF & RECOVERY

Please create a new account, unless you have previously applied for relief as part of the Healthcare System Relief Fund, Live Venue Relief Program, NH GAP Fund, Agriculture Relief Fund, or Veterans Relief & Support Fund.

**IMPORTANT:** Your FULL username is your email address followed by .egrants. You must include .egrants as part of your username when logging in or requesting a password reset.

Login to fill out and submit application

**LOGIN**

Not registered? [Create an account](#)

[Forgot Password?](#)

4. From the validation page, enter your Vendor Number and Application Number.
5. Click the **Validate** button.

CONFIRM YOUR IDENTITY BY VERIFYING THE INFORMATION BELOW

Vendor Number \*

Application Number \*

**VALIDATE**

6. From the application page, locate and click on the desired application number.

GOVERNOR'S OFFICE  
*for*  
EMERGENCY RELIEF & RECOVERY

Welcome kimberly.miller@doit.nh.gov.egrants13

[Grants Applications](#) [Report Listings](#) [My Applications](#) [Logout](#)

Application Number	Grant Name	Due Date
<a href="#">0000027390</a>	Live Venue Relief Program – Application	1/31/2021 11:59 PM

7. From the new report page, click on the **CREATE A NEW REPORT** button.



## Live Venue Relief Program – Application

Report for Registration Form - 0000027390

[CREATE A NEW REPORT](#)

## II. COMPLETING YOUR REPORT

8. From the reporting page, complete all required \* fields. Pay special attention to fields where additional tables or additional data entry is required.

### IMPORTANT:

- Save your record periodically but click the SAVE button at the bottom of the screen.
- If you click the PREVIOUS button prior to saving your data, you will lose any new data that has not been saved.
- You will not be able to SUBMIT your report until all required fields are complete. If you have overlooked any required fields you will be presented with an error at the top of the page advising which fields need to be addressed. Errors must be addressed before you can proceed.

## i. REPORT TEMPLATE #1 – REVENUE LOSS/EXPENSE REPORT

GOVERNOR'S OFFICE  
*for*  
EMERGENCY RELIEF & RECOVERY

welcome kimberly.minter@dot.nh.gov/govrelief3Grants ApplicationsReport ListingsMy ApplicationsLogout

\* Indicates required field.

STEP 1: CONTACT INFORMATION

Filing As: \*

--None--

Business Name: \*

D/B/A: (if none, enter N/A) \*

Business Website: (if none, enter N/A) \*

NEW HAMPSHIRE (NH) PRIMARY BUSINESS LOCATION

Street 1: \*

Street 2:

City: \*

State: \*

New Hampshire

Zip: \*

NH MAILING ADDRESS

Street 1:

PREVIOUS

SAVE

SUBMIT

NH MAILING ADDRESS

Street 1:

Street 2:

City:

State:

Zip:

New Hampshire

NH VENDOR #:

123456

Business – Taxpayer Identification Type

☐ Employer Identification Number (EIN)

☐ SSN

Primary Contact

First Name:

Last name:

Title:

Phone:

E-mail:

Alternate Contact

First Name:

Last name:

Phone number:

E-mail:

Relationship to Organization:

--None--

STEP 2: BUSINESS INFORMATION

PREVIOUS

SAVE

SUBMIT

## STEP 2: BUSINESS INFORMATION

Please respond to each question in the box provided. Many of the fields are required, and if the question is not applicable, you should enter N/A in a text, or 0 in a numeric field. Be sure to save your work periodically as there is NO auto-save functionality in the application. We do not want you to lose your work!

You must submit a separate FINAL REPORT no later than the deadline for each program from which you received an award. See the GOFERR website FAQ's on reporting for a table of the deadlines for each program at [add address]

This FINAL REPORT requests financial information concerning expenditures and business receipts/revenue losses due to the COVID-19 public health emergency. This information should be completed with a focus only on New Hampshire-specific business activities. The purpose of the reporting is to certify the necessary business expenditures or lost receipts/revenue due to COVID-19 that have been incurred from March 1 through December 30, 2020.

When filling out this report, keep in mind the requirements of the Grant contained in the terms of the application or agreement, specifically:

1. Scope of allowable Use of Funds in accordance with the CARES Act, H.R. 748, Section 5001, on March 27, 2020.
2. The Grantee/Awardee is required to keep detailed accounts of all decreased or lost revenue and expense incurred in connection with the grant for five years after the completion date of the grant.
3. To the extent that actual, un-reimbursed allowable costs and lost revenues during this period turn out to be less than the amount of the grant received, or there is a failure to submit the required report, the excess grant funding may be subject to recoupment by the state.

## Questions

1. Have you received any funding from any other State programs providing COVID-19 related financial assistance than the one in which this report is filed? \*

Yes

Identify all other State programs providing COVID-19 related financial assistance that was received or awarded by prior to 12/30/2020: \*

State programs

State Amount

+ Add

2. Have you received any funding from any federal programs providing COVID-19 related financial assistance? \*

Yes

Identify all Federal programs providing COVID-19 related financial assistance that was received prior to 12/30/2020: \*

Federal programs providing

State Amount

+ Add

3. Type of Business Organization: \*

--None--

4. Has the Awardee filed for bankruptcy? \*

--None--

5. Has the Awardee permanently ceased operations? \*

--None--

Note: A business that is closed and will not reopen has permanently closed. However, if a business is closed due to COVID-19 but will reopen, it has not permanently closed.

6. Did the Awardee experience any disruption of ordinary business activities

--None--

PREVIOUS

SAVE

SUBMIT

6. Did the Awardee experience any disruption of ordinary business activities between March 1, 2020 through December 30, 2020? *	<input type="text" value="--None--"/>
7. Did the Awardee change its ordinary operating structure or business model in other ways to deal with COVID-19? *	<input type="text" value="--None--"/>
8. Did or will the Awardee receive any insurance claim payments for damages due to COVID-19? *	<input type="text" value="--None--"/>
9. Is the Awardee required to file a tax return with the Internal Revenue Service (IRS)? *	<input type="text" value="--None--"/>
9 (a). Reporting Form: *	<input type="text" value="--None--"/>
9 (b). Other (explain, otherwise type none) *	<input type="text"/>
9 (c). Tax Return due date (not including extension) *	<input type="text" value="MM/DD/YYYY"/>
10. Is the Awardee required to file a NH Business Tax Return with the Department of Revenue (DRA)? *	
10 (a). Business Profits Tax Return *	2019 : <input type="text" value="--None--"/>
	2020 : <input type="text" value="--None--"/>
10 (b). Business Enterprise Tax Return *	2019: <input type="text" value="--None--"/>
	2020: <input type="text" value="--None--"/>
10 (c). Is the business name in Step 1 the same as on the returns filed? *	<input type="text" value="--None--"/>
10 (d). Please provide the name and FEIN for which the NH business activity is filed with the DRA. If not applicable, enter N/A and 0. *	
NAME *	<input type="text"/>
FEIN *	<input type="text"/>
11. Is the Awardee required to file reports with any state/federal agency? *	<input type="text" value="--None--"/>
Agency name (if not applicable, enter N/A) *	<input type="text"/>
State/Federal (if not applicable, enter N/A) *	<input type="text"/>
Frequency (if not applicable, enter N/A): *	<input type="text" value="--None--"/>
12. Is the Awardee required to be licensed with any state/federal agency?: *	<input type="text" value="--None--"/>
Agency name (if not applicable, N/A): *	<input type="text"/>

[PREVIOUS](#)

[SAVE](#)

[SUBMIT](#)



License#: \*

13. Which best describes the Awardee's accounting period? \*

--None--

14. Which best describes the Awardee's accounting system \*

--None--

15. Does the Awardee have a process for tracking purchases/payments as they relate to COVID-19 related expenditures? \*

--None--

16. Actual Gross Operating Income/Receipts/Revenue for 2019. For purposes of this report, Gross Receipts/Revenue means the amount of money raised from business operations from all sources, including sales of goods or services, rents, interest and donations, without any expenses subtracted. If you are a governmental entity and did not receive lost revenue replacement, you should enter zero. \*

17. Actual Gross Operating Income/Receipts/Revenue for 2020. When reporting Gross Receipts/Revenue for 2020, Awardee should exclude the revenue from any State or Federal COVID-19 program identified in Step 2, Question #1. If you are a governmental entity and did not receive lost revenue replacement, you should enter zero \*

18. Total amount of Income/Receipts/Revenue losses reported for this program that have not been covered by another State or Federal COVID-19 program. If you are a governmental entity and did not receive lost revenue replacement, you should enter zero. \*

19. Have you had unanticipated business expenses that are directly due to COVID-19 between 3/1/20 – 12/30/20? \*

Yes

If you answered yes, provide information about additional expenditures incurred from March 1 through December 30 that were necessary to respond to the COVID-19 public health emergency. For purposes of this report, the unanticipated business expenses are incurred when the performance of the service has been rendered or goods have been delivered during the covered period and excludes normal operational expenses such as regular payroll, rent and utilities. Enter the amount and category of expenditures that have not been covered by any other Federal or State program providing COVID-19 related financial assistance. \*

Expenditures for Promote Safe Operations Due to COVID-19

Amount	Category	Explain need	+ Add

Expenditures for Expanded Programs and Services Due to COVID-19

Amount	Category	Explain need	+ Add

Optional Question

How many jobs were saved or created as a result of this award?

--None--

PREVIOUS

SAVE

SUBMIT

## Optional Question

How many jobs were saved or created as a result of this award?	--None--
Is your business	--None--
Were you able to continue or provide additional social or health services to individuals or families as a result of this award?	--None--

Note: Supporting documents that must be kept for five (5) years such as receipts, invoices, bills and other similar documents and/or accounting records may be requested at a future date in accordance with the grant agreement to support the amounts reported.

- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment
- Expenses for cleaning and disinfection of facilities
- Expenses for quarantining individuals
- Emergency financial assistance provided to individuals and families directly impacted by loss of income due to the public health emergency
- Expenses for food delivery to vulnerable residents to enable compliance with public health precautions
- Expenses for food delivery to vulnerable residents to enable compliance with public health precautions
- Costs for additional staff hours to address enhanced direct care needs, or to replace volunteers rendered unavailable due to the public health emergency
- Expenses for equipment to improve telework capabilities, or other tools or supplies to support social distancing related practice change and service delivery
- Capital improvement projects incurred specifically to mitigate spread of the virus during this public health emergency

## STEP 3: REQUIRED AND/OR OPTIONAL DOCUMENTS

Optional: Submit documentation for any further information you want GOFERR to consider that explains why the reported actual income, receipts, revenue or COVID-19 related expenditures in this report are different than the projections that the award was based on.

Document Name	Add / Update Document
Additional Supporting Documentation 1	<a href="#">Choose File</a> No file chosen
Additional Supporting Documentation 2	<a href="#">Choose File</a> No file chosen
Additional Supporting Documentation 3	<a href="#">Choose File</a> No file chosen
Additional Supporting Documentation 4	<a href="#">Choose File</a> No file chosen
Additional Supporting Documentation 5	<a href="#">Choose File</a> No file chosen

## STEP 4: SIGNATURE &amp; CERTIFICATION

By submitting this Report and checking the box for acceptance, the Awardee understands, agrees and accepts use of its electronic signature as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

Authority to Sign:

The Awardee understands, agrees and accepts that by submitting this Application, it is certifying that the person named in the signature block has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Certification: Awardee certifies and acknowledges that any person or entity who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code 18 USC.

PREVIOUS

SAVE

SUBMIT

**STEP 4: SIGNATURE & CERTIFICATION**

By submitting this Report and checking the box for acceptance, the Awardee understands, agrees and accepts use of its electronic signature as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

Authority to Sign:

The Awardee understands, agrees and accepts that by submitting this Application, it is certifying that the person named in the signature block has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Certification: Awardee certifies and acknowledges that any person or entity who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S Criminal Code 18 USC Section 1040 or NH Criminal Code RSA 641:3 or any other applicable law. Awardee certifies that the statements herein are true and correct.

☐ Check this box for acceptance

Authorized Signor \*

Title \*

Date \*

[PREVIOUS](#)[SAVE](#)[SUBMIT](#)

ii. REPORT TEMPLATE #2 – EXPANDED OR NEW PROGRAM REPORT



\* Indicates required field.

**STEP 1: CONTACT INFORMATION**

Relationship to Organization: \*

--None--

Name of Grantee: \*

USA

D/B/A: (if none, enter N/A) \*

Grantee Website: (if none, enter N/A) \*

NEW HAMPSHIRE (NH) PRIMARY BUSINESS LOCATION

Street 1: \*

Street 2:

City: \*

State: \*

New Hampshire

Zip: \*

NH MAILING ADDRESS

Street 1:

Street 2:

City:

State:

New Hampshire

Zip:

NH VENDOR #: \*

123456

Business – Taxpayer Identification Type \*

☐ Employer Identification Number (EIN)

☐ SSN

Primary Contact

First Name: \*

Last name: \*

Title: \*

Phone: \*

E-mail: \*

Alternate Contact

First Name: \*

Last name: \*

Phone number: \*

E-mail: \*

Alternate Relationship to Organization: \*

--None--

PREVIOUS

SAVE

SUBMIT

## STEP 2: BUSINESS/ENTITY INFORMATION

Please respond to each question in the box provided. Many of the fields are required. If the question is not applicable, you should enter N/A in a text, or 0 in a numeric field. Be sure to save your work periodically as there is NO auto-save functionality in the application. We do not want you to lose your work!

You must submit a separate FINAL REPORT no later than the deadline for each program from which you received an award. This reporting template is for a sub-award for which you completed a sub-award agreement with the State. If you also received a separate award based on lost revenue or expenses, there is separate and different reporting template for those awards. See the GOFERR website FAQ's on reporting for a table of the deadlines for each program at <https://www.goferr.nh.gov/award-reporting>

This FINAL REPORT requests financial information and project completion information regarding the sub-award that you received to assist New Hampshire in responding to the COVID-19 public health emergency. This information should be completed with a focus only on New Hampshire-specific business activities and work performed to fulfill the sub-award. The purpose of the reporting is to verify that the activities required by the sub-award to respond to or provide assistance to mitigate the impact of COVID-19 have been completed between March 1 through December 30, 2020, and that you have not received payment for these activities from any other source.

When filling out this report, keep in mind the requirements of the Grant contained in agreement, specifically:

1. Scope of allowable Use of Funds in accordance with the CARES Act, H.R. 748, Section 5001, on March 27, 2020.
2. The specific activities, services, expenses or programs that you agreed to perform, described in Exhibit A of your Agreement.
3. The Grantee is required to keep detailed accounts of all work performed in completion of the sub-award or expenses incurred for the grant for five years after the completion date of the grant.
4. To the extent that actual work performed or expenses incurred in performance of the grant prior to December 30, 2020 are less than total amount of the grant, the excess grant funding is subject to recoupment by the state.

### Questions

1. Have you received any funding from any other State programs providing COVID-19 related financial assistance than the one in which this report is filed? *	--None--
2. Have you received any funding directly from any federal programs providing COVID-19 related financial assistance? *	--None--
3. Type of Business Organization. *	--None--
4. Is the Grantee required to file a tax return with the Internal Revenue Service (IRS)? *	--None--
4 (a). Reporting Form: *	--None--
4 (b). Other (explain, otherwise type none) *	
4 (c). Tax Return due date (not including extension) *	MM/DD/YYYY
5. Is the Grantee required to file a NH Business Tax Return with the Department of Revenue (DRA)? *	
5 (a). Business Profits Tax Return *	2019 : --None--
	2020 : --None--

PREVIOUS

SAVE

SUBMIT

5 (b). Business Enterprise Tax Return *	2019:	--None--
	2020:	--None--
5 (c). Is the business name in Step 1 the same as on the returns filed? *		--None--
5 (d). Please provide the name and FEIN for which the NH business activity is filed with the DRA. If not applicable, enter N/A and 0. *		
NAME *		
FEIN *		
6. Is the Grantee required to file reports with any state/federal agency? *		--None--
Agency name (if not applicable, enter N/A) *		
State/Federal (if not applicable, enter N/A) *		
Frequency (if not applicable, enter N/A): *		--None--
7. Is the Grantee required to be licensed with any state/federal agency?: *		--None--
Agency name (if not applicable, N/A): *		
License# (if not applicable, N/A): *		
8. Which best describes the Grantee's accounting period? *		--None--
9. Which best describes the Grantee's accounting system *		--None--
10. Describe the Grantee's process for tracking purchases/payments/expenses as they relate to performance of the grant. *		
11. Did your grant include an award to launch or expand service program(s) in New Hampshire to respond to second order effects of COVID-19 such as supporting individuals adversely impacted between March 1, 2020 and December 30, 2020? *		--None--
12. Describe in detail the nature and amount for of all expenses and costs incurred between March 1, 2020 and December 30, 2020 related to performance of the grant to launch or expand service program(s). You will be required to submit supporting documentation in the next step of the reporting process.		
For purposes of this report, the expenses are incurred when the performance of the service has been rendered or goods have been delivered during the covered period and excludes normal operational expenses such as regular payroll, rent and utilities. Enter the amount and category of expenditures that have not been covered by any other Federal or State program providing COVID-19 related financial assistance.		
<div>PREVIOUS</div> <div>SAVE</div> <div>SUBMIT</div>		

Expenditures for Newly Launched or Expanded Programs and Services Due to COVID-19 between March 1, 2020 and December 30, 2020 \*

Amount	Category	Explain	+ Add
--------	----------	---------	-------

Note: Supporting documents that must be kept for five (5) years such as receipts, invoices, bills and other similar documents and/or accounting records may be requested at a future date in accordance with the grant agreement to support the amounts reported.

- Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment
- Expenses for cleaning and disinfection of facilities
- Expenses for quarantining individuals
- Emergency financial assistance provided to individuals and families directly impacted by loss of income due to the public health emergency
- Expenses for food delivery to vulnerable residents to enable compliance with public health precautions
- Expenses for food delivery to vulnerable residents to enable compliance with public health precautions
- Costs for additional staff hours to address enhanced direct care needs, or to replace volunteers rendered unavailable due to the public health emergency
- Expenses for equipment to improve telework capabilities, or other tools or supplies to support social distancing related practice change and service delivery
- Capital improvement projects incurred specifically to mitigate spread of the virus during this public health emergency

13. Did you make any sub-awards with the grant funds that you received, i.e., did you use any part of the grant award to make an award to a sub-recipient for the sub-recipient to carry out part of the grant activity? \*

--None--

14. Provide a final Project Narrative status report for all activities you were required to perform under the grant agreement. If you prefer to submit this as an attached document you may do so in the next step and indicate that the final Project Narrative status report is attached. \*

15. Did your grant include an award for revenue loss due to COVID-19? \*

--None--

16. Did your grant include an award for unanticipated business expenses not otherwise reported above that are directly due to COVID-19 between March 1, 2020 and December 30, 2020? \*

--None--

17. Did you expend all of the funds provided in the grant for the intended and allowed purpose? \*

--None--

PREVIOUS

SAVE

SUBMIT



**INSTRUCTIONS:** If you did not utilize all of an award for the intended purpose you must return the unexpended portion by the due date of this report by sending a check payable to "New Hampshire State Treasury" to GOFERR, 1 Eagle Square, Concord, NH 03301. Please include the following information on the check: Name of entity that received the grant, the program the award was issued in, and your State Vendor number.

Optional Question

- |   |                                       |
|---|---------------------------------------|
| 18. How many jobs were saved or created as a result of this award?  | <input type="text" value="--None--"/> |
| 19. Is your business  | <input type="text" value="--None--"/> |
| 20. Were you able to continue or provide additional social or health services to individuals or families as a result of this award? | <input type="text" value="--None--"/> |

### STEP 3: REQUIRED AND/OR OPTIONAL DOCUMENTS

Optional: Submit documentation for any further information you want GOFERR to consider that explains why the reported actual income, receipts, revenue or COVID-19 related expenditures in this report are different than the projections that the award was based on.

**Document Name**

**Add / Update Document**

Documentation in support of the nature, amount, and date incurred for of all expenses and costs related to performance of the grant identified in response to Question 11. \*

No file chosen

Any list of sub-awards made by recipient from Question 12.

No file chosen

A final Project Narrative status report for all activities you were required to perform under the grant agreement identified in your response to Question 13.

No file chosen

Any other document that you want to submit that demonstrates how you complied with the terms of the grant.

No file chosen

**PREVIOUS**

**SAVE**

**SUBMIT**

### STEP 4: SIGNATURE & CERTIFICATION

By submitting this Report and checking the box for acceptance, the Grantee understands, agrees and accepts use of its electronic signature as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

Authority to Sign:

The Grantee understands, agrees and accepts that by submitting this Application, it is certifying that the person named in the signature block has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Certification: Grantee certifies and acknowledges that any person or entity who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S Criminal Code 18 USC Section 1040 or NH Criminal Code RSA 641:3 or any other applicable law. Grantee certifies that the statements herein are true and correct.

☐ Check this box for acceptance

Authorized Signor \*

Title \*

Date \*

{ 1/5/2021 }

**PREVIOUS**

**SAVE**

**SUBMIT**

### III. SUBMITTING YOUR REPORT

9. When all fields are complete, click the SUBMIT button.
10. Your submission is complete when a green banner is presented at the top of the page confirming "Grant Record has been submitted successfully!"



\* indicates required field.

Grant Reporting Record has been submitted successfully!

**STEP 1: CONTACT INFORMATION**

Filing As: \*

Business Name: \*

D/B/A: (if none, enter N/A) \*

Business Website: (if none, enter N/A) \*

**NEW HAMPSHIRE (NH) PRIMARY BUSINESS LOCATION**

Street 1: \*

### IV. ACCESSING AND PRINTING YOUR REPORT

11. Upon successfully complete of your report, Awardees can log out and log back into the portal to View or Print report. From the opening page, simply click on the desired action.



#### Live Venue Relief Program – Application

Report for Registration Form - 0000027390

Action	Title	Status
<a href="#">View   Print</a>	GR-0044	Submitted

[CREATE A NEW REPORT](#)

- When selecting **View**, Awardees will be presented with the following:

**GOVERNOR'S OFFICE**  
*for*  
**EMERGENCY RELIEF & RECOVERY**

Welcome [kimberly.minter@dot.nh.gov](#) | [Grants Applications](#) | [Report Listings](#) | [My Applications](#) | [Logout](#)

\* Indicates required field.

Grant Reporting Record has been submitted successfully!

**STEP 1: CONTACT INFORMATION**

Filing As: \*

Business Name: \*

D/B/A: (if none, enter N/A) \*

Business Website: (if none, enter N/A) \*

**NEW HAMPSHIRE (NH) PRIMARY BUSINESS LOCATION**

Street 1: \*

Street 2:

City: \*

State: \*

Zip: \*

[PREVIOUS](#)

- When selecting **Print**, Awardees will be presented with a PDF version of their report that can be saved or printed.

NH\_Reporting\_Template\_Page\_PDF 1 / 5

**Grant Report - GR-0044**  
Live Venue Relief Program – Application  
Application Number - 000007390

**STEP 1: CONTACT INFORMATION**

Filing As: \*

Business Name: \*

D/B/A: (if none, enter N/A) \*

Business Website: \*

**NEW HAMPSHIRE (NH) PRIMARY BUSINESS LOCATION**

Street 1: \*

Street 2:

City: \*

State: \*

Zip: \*

**NH MAILING ADDRESS**

Street 1:

Street 2:

City:

State:

Zip:

**Additional Information**

NH VENDOR #: \*

**Business - Taxpayer Identification Type \***

Employer Identification Number (EIN)

**Primary Contact**

First Name: \*

Last Name:

Title: \*

Phone: \*

E-mail: \*