



# LOS ALAMOS SMALL BUSINESS CONTINUITY GRANT APPLICATION FORM

This grant is available to qualifying small businesses with 50 or fewer full-time equivalent employees in Los Alamos as long as funding remains for the program. The grant proceeds are from the Coronavirus Relief Fund established under the Coronavirus Aid, Relief, Economic and Security Act (CARES Act) and must be spent on eligible Business Continuity and Business Redesign expenses.

To be eligible, your company must be headquartered in Los Alamos 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.

Grant awardees must spend "business continuity" grant money on non-owner employee payroll, rent, scheduled mortgage payments, insurance, utilities, or marketing. Grant awardees must spend "business redesign" grant money on things like reconfiguring physical space, installing plexiglass barriers, purchasing web-conferencing or other technology to facilitate work-at-home, or PPE for employees

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Legal Name of Your Business

\_\_\_\_\_  
New Mexico Taxpayer ID Number Local Business License Number

Do you have a current certificate of good standing? Yes No

\_\_\_\_\_  
NAICS Code Year Business Started Operations

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

Is your business headquartered in Los Alamos? Yes No

\_\_\_\_\_  
What are the county and zip code for the company's primary place of business? County Zip Code

What type of business do you have? C-Corp LLC-Single Member LLC- Partnership Proprietorship S-Corp  
Non-profit

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

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

What were your total gross receipts for March 2019 thru August 2019?

March	April	May	June	July	August

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What were your total gross receipts for March 2020 thru August 2020?

March	April	May	June	July	August

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

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, at what percentage of capacity to you expect to operate? May–December listed for reopen,  
0-25% / 26-50% / 51-75% / 76-100% for capacity

May      June      July      Aug      Sept.      Oct.      Nov.      Dec.

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

What negative 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%

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

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

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 \$

How many employees and what total payroll did you report to the state for unemployment insurance taxes for the second quarter of 2020?

\_\_\_\_\_

# Employees      Taxes Reported \$

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

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

No      Woman      Veteran      Minority      Tribal

As a condition of the grant award, do you agree to provide Los Alamos County or its contractor periodic economic impact numbers?      Yes      No

### FUNDING REIMBURSEMENT REQUEST:

Please describe how the funds will be used.

Eligible Costs for reimbursement are generally grouped into two categories: Business Continuity and Business Redesign. Activities under each of those categories include:

**BUSINESS CONTINUITY:**

Non-owner Employee Payroll  
Rent  
Scheduled Mortgage Payments  
Insurance  
Marketing

**BUSINESS REDESIGN:**

Reconfiguring Physical Space  
Installing Plexiglass Barriers  
Purchasing Web-conferencing or Other Technology  
PPE for Employees  
Temporary Structures to Mitigate the Spread of Covid-19

In addition to these two main categories, reimbursements may also be made to eligible activities not included in the above. Please complete **Exhibit A** to delineate which costs for which you are requesting reimbursement. If you are requesting reimbursement for non-owner payroll costs, please complete **Exhibit B** for more specific payroll information. **Exhibit C** will need to be completed when requesting reimbursement for Business Redesign and other eligible costs incurred. All expenses need to be verified as required due to Covid-19 related circumstances.

**TAX DISCLAIMER**

APPLICANTS RECEIVING FUNDING UNDER THE LOS ALAMOS SMALL BUSINESS CONTINUITY GRANT PROGRAM SHOULD CONSULT WITH THEIR TAX, LEGAL, AND/OR ACCOUNTING ADVISORS AS TO ANY TAX CONSEQUENCES ASSOCIATED WITH THIS TRANSACTION.

NOTICE REGARDING THE INSPECTION OF PUBLIC RECORDS ACT (N.M. Stat. Ann. § 14-2-1 et. seq.) ("IPRA")

UPON FILING OF AN APPLICATION UNDER THIS GRANT PROGRAM THE APPLICATION AND SUPPORTING DOCUMENTATION BECOME RECORDS SUBJECT TO DISCLOSURE UNDER IPRA. THE ACT DOES PROVIDE THAT THE FOLLOWING PERSONAL IDENTIFIER INFORMATION MAY BE REDACTED BEFORE RELEASE OF ANY DOCUMENT REQUESTED UNDER THE ACT:

- (1) ALL BUT THE LAST FOUR DIGITS OF A:
  - (a) TAXPAYER IDENTIFICATION NUMBER
  - (b) FINANCIAL ACCOUNT NUMBER
  - (c) DRIVER'S LICENSE NUMBER
- (2) ALL BUT THE YEAR OF A PERSON'S DATE OF BIRTH, AND
- (3) A SOCIAL SECURITY NUMBER.

**CARES ACT CERTIFICATIONS**

**COMPLIANCE CERTIFICATION:**

Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with applicable laws in the State of New Mexico.

**DUPLICATION CERTIFICATION:**

Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented and have not been submitted for reimbursement under any other local, state or federal grant award, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with applicable laws in the State of New Mexico.

**ATTACHMENT REQUIREMENTS (REQUIRED WITH SUBMISSION):**

- Copy of Valid Drivers License or other accepted use of identity and proof of residency in Los Alamos County
- Valid email address
- Completed Attachments **A, B, C,** and **D** as applicable to the reimbursement request.

I further acknowledge that if I receive assistance under this program, I am subject to eligibility and compliance requirements set forth under the Coronavirus Relief Fund established under section 601(a) of the Social Security Act, as added by section 5001 of the CARES Act.

\_\_\_\_\_  
Applicant's Signature

# EXHIBIT A

## BUSINESS CONTINUITY

<b>Types of Expenditures</b>	<b>Amount Requested</b>
Non-Owner Employee Payroll	_____
Rent	_____
Scheduled Mortgage Payments	_____
Insurance	_____
Marketing	_____
<b>TOTAL</b>	

## BUSINESS REDESIGN

<b>Types of Expenditures</b>	<b>Amount Requested</b>
Reconfiguring Physical Space	_____
Installing Plexiglass Barriers	_____
Purchasing Web-Conferencing or Other Technology	_____
PPE for Employees	_____
Temporary Structures to Mitigate the Spread of Covid-19	_____
Items not listed to include other eligible expenses that are not captured in named categories	_____
<b>TOTAL</b>	





## **EXHIBIT D ATTACHMENT REQUIREMENTS (REQUIRED WITH SUBMISSION):**

W-9 Form

Active State Organization Registration (or any state filing with Secretary of State for entity type)

Organization 2019 & 2020 Financials & 2019 Tax Return

Staffing Documentation for 2019 and 2020 (IRS FORM 941)

Updated and Current Property Tax Receipt, if or Copy of Current Lease

Secretary of State Certificate of Good Standing

Quarterly Unemployment filing (employee count & payroll) for the fourth quarter of 2019

Quarterly Unemployment filing (employee count & payroll) for the quarter ending June 30, 2020

New Mexico Taxation and Revenue CRS Documentation (2019 and 2020)