

City of Rio Rancho CARES Act Small Business Grant Application Checklist

*Please ensure that you have completed and included all the below documents.
If you have not successfully checked 'yes' to all of the items, do not submit your application.*

- | | YES |
|---|------------|
| 1- Completed original State of New Mexico Continuity Grant Application
(Please ensure the application completed in its entirety) | _____ |
| 2- Completed and signed original Rio Rancho Application Addendum
(Please ensure the application completed in its entirety) | _____ |
| 3- Copy of City of Rio Rancho Business License/Registration | _____ |
| 4- Copy of CRS-1 form reflecting remittance of GRT with a Rio Rancho location (if applicable).
If you do not remit GRT in Rio Rancho, please be sure to answer in the Application Addendum | _____ |

For the first review of applications, submit by 9/18/20.
If funds remain, applications will be reviewed as they are received.
Incomplete applications will not be reviewed.

Questions and/or Submit Completed Application to:
Greg Peña
3200 Civic Center Circle NE
Rio Rancho, NM 87144
gpena@rrnm.gov | 505-896-8710 (Direct) | 505-249-3159 (Cell)
www.rrnm.gov/assistan

CARES Act Relief Funds – Small Business Application Instructions

STATE OF NEW MEXICO SMALL BUSINESS CONTINUITY GRANT

APPLICATION PERIOD OPENS September 4, 2020 AND CLOSES September 18, 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

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

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

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.

Small Business Continuity Grant Application Form (State Questions)

- 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 city, county and zip code for the company's primary place of business?
City: _____ County: _____ Zip: _____
- 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 on March 1, 2020?
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 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 do 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 Veteran Tribal

Woman Minority

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.

City of Rio Rancho Application Addendum

- 1- Please attach a copy of your Rio Rancho Business License/Registration (current, non-expired) (If your City of Rio Rancho Business License/Registration needs to be renewed, please contact the City Clerk at 505-891-5004 or www.rnm.gov/30/City-Clerk).
- 2- Please attach a copy of a recent CRS-1 form reflecting remittance of GRT with a Rio Rancho location (if applicable). You may redact your gross receipts and GRT remittance figures.
If you do not remit GRT with a Rio Rancho location code, please explain:

- 3- When did your firm initiate operations in Rio Rancho? _____ (month), ____ (year).
- 4- Is the firm’s principal owner a Rio Rancho resident? _____ Yes _____ No
If not, a resident of Sandoval County? _____ Yes _____ No
- 5- How much are you requesting for “Business Continuity”? _____
- 6- How much are you requesting for “Business Redesign”? _____
- 7- Expending a potential Grant Award:
Have you already incurred the expenses? _____ Yes _____ No

Will you incur the expenses once you receive grant award notification? _____ Yes _____ No

A combination thereof? _____ Yes _____ No

I certify that I am authorized to submit this application, the submitted information, to the best of my knowledge is accurate and true and that the expenses will not be reimbursed through other CARES Act funds. I understand this grant is for eligible expenses up to the grant award incurred between March 1, 2020 and December 30, 2020 as specified. I understand that the City of Rio Rancho will rely on the accuracy of the submittals and certifications made in conjunction with this application. 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 City of Rio Rancho and/or State of New Mexico’s Department of Finance & Administration. Any misrepresentation or inaccurate information may be treated as a default concerning any grant made. I understand that my application, or components thereof, may be subject to Chapter 14, Article 2 NMSA 1978, the Inspection of Public Records Act (IPRA). Pursuant to Subsection A of 7-1-8 NMSA 1978, taxpayer information will remain confidential. 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.

Business Name _____
 Address _____ Rio Rancho, NM 871__ __
 Authorized Representative (Print Name) _____
 Authorized Representative (Signature) _____
 Title _____ Date _____