CARES Act Relief Funds – Small Business Application Instructions

STATE OF NEW MEXICO SMALL BUSINESS CONITNUITY GRANT

APPLICATION PERIOD OPENS September 18, 2020 AND CLOSES October 23, 2020

A maximum of $10,000.00 may be approved per application. The city has been allocated up to a total of $117,150 for Small Business Grants so funds are limited.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);
2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

The State of New Mexico is providing Coronavirus Aid Relief funds to reimburse costs for expense due to COVID-19.

***IMPORTANT: PLEASE READ ALL OF THE CORONAVIRUS RELIEF FUND GUIDANCE FOR STATE, TERRITORIAL, LOCAL, AND TRIBAL GOVERNMENTS INFORMATION.

APPLICATIONS ARE FINAL UPON SUBMISSION INCLUDING ADDITIONAL INFORMATION AND DOCUMENTS LISTED BELOW.

Who can apply?

- This grant is available to qualifying small businesses with 50 or fewer full-time equivalent employees in Belen, New Mexico as long as funding remains for the program. The grant proceeds must be spent on eligible "business continuity" expenses. In addition, you may qualify for additional funding for "business redesign" expenses necessary to adopt COVID Safe Practices, and eligible expenses for both portions of this grant program outlined below.
- To be eligible, your company must be headquartered in Belen, New Mexico and either have been forced to close or severely curtail business operations as a result of closure orders from the state and have an annual revenue of $2 million or less prior to the impact of COVID-19. The business must have also had a start date of March 1, 2019 or prior.

Who is not eligible to apply?

- Businesses headquartered outside of Belen, New Mexico
- Businesses exceeding 50 full-time equivalent employees
- Businesses with annual revenue exceeding $2 million
- Businesses that started after March 1, 2019
- Businesses that were not forced to close or did not have severely curtailed business operations as a result of closure orders from the state

What documents are required?

- Completed application form and required supportive documents submitted to the contact email address below or hand delivered at Belen City Hall.

All required documentation is listed below:

- Certificate of good standing (Up to date and active City Business Licence, Non-profit certification, etc).
- Copy of your payroll to include March 1, 2020
- Most recent payroll at time of application
- Documentation of March and April 2019 total gross receipts
- Most recent taxes documenting net taxable income
- Unemployment insurance tax documentation for the fourth quarter of 2019
- **Completed W9 Form**
- Voided Check or Bank Letter with Account/Routing Info (if applicable). Payments will be made directly into the small business bank account. By providing us this information, you certify that the information provided is correct and you authorize the county or municipality to initiate credits for corrections to the financial institution.

What expenses will be covered?

Business Continuity:

- Non-owner employee payroll - – Limited to costs associated with Covid response services
- Rent
- Scheduled mortgage payments
- Insurance
- Utilities
- Marketing

Business Redesign:

- Reconfiguring physical space
- Installing plexiglass barriers
- Purchasing web-conferencing or other technology to facilitate work-at-home
- PPE for employees
- Temporary structures to mitigate the spread of Covid-19• Exterior features/ structures (tents, tables, signage, etc) must be temporary only

Contact information:

For questions regarding this application, please email caresactsubmittals@belen-nm.gov. After submitting the application, you will be notified of your award amount. Again, applications can be submitted to the email address above or hand delivered to the Belen City Hall.

Applicants must be aware that applying for this grant may result in not being eligible to apply for other federal grants.

Funds will be provided on a reimbursement basis. (Grantees must submit clear copies of invoices and proof of payment. This is required for federal audit purposes.) (Documentation regarding payroll expenses will be required.)

IMPORTANT NOTE: PLEASE ANSWER ALL QUESTIONS. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR APPLICATION AND MAY FURTHER RESULT IN YOUR APPLICATION BEING DENIED IF INFORMATION REQUESTED IS NOT PROVIDED TO THE CITY WITH THE APPLICATION.

New Mexico Small Business Continuity Grant Application Form

1. Please type the legal name of your business.

2. Please enter your New Mexico taxpayer ID number. _____

3. Please enter your local business license number. _____

4. Do you have a current certificate of good standing? ☐Yes ☐No

5. Only the owner, CEO or other authorized representative of the business may apply for this grant. Please enter your full first and last names.
   Business Owner: _____
   CEO or other authorized representative: _____

6. Is your business headquartered in New Mexico? ☐Yes ☐No

7. What are the county and zip code for the company's primary place of business?
   County _____ Zip Code _____

8. What type of business do you have? ☐C-Corp ☐LLC ☐Partnership ☐Sole Proprietorship ☐ Nonprofit

9. What was your employee headcount for full-time (32 hours/week or more) and part-time employees on March 1, 2020?
   32 Hours/week or more _____ Part-time_____

10. What is your current employee headcount for full-time (32 hours/week or more) and part-time employees?
    32 Hours/week or more _____ Part-time_____

11. What were your total gross receipts for March 2019 and for April 2019?
    March 2019 $_____ April 2019 $_____

12. What were your estimated total gross receipts for March 2020 and for April 2020?
    March 2020 $_____ April 2020 $_____

13. Was your business included in the New Mexico orders to shut down or severely curtail business operations? ☐Yes ☐No

14. Did you shut down or severely curtail your business activities as a result of closure orders?
☐Yes ☐No If so, what date did you close or curtail your business? _____

    a. If you curtailed rather than closed your business, please describe the nature of the curtailment.

    b. What is your best estimate of what month you did or will reopen? _____

    c. When you reopen, what percent of capacity to you expect to operate at? May – December listed for reopen, 0-25% / 26-50% / 51-75% / 76-100% for capacity
    May _____ June _____ July _____
    Aug. _____ Sept. _____ Oct. _____
    Nov. _____ Dec. _____

15. What was your net taxable income in the most recent complete tax year? $ _____

16. What impact do you anticipate the COVID-19 crisis and related effects will have on your revenues for 2020 as a whole?
☐ No effect ☐10% ☐20% ☐30% ☐40% ☐50% ☐60% ☐70% ☐80% ☐90% ☐100%

17. If you pay withholding, have you delayed or plan on delaying withholding tax? ☐Yes ☐No

18. How many years has your business been in continuous operation through March 1, 2020? _____

19. How many employees and what total payroll did you report to the state for unemployment insurance taxes for the fourth quarter of 2019?
Employees _____
Taxes Reported $_____

20. Have you been approved for an SBA Paycheck Protection Program loan or Economic Injury Disaster Loan? (check all that apply)
☐SBA Paycheck Protection Program Loan
☐Economic Injury Disaster Loan

21. Is your business owned by a socially disadvantaged group? (check all that apply)
☐No
☐Woman
☐Veteran
☐Minority
☐Tribal

22. Please provide a list of items to be purchased for COVID-19 prevention and/or mitigation and the estimated cost for each item. Use the list of items under "What expenses will be covered?" in the instructions above as a guide.

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Upon submitting my application form, I certify that the information provided in this application is true and that the expenses will not be reimbursed through other CARES Act funds. I understand this grant is for expenses incurred between March 1, 2020 and December 30, 2020 as specified above.

I understand that knowingly making a false statement to obtain this grant or providing expenditures that do not qualify may result in the applicant refunding all reimbursed expenditures to the Department of Finance & Administration.

Applicant:_____

By:_____ Date:_____