

CARES Act Relief Funds – Small Business Application Instructions
STATE OF NEW MEXICO SMALL BUSINESS CONTINUITY GRANT
APPLICATION PERIOD OPENS SEPTEMBER 15, 2020 AND CLOSSES DECEMBER 31, 2020

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, THEREFORE, ADDITIONAL INFORMATION WILL NOT BE REQUESTED OR CONSIDERED EXCEPT FOR THE DOCUMENTS LISTED BELOW.

Who can apply?

- This grant is available to qualifying small businesses with 50 or fewer full-time equivalent employees in 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 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 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 had severely curtailed business operations as a result of closure orders from the state

As the administrator of the New Mexico Business Continuity Grant Application on behalf of the Town of Silver City, New Mexico USA and the Grant County, New Mexico USA Silver City Grant County Chamber of Commerce is not responsible for any application that is denied, omitted or overlooked as part of the application process. The Silver City Grant County Chamber of Commerce is not the final determinant of application acceptance or approval.

What documents are required?

- Completed application form (submitted online)

All documentation listed below are required upon execution of the grant award:

- Certificate of good standing
- 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
- 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

Contact information:

For questions regarding this application, please email director@silvercity.org. After submitting the application, you will be notified of your award amount and will be allowed to proceed with submitting eligible documentation. Please allow 10 business days for processing after the submission deadline.

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.)

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LEGAL NOTICE: By clicking "submit" on the online 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.

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 STATE IN A TIMELY MANNER.

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/registration 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 _____

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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 is the percentage change in revenue from March 2019 to March 2020 _____ ?

12. What is the percentage change in revenue from April 2019 to April 2020 _____ ?

13. Did your 2019 revenue exceed \$2,000,000? Yes No

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

15. 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? _____

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

17. What is your best estimate of which month you did, or will reopen? _____

18. When you reopen, at what percent of capacity to you expect to operate?

May – December listed for reopen, 0-25% / 26-50% / 51-75% / 76-100% for capacity

May _____ June _____ July _____

Aug _____ Sept _____ Oct _____

Nov _____ Dec _____

19. What was your net taxable income in the most recent complete tax year? \$
20. 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%
21. If you pay withholding, have you delayed or plan on delaying withholding tax? Yes No
22. How many years has your business been in continuous operation as of March 1, 2020?
23. 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 \$
24. 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
25. Is your business owned by a socially disadvantaged group? (check all that apply)
 No
 Woman
 Veteran
 Minority
 Tribal
26. Please detail here the amount being requested from the Grant Fund. Then please provide a list of items to be or were 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. Also, in this section detail other expenses that are listed in the "Business Continuity Section" such as rent, utilities, etc. that are part of your request. (May attach pages.)

I certify that I am authorized to submit this application on behalf of the organization, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application.

The Local Government entity to which you are applying is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that a Small Business Continuity Grant is awarded pursuant to this application the Local Government Entity, or its agent, shall be entitled to access and audit such records as may be necessary to prevent fraud and ensure compliance with federal requirements.

Under penalty of perjury, I declare that I have read the foregoing application and that the facts stated in the application are true and correct. I understand that knowingly making a false written declaration is a felony.

Applicant Name: _____ Applicant Title: _____

Signature: _____ Date: _____

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