Small Business Grant Application

LEA COUNTY, NEW MEXICO

Contact Information

Full Legal Organization Name	
New Mexico Taxpayer ID	
Business License Number	
Do you have a current certificate in Good Standing	Yes
	No
Street Address	
City	
State	
Zip Code	
Organization Website	
Only the owner, CEO or other authorized representative of the business may apply for this grant.	
Name of Owner /CEO or Authorized Representative	
Title	

Contact Person

Phone Number

E-mail Address

(if different)

Title

Phone Number

E-Mail Address

Organization Information

Is your business headquartered

Yes

in New Mexico?

No

Year Established

Type of Business

C-Corp

Partnership

Sole Proprietor

LLC

Number of full time

employees

Number of part

time employees

Total Gross Receipts for March 2019 Total Gross Receipts for April 2019

Total Gross Receipts for March 2020

Total Gross Receipts for April 2020

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 the close order?

If so, what date did you close or curtail your business?

If you curtailed rather than closed your business, please describe the nature of the curtailment. (400 characters or less)

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

When you reopen, what percent of capacity do you expect to operate at?

0% - 25%

26% - 50%

51% - 75%

76% - 100%

taxable income in the most recent complete tax year? What impact do you anticipate no effect 10% 20% the COVID-19 crisis and 30% 40% 50% related effects will have on 60% 70% 80% your revenues for the 2020 as 90% 100% a whole? If you pay withholding, have yes you delayed or plan to delay no withholding tax? How many years has your business been in continuous operation through March 1, 2020? How many employees did you report to the state for unemployment insurance taxes for the fourth quarter of 2019? What total payroll did you report to the state for unemployment for the fourth quarter of 2019? Have you been approved for SBA Paycheck Protection Program Loan either of these programs? **Economic Injury Disaster Loan** I have not been approved for either program Is your business owned by a No Woman Veteran socially disadvantaged group? Minority Tribal (check all that apply) Have you applied for CARES yes Do you own or rent Own Act Grant Funding from other your business premises? Rent no entities? If so, please list. Are you or your family related yes to anyone employed with no Lea County? If yes, please provide name of

What is your business net

employee

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. Lea County will not be liable to applicant for such disclosure.

Social Security numbers are collected, maintained and reported by Lea County in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to N.M.S.A _\{\}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. Lea 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. Lea 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, Lea 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.

Applicant Name

Applicant Title

Applicant Signature

Today's Date

For any questions, correspondence, or additional information, please contact Lea County Finance

Lea County Finance Department: 100 N. Main, Suite 11 Lovington, NM 88260 575-396-8653

Please email this signed application to SBAApplication@leacounty.net

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