

CARES Act Relief Funds – Small Business within Valencia County
Application Instructions
STATE OF NEW MEXICO SMALL BUSINESS CONTINUITY GRANT APPLICATION
PERIOD OPENS SEPTEMBER 28, 2020 AND CLOSES OCTOBER 30, 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 expenses 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.
- 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

What documents are required?

- Completed application form (submitted online), mailed to P.O. Box 1119, Los Lunas, NM 87031 or hand delivered to 444 Luna Ave, Los Lunas, NM, 87031

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

- Current Valencia County Business License
- 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

For questions regarding this application, please email joshua.zuni@co.valencia.nm.us or call 505-866-2097. 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 of October 30, 2020.

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

Current guidance from the IRS states the awards will be reported as income to the small business and a 1099 will be issued to each small business.

Funds will be provided on a reimbursement basis. (Small Business Applicants must submit clear copies of invoices and proof of payment. This is required for federal audit purposes.) (Documentation regarding payroll expenses, mortgage statements, bank statements and other documents deemed necessary by Valencia County will also be required.)

LEGAL NOTICE: By submitting this application, 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 Valencia County and may result in civil and criminal penalties.

IMPORTANT NOTES:

- **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 COUNTY IN A TIMELY MANNER.**
- **VALENCIA COUNTY WILL INITIALLY REIMBURSE SMALL BUSINESSES FOR EXPENSES IDENTIFIED UNDER THE SMALL BUSINESS APPLICATION INSTRUCTIONS “BUSINESS REDESIGN” IN ADDITION TO MARKETING. ONCE THE APPLICATION PERIOD HAS EXPIRED, AN ASSESSMENT WILL BE MADE TO DETERMINE IF EXPENSES RELATED TO “BUSINESS CONTINUITY” WILL BE CONSIDERED FOR REIMBURSEMENT.**
- **ALL INVOICES AND PROOF OF PAYMENT MUST BE PROVIDED WITH THE SUBMITTED APPLICATION FOR INCURRED COSTS.**
- **THESE DOCUMENTS WILL BECOME A PUBLIC RECORD SUBJECT TO INSPECTION UNDER THE INSPECTION OF PUBLIC RECORDS ACT.**

New Mexico Small Business Continuity Grant Application Form

1. Is your business located in the Village of Los Lunas or City of Belen limits?

- ❖ If your business is in the Village of Los Lunas, please call: (505) 839-3842.
- ❖ If your business is in the City of Belen, please call: (505) 966-2731

2. Please indicate the legal name of your business. _____

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

4. Please enter your local business license number. _____

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. Are your taxes current? Yes No

8. What are the county and zip code for the company's primary place of business?

County _____ Zip Code _____

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

Nonprofit

10. 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 _____

11. 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 _____

12. What were your total gross receipts for March 2019 and for April 2019?

March 2019 \$ _____ April 2019 \$ _____

13. What were your estimated total gross receipts for March 2020 and for April 2020?

March 2020 \$ _____ April 2020 \$ _____

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? _____

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

B. Please provide a description of efforts made to reduce the spread of Covid-19:

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

D. 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. _____

16. What was your net taxable income in the most recent complete tax year?

\$ _____

17. 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%

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

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

20. 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 \$ _____

21. 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

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

No
 Woman
 Veteran
 Minorit
y Tribal

23. Please provide a list of items that have been or will be purchased for COVID-19 prevention and/or mitigation. Complete the table below to determine which category the requested expenses will be classified as.

Business Continuity		
	Amount	Description of Purchase(s) and or Anticipated Expense(s)*
Non-Owner Employee Payroll		
Rent		
Scheduled Mortgage Payments		
Insurance		
Marketing		
Business Redesign		
	Amount	Description of Purchase(s) and or Anticipated Expense(s)*
Reconfiguring Physical Space		
Installing Plexiglass Barriers		
Purchasing Web-Conferencing or Other Technology		

PPE for Employees		
Temporary Structures to Mitigate the Spread of Covid-19		

24. What is the total amount request for the Business Redesign?

25. What is the total amount requested for the Business Continuity?

