



## New Mexico CARES Small Business Continuity Grant

Deadline for applications is November 2, 2020

### **SECTION 1 - Review all Eligibility Requirements:**

- Initial \_\_\_\_\_
- \_\_\_\_\_ Applicant Company is headquartered in New Mexico; AND
- \_\_\_\_\_ Applicant has either been forced to close or severely curtail business operations as a result of closure orders from the State of New Mexico due to COVID-19; AND
- \_\_\_\_\_ Applicant has annual net taxable revenue of \$2 million or less to the impact of COVID-19; AND
- \_\_\_\_\_ Applicant has 50 or less full-time equivalent employees (32 hours per week is full-time); AND
- \_\_\_\_\_ Applicant Company is within Tucumcari, Logan, San Jon, House or Quay County; AND
- \_\_\_\_\_ Applicant Company was in operation before January 1, 2020; AND
- \_\_\_\_\_ Applicant Company has a current business registration from these entities (if applicable).

Does your business meet ALL 7 of the eligibility requirements above? YES \_\_\_\_\_ No \_\_\_\_\_

**DO NOT MOVE PAST THIS SECTION, unless you answer "YES to the question above.**

If one or more of the eligibility requirements does not apply to your business, you are not eligible for the New Mexico CARES Small Business Continuity Grant.

**SECTION 2 – Business Information**

---

Legal Business Name

---

Trade Name (if different from Legal Business Name)

Full Business Address for Primary Location (Cannot be a P.O. Box)

---

Street Address

---

City

State

Zip Code

---

Applicant Name

---

Applicant Title (only business owners, CEO's, or authorized representatives may apply)

Email: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Date Business Established (mm/yyyy) \_\_\_\_\_

New Mexico Taxpayer ID Number (CRS) \_\_\_\_\_

Current Business Registration Number \_\_\_\_\_

What was the date of the business closure or curtailment of activities? Please describe the nature of the closure/curtailment. Include date the business reopened if applicable.

---

---

---

---

---

---

---

---

---

---

Number of FULL-TIME employees as of March 1, 2020 (32 or more hours weekly) \_\_\_\_\_

Number of PART-TIME employees as of March 1, 2020 \_\_\_\_\_

Current number of FULL-TIME employees (32 or more hours weekly) \_\_\_\_\_

Current number of PART-TIME employees \_\_\_\_\_

How many full-time equivalent employees were reported to the state for unemployment insurance taxes for the fourth quarter of 2019? \_\_\_\_\_

What was the total amount in payroll that was reported to the state for unemployment insurance taxes for the fourth quarter of 2019? \_\_\_\_\_

List applicant business' March-December, 2019 total net taxable gross receipts (sales/revenue) by month. (enter "0" if none)

March 2019 \_\_\_\_\_ April 2019 \_\_\_\_\_

May 2019 \_\_\_\_\_ June 2019 \_\_\_\_\_

July 2019 \_\_\_\_\_ August 2019 \_\_\_\_\_

September 2019 \_\_\_\_\_

List applicant business' January-September 2020 total net taxable gross receipts (sales/revenue) by month. (Enter "0" if none)

March 2020 \_\_\_\_\_ April 2020 \_\_\_\_\_

May 2020 \_\_\_\_\_ June 2020 \_\_\_\_\_

July 2020 \_\_\_\_\_ August 2020 \_\_\_\_\_

September 2020 \_\_\_\_\_

Compared to 2019, what is the projected total reduction to your business' 2020 revenues due to COVID-19 crisis and related effects? For businesses that open for the first time in 2019 use projected revenue for comparison.

Please check the appropriate percentage.

No reduction       1% - 9%       10% - 29%       30% - 49%  
 50% - 69%       70% - 89%       90% - 100%

**Has the business been approved for an SBA Paycheck Protection Program (PPP) loan?**

YES, I have received the PPP loan in the amount of \$ \_\_\_\_\_

YES, but I declined the loan.

NO

**Has the business been approved for an SBA Economic Injury Disaster Loan (EIDL) AND/OR the advance/grant? (include amount if applicable)**

Yes, I have received the EIDL loan in the amount of \$ \_\_\_\_\_

Yes, I was approved for the EIDL loan, but have not received it yet.

Yes, but I declined the loan.

Yes, I received both the EIDL grant and loan totaling \$ \_\_\_\_\_

Yes, I received the EIDL grant, but not the loan. Amount \$ \_\_\_\_\_

NO

### **SECTION 3 – Business Need**

Please use the categories below to provide a list of items the business has purchased for COVID-19 prevention and/or mitigation, and the cost for each item. **You only need to add details/cost (and attach required documents) for any categories you are seeking reimbursement for.**

**This grant can only be used for reimbursements for expenses received between March 1, 2020 and October 1, 2020. \*PLEASE NOTE: Any expenses for which you already received PPP, EIDL, or other CARES funding are NOT eligible to include in this grant application.**

**BUSINESS CONTINUITY CATEGORIES:**

- a) Non-Owner Employee Payroll – can include employee health insurance (please include description and amount(s):
  
- b) Rent (please include description and amount(s):
  
- c) Mortgage Payments (please include description and amount(s):
  
- d) Insurance – property, comprehensive, etc. (please include description and amount(s):
  
- e) Utilities (please include description and amounts)
  
- f) Marketing (please include description and amounts)

**Total amount requested for BUSINESS CONTINUITY reimbursement: \$ \_\_\_\_\_**

(Use amounts from categories a-f to support your total request. Enter “0” in none.)

**ALERT – You must attach supporting documentation for each completed category. 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 COUNTY/CITY IN A TIMELY MANNER.**

Acceptable documentation includes copies of invoices or receipts WITH proof of payment (front and back of cleared check, or bank statement, or credit card statement). Please deliver this completed application (with all required documents attached)

**BUSINESS REDESIGN CATEGORIES:**

- g) Re-configuring physical space (please include description and amount(s):
  
- h) Installing plexi-glass barriers (please include description and amount (s):
  
- i) Purchasing web-conferencing or other technology to facilitate work-at-home (please include description and amount(s):
  
- j) Personal Protection Equipment (PPE) for employees (please include description and amount(s):
  
- k) Temporary structures to mitigate the spread of COVID-19 (include description and amount(s):

**Total amount requested for BUSINESS REDESIGN reimbursement: \$ \_\_\_\_\_**

(Use amounts from categories g-k to support your total request. Enter "0" in none.)

**ALERT – You must attach supporting documentation for each completed category. 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 COUNTY/CITY IN A TIMELY MANNER.**

Acceptable documentation includes copies of invoices or receipts WITH proof of payment (front and back of cleared check, or bank statement, or credit card statement). Please deliver this completed application (with all required documents attached)

**SECTION 4 – REQUIRED DOCUMENTS**

Please attach the following documents to complete the application. Your application will be considered incomplete without these documents.

ALL APPLICANTS need:

- Documentation for each expense you're applied for in Section 3.  
Acceptable documentation includes:
  - Receipts or paid invoices with vendor name, amount paid, date of transaction, and adequate description of the product or service purchased AND
  - Proof of payment for the expenses (Copy of cleared checks front and back OR copy of credit card statement OR other proof of payment)
- Most recent CRS-1 form reflecting remittance of GRT with a Quay County location (if applicable). If Applicant did not remit GRT with a Quay County location code, the must explain why.
- Signed Internal Revenue Services (IRS) FORM W-9 Request for Taxpayer Identification Number and Certification (included in this application).

Businesses requesting reimbursement for non-owner payroll expenses will also need:

- Payroll registers for any months requesting non-owner payroll reimbursement in Section 3.

Only expenses incurred between March 1, 2020 and October 1, 2020 are eligible. Although the maximum grant at this time is ten-thousand dollars (\$10,000) we encourage you to make a request for all expenses incurred in case more money becomes available or there are less grant applications than money available.

All applications and accompanying documentation must be turned in before November 2, 2020 at the Quay County Treasurer's Office located at 301 S. 3<sup>rd</sup> Street, Tucumcari NM 88401.

It is the intent of the program to provide grants to all eligible businesses. In the event that the number of application requests exceeds the grant amount available, grants may be awarded on a pro-rata basis. In addition, Quay County and the City of Tucumcari reserve the right to make awards on a first come first served awarded basis. As a result, we encourage you to turn your application in at your earliest convenience.

**If you have questions about these required documents, or required assistance filling out the application, please call the County Manager's Office at 575-461-2112.**

**SECTION 5 – Signature and Authorization**

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 October 1, 2020 as specified. I understand that the City of Tucumcari and Quay County Government 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 Tucumcari, Quay County and/or State of New Mexico's Department of Finance and 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 may 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.

I swear under penalty of perjury that the information provided in the attached documents is true and correct to the best of my knowledge.

---

Printed Name

---

Signature

---

Date

Deliver completed application with all required documents attached to the Quay County Treasurer's Office located on the first floor of the Courthouse at 301, S. 3<sup>rd</sup> Street, Tucumcari, New Mexico.