

Kenneth J. Hopkins

Mayor



Cranston City Hall

869 Park Avenue

Cranston, Rhode Island 02910

401-461-1000

Thomas Zidelis

Finance Director

Franklin J. Paulino

Director of Economic Development

Name of Business:

Name of applicant:

Address:

Federal ID:

Telephone number:

Email:

Name of owner

Number of employees:

1. Is it your intention to apply to the City of Cranston for a grant?
2. Do you owe any tangible taxes to the City of Cranston as of this application?
3. What is your tax accessor/debt collection Id ?
4. Have you ever received a grant from the City of Cranston before?
5. How many years have you been in business?
6. Is your current location zone for commercial business use?

To be submitted to the Office of Economic Development Director Franklin J. Paulino at Cranston City Hall 869 Park Avenue Cranston, Rhode Island 02910. For more info call (401) 780-3166

7. Was your business affected by the construction and redevelopment of the Knightsville area, Park Avenue and Rolfe Square business corridor?

8. If so, please describe the effect that it had on your business?

9. What would you intend to use this grant for, should you be approved?

In applying for this grant, the applicant must certify as to the truth and accuracy of the answers above. If any information which is provided shall be determined to be false or misleading, the application shall be denied, and the applicant shall be subjected to criminal prosecution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal on this one-page affidavit certifying its truth and veracity on this ____ day of _____, 2026

Applicant Print

Applicant Signature

SUBSCRIBED AND SWORN TO on the ____ day of _____, 2026 in the City of Cranston, County of Providence, by _____, who is personally known to me, or has provided _____ as proper documentation of his/her identification, and he/she acknowledged that his/her signature is his/her free act and deed.

Notary Public -Signature

Notary Public -PrintName
My Commission expires

1/2026(60)

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Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

For guidance related to the purpose of Form W-9, see **Purpose of Form**, below.

See Specific Instructions on page 3.
 Print or type.

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2	Business name/disregarded entity name, if different from above.	
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)
5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN**, later.

	-		-	
OR				
	-		-	

Note: If the account is in more than one name, see the instructions for line 1. See also **What Name and Number To Give the Requester** for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they