

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 COUNTY IN A TIMELY MANNER.

Eddy County APRA Small Business and Non-Profit Relief Grant Application Form

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 and local government where business license is issued (if applicable): _____
4. 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: _____

5. Is your business headquartered in Eddy County? Yes No
6. Location and zip code for the company's primary place of business?
Municipality or County _____ Zip Code _____

Address of your business located in Eddy County:

7. Has your business been in operation since at least February 1, 2020? Yes No
8. What type of business do you have? C-Corp LLC Partnership Sole Proprietorship Nonprofit (C-Type of Non-Profit, if applicable: _____)
9. What was your employee headcount for full-time (32 hours/week or more) and part-time employees on February 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?
32 Hours/week or more _____ Part-time _____

11. What were your total gross receipts for Calendar Year 2019?

FY or CY2019 \$ _____

12. What was your total gross receipts for CY 2021: \$ _____

13. What was your total gross receipts to date for CY 2022? \$ _____

14. Was your business included in any of the local, state, or federal government 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 these orders?

Yes No

If so, what date(s) did you close or curtail your business? _____

a. If you curtailed rather than closed your business, please describe the nature and length of the curtailment.

b. Please describe any and every means (i.e. transfers from reserves, loans, credit cards, personal savings accounts, grants etc.) that you covered business shortfalls like utilities, rent, mortgage payments, payroll, and other related expenditures supporting documentation will be required for all requests below).

15. What was your net taxable income in Calendar Year 2019? \$ _____

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

17. How many full-time employees and what total payroll did you report to the state for unemployment insurance taxes for the fourth quarter of 2019?

Employees _____

Taxes Reported \$ _____

18. How many full-time employees and what total payroll did you report to the state for unemployment insurance taxes for the fourth quarter of 2020?

Employees _____

Taxes Reported \$ _____

19. 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

20. Have you been approved or received funding from the CARES Act? Yes No

a. If yes, how much of the expenditures that this application seeks to reimburse were covered by the abovementioned grant? \$ _____

21. Please indicate the Total Amount of Reimbursement for All Requested Types:

CY 21 Expenditures: \$ _____

CY 22 Expenditures to date: \$ _____

22. Under each checked type of expense that you are requesting reimbursement for, please indicate the month of expense, a brief description of expense including whether or not the expense is outstanding or, if the expenditures was paid, where the funding come from to pay it, and in the final column, the amount requested to be reimbursed. Remember that all documentation for each expenditure paid should be submitted in order to be considered for reimbursement:

Business Operations:

- Non-owner employee payroll

Time Period	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

- Rent

Time Period	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

- Scheduled mortgage payments

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Insurance

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Utilities

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Marketing

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Loss of product/stock as it relates to product/stock expiration or spoilage

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Business Redesign or Changes for Mitigation of COVID Spread:

Reconfiguring physical space

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Installing plexiglass or other barriers

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Purchasing web-conferencing or other technology to facilitate work-at-home

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

PPE, Testing-Related Expenses & other COVID-related safety measures for employees & customers

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

COVID

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

COVID-Specific Disinfection/Cleaning, above & beyond regular cleaning/disinfection services Expenses

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Structures to mitigate the spread of Covid-19

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Business Planning Services:

Technical assistance

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Counseling

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		

Business strategy or other planning services to assist business with operations during and post pandemic recovery

Month	Brief Description	Amount (\$) requested
March 3, 2021 to December 31, 2021		
January 1, 2022 to December 31, 2022		