

CHAVES COUNTY

2020

CARES ACT GRANT APPLICATION

CHAVES COUNTY IS CURRENTLY ACCEPTING CARES ACT GRANT APPLICATIONS TO PROVIDE COMPANIES IN CHAVES COUNTY WITH FUNDING TO HELP DEFRAY THE COST OF OPERATING EXPENSES INCURRED DUE TO COVID-19

PLEASE REVIEW AND FILL OUT THE ATTACHED FORM, PROVIDING YOUR BUSINESS NAME, CONTACT INFORMATION AND PROVIDE SUPPORT DOCUMENTATION FOR THE FUNDING YOU ARE REQUESTING.

A CHECK LIST OF FOR YOUR SUPPORT DOCUMENTS HAS BEEN PROVIDED FOR YOU TO USE TO ASSIST YOUR EFFORTS.

PLEASE CONTACT mjuarez@chavescounty.net or phone (575) 622-1975 IF YOU HAVE ANY QUESTIONS OR REQUIRE ANY ADDITIONAL ASSISTANCE.

Deadline for all Phase II Submittals is December 4, 2020

Chaves County CARES Act Grant Application

If you have not already filled out a CARES Act Grant application, please fill out this Application and submit the required support documentation with it. If you have already submitted an initial CARES Act Grant Application, you will need to fill out and submit the required documentation in order to facilitate the processing of your application. All expenses listed on this Grant Request *must be directly impacted by COVID-19*. **There are two Phases to this Grant, Phase I is for expenses incurred from March 1, 2020 through June 30, 2020. Phase II is for expenses incurred from July 1, 2020 through December 30, 2020.**

PLEASE NOTE: ALL APPLICANT INFORMATION AND SUPPORT DOCUMENTATION IS CONFIDENTIAL AND WILL ONLY BE USED FOR THE PURPOSES OF PROCESSING YOUR CARES ACT GRANT FUNDING REQUEST.

Owner Name: _____

Mailing Address: _____

Physical Address of Business: _____

Phone Number(s): _____

BUSINESS QUALIFYING INFORMATION

Did your business remain open without curtailing your business operations due to New Mexico Public Health Orders? YES ___ NO ___

Does your business have more than 50 full time employees? YES ___ NO ___

Did your business have a total revenue of more than \$2 million in 2019? YES ___ NO ___

Did your business start after March 1, 2019? YES ___ NO ___

If you answered YES to any of the 4 questions above, you are not eligible for this grant.

Please check one: Did you shut down ___ or curtail business operations ___? If you curtailed rather than shut down your business, please describe how you curtailed your operations _____

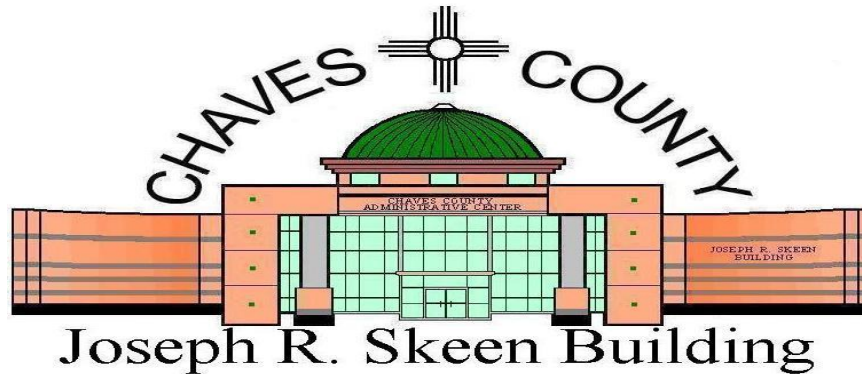
What is your Tax Identification Number? _____

Did you receive funding from the Payroll Protection Plan, what period was it for? _____

The Documentation below is required to proceed with your application:

- 1.) A certificate of good standing (if applicable and only for LLC's or Corporations), can be found on the Secretary of State Website: <https://portal.sos.state.nm.us/BFS/online/>
- ~~2.) Copy of your payroll expenses from Phase I March 1, 2020 – June 30, 2020~~
- 3.) Copy of your payroll expenses from Phase II July 1, 2020 – December 30, 2020

- 4.) Copy of your most recent payroll to be submitted at the time of the application.
- ~~5.) Copy of your Phase I, March and April 2019 total gross receipts (CRS1 Filing)~~
- 6.) Copy of your Phase II, July 1, 2019 and August 2019 gross receipts (CRS1 Filing).
- 7.) Most recent tax documents that reflect your net taxable income, including Profit or Loss from Business (Schedule C, Form 1065, etc.).
- 8.) Unemployment insurance tax documentation for the fourth quarter of 2019.
- 9.) To issue payment, Chaves County will require either a completed W9 form, or a Chaves County Vendor Form (attached).
- ~~10.) Provide Copies of receipts for the following items from Phase I (March 1 – June 30, if applicable)~~
- 11.) Provide Copies of receipts for the following items from Phase II (July 1 – Dec 30, if applicable)



CHAVES COUNTY 2020 CARES ACT GRANT APPLICATION CERTIFICATIONS

I certify that I am authorized to submit this application, the submitted information, to the best of my knowledge, is accurate and true and that the expenses will not be reimbursed through other CARES Act Funds. I understand this grant is for eligible expenses up to the grant award incurred between March 1, 2020 and December 30, 2020 as specified. I understand that Chaves County will rely on the accuracy of the submittals and certifications made in conjunction with this application. I certify that I understand that knowingly making a false statement to obtain this grant or providing documentation of expenditures that do not qualify may result in a refund of all reimbursed expenditures to Chaves County and/or State of New Mexico's Department of Finance and Administration. Any misrepresentation or inaccurate information may be treated as a default concerning any grant made. I understand that my application, or components thereof, may be subject to Chapter 14, Article 2 NMSA 1978 the inspection of Public Records Act (IPRA). Pursuant to Subsection A of 7-1-8 NMSA 1978, taxpayer information will remain confidential. Applicants must be aware that applying for this grant may result in not being eligible to apply for other federal grants. Funds will be provided on a reimbursement basis. Grantees must submit clear copies of invoices and proof of payment. This is required for federal audit purposes of the Grant process. Documentation regarding payroll expenses will be required.

Business Name: _____

Address: _____

Phone Number _____ **E-mail Address:** _____

Authorized Representative (Print Name) _____

Authorized Representative (Signature) _____

Title _____ **Date** _____

FOR COUNTY USE ONLY
VENDOR #

REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION
(In Lieu of IRS Form W-9)

Please complete or make changes to following information:

Vendor Name: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

Telephone Number: _____ Fax Number: _____

Representative: _____

Type of Organization (Check One) () Single () Partnership () Corporation
() Government () Medical Provider () Other: _____

Federal Tax ID No. or Social Security No. _____

New Mexico CRS Number (if applicable): _____

Is your firm designated as a non-profit organization? _____ Yes _____ No

Is your firm exempt from income tax? _____ Yes _____ No

Is your firm a dealer of retail supplies or
provide a service for which you furnish parts _____ Yes _____ No

Payment Terms: Chaves County pays net within 30 days of receipt of invoice unless otherwise stated below:

Certification - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

Certification Instructions: You must cross out item two (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your return.

Signature: _____

Title: _____

RETURN THIS FORM TO:

Chaves County
Attn: Cindy Mealand
P.O. Box 1597

Fax 575-624-6576

Roswell, NM 88202-1597

Phone 575-624-6677

Deadline for all Phase II Submittals is December 4, 2020

CHAVES County CARES Act Grant Application PHASE II Receipts Check List July 1–December 30, 2020

BUSINESS CONTINUITY:

**NON-OWNER PAYROLL

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

**RENT

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

**MORTGAGE PAYMENTS

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

PHASE II Receipts Check List July 1 – December 30, 2020

BUSINESS CONTINUITY:

****INSURANCE**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

****UTILITIES**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

****MARKETING/SIGNAGE**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

PHASE II Receipts Check List July 1 – December 30, 2020

BUSINESS REDESIGN

****Cost of Reconfiguring Physical Space**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

****Installing Plexiglass Barriers**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

****Purchasing Web Conferencing or other Technology to facilitate work-at-home**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

PHASE II Receipts Check List July 1 – December 30, 2020

BUSINESS REDESIGN

Personal Protection Equipment, Sanitation/Disinfecting Supplies and Costs:

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

****Temporary Structures to mitigate the spread of Covid-19**

July _____ Amount _____ Receipts

August _____ Amount _____ Receipts

September _____ Amount _____ Receipts

October _____ Amount _____ Receipts

November _____ Amount _____ Receipts

December _____ Amount _____ Receipts

