



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;
- Cannot exceed 50 employees (sole proprietorships qualify);
- Demonstrate a reduction of at least 25% in revenues due to COVID-19;
- Have incurred 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;
- If a non-profit with over \$500,000 in revenue have completed 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

All Applicants

- ☐ New Mexico Tax ID Number and proof of compliance with NM Tax and Rev (https://tap.state.nm.us/tap/_/#7);
 - Once on the NM Tax and Rev. website click "Check CRS Status" and fill out the form.
- ☐ If applicable, a copy of a Certificate of Good Standing for State of New Mexico (<https://portal.sos.state.nm.us/BFS/online/Account>)
- ☐ For all applicants, unaudited (or audited) financial statements demonstrating revenue decrease due to COVID-19
 - ☐ 2019 and 2020 Q1 and Q2 Profit and Loss financial statements;
 - ☐ And, copies of 2019 Federal and State Tax Returns or equivalent (Schedule C is equivalent for Sole Proprietors) (Form 990 for non-profits);
 - ☐ And, if you are applying for payroll reimbursement, ES903A Form or completed payroll spreadsheet showing number of employees, hourly wage, and employment status (full or part time) for previous three (3) quarters;
- ☐ 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](#)) (please provide documented receipts of expenses when submitting application);
- ☐ A copy of a City or County issued Business License;

Additional Documents for Non-profits

- ☐ 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;

***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.

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 be 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.

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

B.6. If you pay withholding, have you delayed or plan on delaying withholding tax? (circle one)

☐ Yes

No

☐ N/A

B.7. 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.8. Does your organization adhere to generally accepted accounting principles?

Yes

No

B.9. What was your organizations total gross revenues for the following months in 2019?

- January 2019: \$
- February 2019: \$
- March 2019: \$
- April 2019: \$
- May 2019: \$
- June 2019: \$
- July 2019: \$
- August 2019: \$
- September 2019: \$

B.10. What is your organizations total gross revenues for the following months in 2020?

- January 2020: \$
- February 2020: \$
- March 2020: \$
- April 2020: \$
- May 2020: \$
- June 2020: \$
- July 2020: \$
- August 2020: \$
- September 2020: \$

B.11. What is your organization's estimated total lost revenue between March 1, 2020 and September 30, 2020

B.12. 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.13. 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.14. Please state specifically the expenses you are requesting reimbursement for. These should be expenses that have already been incurred and that you have documented receipts for. The County is currently only accepting applications for previously incurred expenses beginning from March 1, 2020.

B.15. Please describe how have these expenses supported the longterm longevity and health of your organization?

B.16. Have you been approved for funding from the Payment Protection Program (PPP) or Economic Injury Disaster Loan (EIDL)?

- PPP: ☐ Yes ☐ No
 - If yes, please attach documentation to submission and complete portion below.
- EIDL: ☐ Yes ☐ No
 - If yes, please attach documentation to submission and complete portion below.

Total Amount of PPP Funds Recieved:

Date of Funding:

Please provide a detailed explanation on the use and expenditures of PPP Funds:

Total Amount of EIDL Funds Recieved:

Date of Funding:

Please provide a detailed explanation on the use and expenditures of EIDL Funds:

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)

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 IDENTIFICATION NUMBER, CERTIFICATION

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

PART I: VENDOR INFORMATION

Please Check One -		<input type="checkbox"/> BYk J YbXcf	<input type="checkbox"/> 7\Ub[Y'9]ghb[J YbXcf -bZcfa Uh]cb
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PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

%' 9bhYf'nci f'H-B'YfY'fBC BCHI G'85G< 9Gt &" HUI dUnYf'XybhjZ]W]h]cb'HndY fV\YV\ Uddfcd]U'Y'Vcl t <input type="checkbox"/> 9a d'cnYf'8'Bc" f9-Bt <input type="checkbox"/> GcVU'GYVW f]hmBc" fGGBt <input type="checkbox"/> -bX]j]Xi U' HUI '8'Bi a VYf'fH-Bt <input type="checkbox"/> B#5'fBcb! I G'6i g]bYgg'9bh]mt	
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PART III: ADDRESS

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PART IV: CERTIFICATION

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

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PART V: OPTIONAL DIRECT DEPOSIT (ACH)

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Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Mail, Fax or Email to Santa Fe County Finance, PO Box 276, Santa Fe, NM 87504- 0276 / Fax (505) 986- 6277 / vendorforms@santafecountynm.gov

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PART I: VENDOR INFORMATION

1. **New / Change** 7\YVᄁ ᄁY Uddfcdf]ᄁH' Vcl]Zᄁ]g Zcf 'ᄁ]g Zcf U'bYk 'Gubᄁ: Y 7ci bᄁmᄁ] YbXcf'cf'U'VᄁUb[Y'cZ]bZcf ᄁᄁ]cb Zcf'Ub Yᄁ]gᄁ]b[j YbXcf' D Yᄁg Y Z'ci ᄁᄁ]ᄁ Y Zcf 'Vᄁa d Yᄁ'ᄁ]k \Yᄁ Yf Zcf U bYk 'cf VᄁUb[YX j YbXcf"
2. **Legal Business Name** 9bᄁfᄁ ᄁY'Y[U' bᄁa Y'ᄁg fY[]gᄁfYX'k]ᄁ ᄁY ᄁG'cf' GcVᄁ' GYVᄁ f]ᄁm5Xa]b]gᄁfᄁ]cb' -Zi g]b['mci f']bX]]Xi U' bᄁa Yž d'Yᄁg Ybᄁf']b]b @ᄁᄁBᄁa Yž:]gᄁBᄁa YžA]XX'Y ᄁ]ᄁ]U' Zcf ᄁH'
3. **DBA/Trade Name** ᄁX]]Xi U'g'Yᄁj Y'V'Ub' "Gc'Y Dfcdf]Yᄁcfᄁ]dg: 9bᄁf' 865 f8c]b['ᄁi g]bYgg'5gᄁbᄁa Y'5'ᄁ' Cᄁ Yfg: 7ca d Yᄁ' cb'm]ZVi g]bYgg' bᄁa Y]g'X]ZZfYbᄁᄁ ᄁb @Y[U' Bᄁa Y"
4. **Entity Type** 7\YVᄁ CB9 Vcl 'k \]Vᄁ'XYgVᄁ]VYg'Vi g]bYgg'Ybᄁ]ᄁ'
5. **1099 Reporting** 7\YVᄁ ᄁY Uddfcdf]ᄁH' Vcl 'cf' Vcl Yg'ᄁ ᄁᄁ]Udd']Yg'ᄁ ᄁY ᄁmᄁY' cZ gYf]W' VY]b['dfcj]XYX'ᄁ Gubᄁ: Y 7ci bᄁmᄁ -Zᄁ ᄁY ᄁmᄁY' cZ gYf]W']g bchgdYVᄁ]Vᄁ' m]gᄁXž ᄁYb VᄁYVᄁ' Cᄁ Yf UbX Ybᄁf ᄁY ᄁmᄁY' cZ gYf]W'"

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

1. **Taxpayer Identification Number** 9bᄁf' H-B'k]ᄁ ᄁbc' Xᄁg'Yg]b'ᄁ Y' Vcl Yg' dfcj]XYX U' **TIN** 'g'U'k ᄁmᄁ U' -! X]]ᄁbi a VYf' Dfcj]XY'ᄁ Y 9a d'cᄁYf ᄁYbᄁ]ZVᄁ]cb' Bi a VYf' fᄁBᄁᄁ GcVᄁ' GYVᄁ f]ᄁmBi a VYf' f8GBᄁ Ugg] bYX' Vmᄁᄁ Y GcVᄁ' GYVᄁ f]ᄁm5Xa]b]gᄁfᄁ]cb' cf' ᄁY ᄁX]]Xi U' Hᄁ ᄁYbᄁ]ZVᄁ]cb' Bi a VYf' fᄁBᄁ Ugg] bYX' ᄁ ᄁY Vi g]bYgg cf cᄁ Yf Ybᄁ]ᄁmVᄁᄁ ᄁY ᄁYfbᄁ FYj Ybi Y Gyf]W fᄁGᄁ'
2. **TIN Identification Type** 7\YVᄁ ᄁY Uddfcdf]ᄁH' Vcl 'Zcf ᄁY Hᄁ dᄁYf ᄁYbᄁ]ZVᄁ]cb' Bi a VYf' dfcj]XYX' ᄁVcj Y"

PART III: ADDRESS

1. **Remittance Address** K \YfY' dᄁa Ybᄁ]g'ᄁci 'X' VY' gYbᄁ'
2. **Address for Purchase Orders, Correspondence, and 1099s** g'ᄁci 'X' VY' gYbᄁ' **ONLY if different** Zcf ᄁY FYa]ᄁᄁVᄁ 5XXfYgg'
3. **Zip Code** ᄁVᄁ XY'ᄁ Y' ᄁᄁ] ('X]]ᄁg' cZ ᄁY '%\$! X]]ᄁn]d' VᄁXY']Z' bck b"

PART IV: CERTIFICATION

ᄁmᄁ] b]b['ᄁ]g' XcW a Ybᄁ]mci ᄁFY Wfᄁ]Zᄁ]b['ᄁ ᄁᄁ]U']bZcf ᄁᄁ]cb' dfcj]XYX']g' UᄁV' fᄁH' UbX' Vᄁa d Yᄁ' ᄁY dYfgcb' g] b]b['ᄁ]g' XcW a Ybᄁ]ᄁci 'X' VY ᄁY dᄁfᄁYf']b ᄁY dᄁfᄁYfg' ᄁž Ub cZ]Wf' cZ ᄁY Vᄁf dcfᄁ]cbž ᄁY]bX]]Xi U' cf' gc'Y dfcdf]Yᄁcf' bchYX i bXYf 'Y[U' bᄁa Y' ᄁVcj Yž cf ᄁY Gubᄁ: Y 7ci bᄁmᄁ 9a d'cᄁYf Zcf k \]Vᄁ ᄁY j YbXcf UᄁVᄁ' ᄁᄁ]g YghU']g' YX' ᄁYbᄁ]Zᄁ]b[]bZcf ᄁᄁ]cb' fᄁf]bᄁX Bᄁa Y' UbX H]ᄁYᄁ]g fYei]fYX cZ ᄁY dYfgcb' g] b]b['ᄁY Zcf "

PART V: OPTIONAL DIRECT DEPOSIT (ACH) Mci 'a ᄁmY' Vᄁ'ᄁc' fYVᄁ]j Y dᄁa Ybᄁ] Zcf 'ᄁY' Gubᄁ: Y 7ci bᄁmᄁ fci [\ 5i ᄁca ᄁYX 7 Yᄁf]b[<ci gY f57 <ᄁX]fYVᄁXYdcg]ᄁ': cf' ᄁ]g gYf]Wž d'Yᄁg dfcj]XY' U VᄁdmcZ U j c]XYX VᄁYVᄁ' cf' YᄁYf Zcf 'Z]bUbVᄁ']bᄁ]ᄁi ᄁcb'k]ᄁ ᄁY VUb']b[]bZcf ᄁᄁ]cb' UbX' dfcj]XY' U g] bᄁᄁ fY Zcf ᄁ]g gYVᄁ]cb' "K]ᄁci ᄁ **both** cZ ᄁY ᄁc']ᄁY ᄁž 57 <]bZcf ᄁᄁ]cb' **WILL NOT** VY YbᄁfYX UbX dᄁa Ybᄁ]k' ᄁ' VY' a ᄁXY Vmk ᄁfᄁᄁᄁ' GY' Vᄁᄁ ᄁY ᄁmᄁY' cZ UᄁVᄁ' ᄁᄁ]VY]b['dfcj]XYX"

Df]bᄁbᄁa Y' UbX' g] b' ᄁc' Uᄁ' bck 'YX[Y' ᄁY' 5H'k ᄁf]b['UbX' ᄁc' U' ᄁcf]ᄁY' ᄁY Gubᄁ: Y 7ci bᄁmᄁ]b]ᄁ ᄁᄁ]X]fYVᄁXYdcg]ᄁcZ Z bXg ᄁc' mci f Z]bUbVᄁ']bᄁ]ᄁi ᄁcb' ᄁg' dfcj]XYX"

Privacy Act Notice GYVᄁ]cb' *%\$- fYei]fYg' mci ᄁc' Zᄁ f]g' ᄁci f VᄁffYVᄁH-B ᄁc' dYfgcb'g'k \c' a i ghZ]Y']bZcf ᄁᄁ]cb'"

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. Stat. 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

SFFCaresAct@santafecountynm.gov

Entrepreneurial Support Organizations (ESOs)

[SCORE Santa Fe](#)

[Santa Fe SBDC](#)

[The Santa Fe Small Business Incubator](#)

[WESST](#)

[The Regional Development Corporation](#)