

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 STATE IN A TIMELY MANNER.

New Mexico Small Business Continuity 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. _____

4. Do you have a current certificate of good standing (with NM Secretary of State's Office)?

Yes No

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

County _____ Zip Code _____

Address of your business located in the City of Carlsbad: _____

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 March 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 March 2019 and for April 2019?

March 2019 \$ _____ April 2019 \$ _____

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

March 2020 \$ _____ April 2020 \$ _____

13. Was your business included in the New Mexico orders to shut down or severely curtail business operations? Yes No

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

c. 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. _____

d. Please describe any and every means (i.e. transfers from reserves, loans, credit cards, personal savings accounts, 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 -see question 23).

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

16. 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%

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

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

19. 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 \$ _____

20. 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

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

- No
- Woman
- Veteran
- Minority
- Tribal

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

March 1- June 30, 2020 Expenditures: \$ _____

July 1- December 30, 2020 Expenditures: \$ _____

23. 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 (see question 14d. above), and in the final column, the amount requested to be reimbursed. Remember that all documentation for each expenditure should be submitted in order to be considered for reimbursement:

Business Continuity:

Non-owner employee payroll

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov., 2020		
Dec. 2020		

Rent

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov., 2020		
Dec. 2020		

Scheduled mortgage payments

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Insurance

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Utilities

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Marketing

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Business Redesign:

Reconfiguring physical space

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Installing plexiglass barriers

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

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

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

PPE for employees

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

COVID Testing Related Expenses

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

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

Month	Brief Description	Amount (\$) requested
March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		

Temporary structures to mitigate the spread of Covid-19

Month	Brief Description	Amount (\$) requested
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March, 2020		
April, 2020		
May, 2020		
June, 2020		
July, 2020		
August, 2020		
Sept., 2020		
Oct., 2020		
Nov. 2020		
Dec. 2020		