Small Business and Non-profit Stabilization Grant Program Application Form

Overview

In response to ongoing State of New Mexico COVID-19 health requirements and limitations which have negatively impacted business and non-profit income, Santa Fe County, The City of Santa Fe and Town of Edgewood, here-in known as "The Partnership", seeks to provide financial support to small businesses and non-profits within Santa Fe County needing assistance in overcoming the temporary loss of revenue due to COVID-19. The purpose of this funding is to support the longterm longevity and health of our small business and non-profit community. **Applicants seeking funding from this program must demonstrate how such funding will support the longterm longevity and health of the business or non-profit agency.**

Utilizing funding provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Santa Fe County Economic Development Department is making grants of up to $15,000 for qualifying businesses. Small Business and Non-profit Stabilization Grants can be used for the following purposes:

- **Business Continuity:** this includes non-owner payroll, rent, scheduled mortgage payments, insurance, utilities, or marketing.
- **Business Redesign:** this includes, but is not limited to, spending on reconfiguring physical space and/or PPE for adherence to COVID-Safe Practices, such as installing plexiglass barriers, purchasing, web-conferencing or other technology to facilitate work-at-home, PPE for employees, or temporary structures to mitigate the spread of COVID-19.

Eligibility Overview

Small Businesses and Non-profits that are eligible for the Small Business and Non-profit Stabilization Grant Funding must:

- Possess a current Santa Fe County, and/or City of Santa Fe, and/or Town of Edgewood Business License; (Businesses or Nonprofits in the City of Española must apply to the City of Española for Grant Funding)
- Have a principal business address that is registered and located within Santa Fe County limits;
- Employ a minimum of 1 employee and cannot exceed 50 employees (sole proprietorships qualify);
- Demonstrate a reduction of at least 25% in revenues due to COVID-19;
- Have incured documented qualified expenses between March 1 and December 30, 2020;
- Have been in business since, or prior to, March 1, 2019;
- Revenues of business or non-profit must not exceed $2,000,000 prior to impact of COVID-19;
- If nonprofit, have received its 501(C)(3) designation prior to March 1, 2019 and provide most recent audited financial statements with a determination of good financial standing;
- If non-profit, the organization must have no part of its net earnings going to benefit any member, founder, contributor or individual;
- Be current on all New Mexico State Taxes;
- Agree to explore and review business counseling for financial and business continuity planning with entrepreneurial support organizations (ESOs) (see page 11 of application).

Priority

Priority will be given to businesses which:

- Are locally owned independent businesses under 25 employees;
- Have been ordered fully, or partially, closed by the State of New Mexico;
- Did not receive funding from the Paycheck Protection Program (PPP) or Economic Injury Disaster Loans (EIDL);
- Demonstrate higher-levels of reduction in revenue (50%+ decrease).

NOTE: The priority preferences will only be considered once available funding for the program is drawn down to $500,000 or below)

Required Documentation

Application must include all documentation listed below. Illegible and/or applications with missing documents will not be considered. Applicant may resubmit application with complete and legible documents when obtained.

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

Documents may either be attached digitally to this application form in the spaces indicated for each document type OR they can be submitted to the contact information below, either in physical or digital form. **Note**: In order for an application to be considered complete, all required documents must be received by Santa Fe County Economic Development.

Documentation Checklist

- ☐ New Mexico Tax ID Number;
- ☐ If applicable, a copy of a Certificate of Good Standing for State of New Mexico (https://portal.sos.state.nm.us/BFS/online/Account)
- ☐ A copy of a City or County issued Business License;
- ☐ If non-profit; a copy of 501(c)(3) designation;
- ☐ If non-profit, a copy of most recent audited financial statements;
- ☐ If non-profit, current list of Board members;
- ☐ If non-profit, current, and previous year, approved organizational budget including all sources and uses of funds;
- ☐ For all applicants, unaudited (or audited) financial statements demonstrating revenue decrease due to COVID-19
  - ☐ 2019 and 2020 Q1 and Q2 Profit and Loss, as available cash flow statements and balance sheet;
  - ☐ And, ES903A Form or completed payroll spreadsheet showing number of employees, hourly wage, and employment status (full or part time) for previous three (3) quarters;
  - ☐ And, copies of most recent Federal and State Tax Returns or **equivalent**(Schedule C is equivalent for Sole Proprietors)(Form 990 for non-profits);
- ☐ Completed and submitted W-9 Santa Fe County Vendor Form (See Page 8 of Application Packet);
- ☐ Completed Exhibit A, Small Business CARES Act Relief Funding Detailed Report Form and associated receipts (Linked below application link, or found **here**);

***Required**: Failure to provide **ALL** items will result in an incomplete application and such application will not be considered until the absent documents are submitted.

Note: In order for an application to be considered complete, all required documents must be received by **Santa Fe County Community Development Division**.

Required Proof-of-Use Documentation for Future-Oriented Expenses

Grant funds may be applied to eligible business continuity and redesign expenses incurred between March 1, 2020 and December 30, 2020.

Should the applicant apply and receive grant funding for eligible expenses to be expended at a future date, but before December 30,2020, the applicant must submit a report outlining the use and results of the Grant (the "Report") sixty (60) days after execution of the Business Stabilization and Non-Profit award letter. The Report must include proof of procurement of eligible expenses, goods and services (detailed receipts). If grant funding was used for business redesign expenses the Report must include photos of the business redesign improvements made with grant funds. The Partnership reserves the right to deny grant funding for any and all future-oriented (funding requested for eligible expenses that have not yet been expended by the organization) expenses. The Partnership may require additional documentation for determining all funding for future-oriented expenses.

Applicants seeking funding for future-oriented expenses may have their applications held until the available grant funding for the program is drawn down to the $500,000 priority threshold.

Applicants strictly seeking reimbursement for expenses they have already incurred will not required to provide any detailed report once the grant funding is received. They shall only be required to provide detailed receipts of the expenditures they are seeking reimbursement for.

Upon the failure to provide the Report, Santa Fe County reserves the right to recover its share of the public support (funding) for which the grantee failed to procure eligible expenses as described in the applicants application, Certification of Award letter, and Grant Agreement.

Reports must be submitted electronically to: SFCCaresAct@santafecountynm.gov

A. General Information

Please provide the following information

A.1 Legal Name of Organization (as shown in Line 1 of W-9)

A.2 FEIN (Federal Employer Tax Identification Number)

A.3 State of New Mexico CRS Identification Number

A.4 Principal Business Address

A.5 Organization's Website Address [NOT REQUIRED]

A.6 Type of Business Structure? (C-Corp, LLC, Partnership, Sole Proprietorship, non-profit or other, if other- please explain)

A.7 Date Organization Established:

OWNER OR REPRESENTATIVE CONTACT INFORMATION

A.8 First Name:

A.9 Last Name:

A.10 Primary Phone:

A.11 Primary Email:

A.12 Organization Phone Number:

B. Narrative

B.1. Total Grant Funds Requested [Maximum Request Amount: $15,000]

B.2. How many total full-time equivalent (32 hours/week or more) and part-time employees does your organization employ at present? What is the total hours per week of all full-time equivalent and part-time employees?

- Full-time equivalent:
- Part-time:
- Total Full-time equivalent hours:
- Total Part-time hours:

B.3. How many total full-time equivalent (32 hours/week or more) and part-time employees did your organization employ on June 30, 2020? What was the total hours per week of all full-time equivalent and part-time employees?

- Full-time equivalent:
- Part-time:
- Total Full-time equivalent hours:
- Total Part-time hours:

B.4. How many total full-time equivalent (32 hours/week or more) and part-time employees did your organization employ on December 31, 2019? What was the total hours per week of all full-time equivalent and part-time employees?

- Full-time equivalent:
- Part-time:
- Total Full-time equivalent hours:
- Total Part-time hours:

B.5. At full capacity, how many total full-time equivalent employees would your organization desire to be able to employ in 2020?

B.6. What is your organization's total estimated annual organization payroll amount for 2020?

B.7. If you pay withholding, have you delayed or plan on delaying withholding tax? (circle one)

- ☐ Yes
- ☐ No
- ☐ N/A

B.8. Number of employees and reported payroll to state of unemployment insurance taxes for fourth quarter of 2019:

- Number of employees:
- Reported Payroll for Unemployment Insurance Taxes (4Q 2019):

B.9. Does your organization adhere to generally accepted accounting principles?

- ☐ Yes
- ☐ No

NOTE: To find total gross receipts for dates requested visit here to access and log onto your NM Taxpayer Access Point portal

B.10. What was your organizations total gross receipts for March, June, August, and September 2019?

- March 2019: $
- June 2019: $
- August 2019: $
- September 2019: $

B.11. What is your organizations total gross receipts for March, June, August, and September 2020?

- March 2020: $
- June 2020: $
- August 2020: $
- September 2020: $

B.12. What was your organization's net taxable income for most recent complete tax year?

B.13. What is your organization's estimated total lost revenue between March 1, 2020 and September 30, 2020

B.14. What is your organization's estimated impact of COVID-19 on revenues for 2020? (Select one)

- ☐ 25%-50% decrease
- ☐ 51%-75% decrease
- ☐ 76%-100% decrease

B.15. Business/ Non-profit status in relation to New Mexico Health Restriction Orders (was your business required to shut down or severely curtail business operations?);

- If closed, date of closure:
- If curtailed, please describe scope of curtailment:
- Best estimate of when you did, or intend to, reopen:
- When you reopen, what percentage of capacity do you expect to operate at? (Please fill in table with provided percentages: 0-25%, 26-50%, 51-75%, 76-100%)

Month	**Percentage of Operational Capacity**	**Month**	**Percentage of Operational Capacity**
May		September	
June		October	
July		November	
August		December	

B.16. What is your organization's planned use of the grant proceeds and how will it support the longterm longevity and health of your organization?

B.17. Have you been approved for funding from the Payment Protection Program (PPP) or Economic Injury Disaster Loan (EIDL)? (Circle One)

- PPP: ☐ Yes ☐ No
  - If yes, please attach documentation to submission
- EIDL: ☐ Yes ☐ No
  - If yes, please attach documentation to submission

B.18. Is your business owned by a socially disadvantaged group? (check all that apply).

- ☐ No
- ☐ Women
- ☐ Veteran
- ☐ Minority
- ☐ Tribal

B.19. Where did you learn about this grant opportunity? (name of entity or website you learned about the program)

CARES ACT

DO NOT SEND TO IRS - SUBMIT FORM TO SANTA FE COUNTY FINANCE DIVISION

02/2020

SANTA FE COUNTY
FINANCE DIVISION
SUBSTITUTE FORM W- 9
REQUEST FOR TAXPAYER INDENTIFICATION NUMBER, CERTIFICATION

SANTA FE COUNTY

PLEASE TYPE OR PRINT NEATLY AND REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: VENDOR INFORMATION

Please Check One - ☐ New Vendor ☐ Change Existing Vendor Information

1 . Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C or Social Security Administration records, Social Security Card, certified Form SSA7028.) If an individual name, please enter in LASTNAME, FIRSTNAME, MI format	2 . If you use a Doing Business As (DBA) / Trade Name, please enter below:

3. Entity Type (Check only one):

- ☐ Individual / Sole Proprietorship
- ☐ Single Member / LLC (Individual)
- ☐ Partnership General / LLC
- ☐ Corporation / Professional Corporation / LLC
- ☐ Non-United States Business Entity
- ☐ Estate or Trust
- ☐ Government (Local, State, Federal, Tribe)
- ☐ Tax-Exempt organization under IRC Section 501 C
- ☐ Santa Fe County Employee

4. 1099 Reporting: Services provided to the County by vendor:

- ☐ Health care or medical service
- ☐ Attorney / Legal services
- ☐ Rental of Real Property
- ☐ Royalties
- ☐ Santa Fe County Appointed Committee Member / Volunteer
- ☐ Other _____

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES) ☐☐☐☐☐☐☐☐☐

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Tax ID Number (ITIN) ☐ N/A (Non-US Business Entity)

PART III: ADDRESS

1. Remittance Address for **PAYMENT**:	2. Address for Purchase Orders, Correspondence, 1099s (**IF DIFFERENT):**
Address Line #1	Address Line #1
Address Line #2	Address Line #2
Address Line #3	Address Line #3
City State Zip	City State Zip

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct tax payer 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name	Printed Title	Telephone Number
Signature	**Email**	**Date (mm/dd/yyyy)**

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: Santa Fe County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please be sure to provide a copy of a voided check or a letter from your bank confirming the information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account ☐ **Checking** ☐ **Savings**

I acknowledge the IAT warning and authorize Santa Fe County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature	Printed Name

Mail, Fax or Email to Santa Fe County Finance, PO Box 276, Santa Fe, NM 87504- 0276 / Fax (505) 986- 6277 / vendorforms@santafecountynm.gov

Finance Use Only: Vendor # - Entered by - Date - ACH by - Reviewed by -

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from Santa Fe County and/or you are a vendor who provides goods and services to Santa Fe County. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, Santa Fe County is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow Santa Fe County to confirm that our records contain the official name of your business as well as the Tax Identification Number (TIN) that the IRS has on file for your business and business type. Please fill the form in completely, sign and return.

PART I: VENDOR INFORMATION

1. **New / Change** Check the appropriate box if this form is for a new Santa Fe County vendor or a change of information for an existing vendor. Please fill out the form completely, whether for a new or changed vendor.
2. **Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration. If using your individual name, please enter it in Last Name, First Name, Middle Initial format.
3. **DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (Doing Business As) name. All Others: Complete only if business name is different than Legal Name.
4. **Entity Type** Check ONE box which describes business entity.
5. **1099 Reporting** Check the appropriate box or boxes that applies to the type of service being provided to Santa Fe County. If the type of service is not specifically listed, then check Other and enter the type of service.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. **Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
    a. **TIN** is always a 9-digit number. Provide the Employer Identification Number (EIN), Social Security Number (SSN) assigned by the Social Security Administration or the Individual Tax Identification Number (ITIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
2. **TIN Identification Type** Check the appropriate box for the Taxpayer Identification Number provided above.

PART III: ADDRESS

1. **Remittance Address** Where payment(s) should be sent.
2. **Address for Purchase Orders, Correspondence, and 1099s** should be sent **ONLY if different** from the Remittance Address.
3. **Zip Code** Include the last 4 digits of the 10-digit zip code if known.

PART IV: CERTIFICATION

By signing this document, you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the Santa Fe County Employee for which the vendor account is established. Identifying information (Printed Name and Title) is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the Santa Fe County through Automated Clearing House (ACH) direct deposit. For this service, please provide a copy of a voided check or letter from financial institution with the banking information and provide a signature for this section. Without **both** of the two items, ACH information **WILL NOT** be entered and payments will be made by warrant. Select the type of account being provided.

Print name and sign to acknowledge the IAT warning and to authorize the Santa Fe County to initiate direct deposit of funds to your financial institution as provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information.

Mail, Fax or Email the signed, completed form to:

Santa Fe County Finance
PO Box 276
Santa Fe, NM 87504-0276

Phone: (505) 986-6375
Fax: (505) 986-6277
Email: vendorforms@santafecountynm.gov

Applicant Grant Agreement

Please read and certify the following information:

The application, including attachments, is subject to disclosure under New Mexico's public records law, subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed without any notice to applicant if a public records request is made for such information. Santa Fe County will not be liable to applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the County in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to N.M. Sat. Ann §14-3-7.1.

If applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, applicant must include a general description of the information and provide reference to the New Mexico statute or other law exempting such designated information from disclosure in the event of a public records request. Santa Fe County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is exempt and will make disclosure in accordance with applicable law in its sole discretion.

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. I understand this grant is for expenses incurred between March 16, 2020, and December 30, 2020, as specified above. Santa Fe County 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 CARES small business grant is awarded pursuant to this application, Santa Fe County 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 and all expenditures will be reimbursed to Santa Fe County. When applicable, no more than sixty (60) days after execution of the Business Stabilization and Non-Profit Certification of Receipt of Award and signed Grant Agreement, grantees must submit a Small Business Continuity and Redesign Reporting Form outlining the use and results of the Grant (the "Report"). The Report must include proof of procurement of eligible expenses, goods and services (detailed receipts). If grant funding was used for business redesign expenses the Report must include photos of the business redesign improvements made with grant funds.

Applicant Name:

Applicant Title:

Signature:

Today's Date:

For any questions, correspondence, or additional information, please contact the Santa Fe Community Development Division at:

100 Catron Street Santa Fe, NM 87501
TEL: 505-986-6349
SFCCaresAct@santafecountynm.gov

Entrepreneurial Support Organizations (ESOs)

SCORE Santa Fe

Santa Fe SBDC

The Santa Fe Small Business Incubator

WESST

The Regional Development Corporation