



For official use only: Application # _____

Ruidoso Small Business Continuity Grant Application Form

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 VILLAGE OF RUIDOSO IN A TIMELY MANNER.

(Maximum amount of Grant is \$20,000. If all the Grant is not used, a second round of grant applications may be considered)

Business Information:

1. Please enter the legal name of your business.

2. Business owner CEO or other authorized representative:

Email address: _____
Business phone #: ()__ - _____
Cell phone #: ()__ - _____
Physical address of business: _____
Mailing address of business: _____

*** Only the owner, CEO or other authorized representative of the business may apply for this grant.*

3. Please enter your Business License Number _____

4. Is your Business License current?

Yes No

***If NO, please contact the Village of Ruidoso Community Development Department at 575.258.4343 to renew your license*

5. Please enter your New Mexico Taxpayer ID number _____

6. What type of business do you have?

C-Corp LLC Partnership Sole Proprietorship Nonprofit

7. If you are a C-Corp, LLC or a Nonprofit, do you have a current Certificate of Good Standing?

Yes No



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**If YES, please provide a copy. If NO, please go to the New Mexico Secretary of State website at <https://portal.sos.state.nm.us/BFS/online/> to obtain a Certificate of Good Standing for your business. This does not apply to Sole Proprietorship or Partnership.*

Business Qualifying Information:

1. Is your business headquartered outside of New Mexico?
 Yes No
2. Does your business exceed 50 full time employees?
 Yes No
3. In 2019, did your annual revenue exceed more than \$2 million?
 Yes No
4. Did your business start after March 1, 2020
 Yes No
5. Did your business remain open without curtailing of your business operations due to the New Mexico Public Health Order?
 Yes No

***If you have answered YES to any of the above 5 questions your business is not eligible to apply. Please do not proceed with the application.*

Business Impact Information:

1. Was your business established before March 1, 2019?
 Yes No

***If NO, proceed to Question 7 and provide a statement of the financial impact of your business and employees for the months of March and April of 2020.*

2. 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 \$ _____
Estimated payroll 2020 _____
3. 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 _____
4. 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 _____



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5. What were your total gross receipts for March 2019 and for April 2019?
March 2019 \$ _____ April 2019 \$ _____
6. What were your estimated total gross receipts for March 2020 and for April 2020?
March 2020 \$ _____ April 2020 \$ _____
7. If you shut down your business activities as a result of the Public Health Order, please check the months.
March ___ April ___ May ___ June ___ July. ___
8. If you curtail your business operations as a result of the Public Health Order, please describe the nature of the curtailment.

What is your best estimate cost to curtail your business operations? \$ _____

9. 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%

10. Please check your industry or service sector.

Arts, entertainment, & recreation: ___
Accommodations & food services: ___
Retail: ___
Real estate: ___
Construction industry: ___
Other establishments: ___

11. Have you been approved for an SBA Paycheck Protection Program loan or Economic Injury Disaster Loan?

Yes No (check all that apply)
 SBA Paycheck Protection Program Loan (PPP)
 Economic Injury Disaster Loan (EIDL)

*** If you have received funds from the PPP or EIDL the expenditures claimed under those programs are NOT eligible expenditures for the Ruidoso Small Business Continuity Grant.*



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Business Fund Request Information:

Please check items and enter the amounts you are requesting to be reimbursed for expenditures between March 1, 2020 and September 30, 2020.

- | | |
|--|---|
| <input type="checkbox"/> Non-owner employee payroll _____ | <input type="checkbox"/> Reconfiguring physical space _____ |
| <input type="checkbox"/> Rent _____ | <input type="checkbox"/> Installing plexiglass barriers _____ |
| <input type="checkbox"/> Scheduled mortgage payments _____ | <input type="checkbox"/> Purchasing web-conferencing or other technology to facilitate work-at-home _____ |
| <input type="checkbox"/> Insurance _____ | <input type="checkbox"/> PPE for employees _____ |
| <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Temporary structures to mitigate the spread of COVID-19 _____ |
| <input type="checkbox"/> Marketing _____ | |

12. Future expenditures. Please check the items and enter the amounts you are requesting to spend between October 1, 2020 and December 30, 2020.

- | | |
|--|---|
| <input type="checkbox"/> Non-owner employee payroll _____ | <input type="checkbox"/> Reconfiguring physical space _____ |
| <input type="checkbox"/> Rent _____ | <input type="checkbox"/> Installing plexiglass barriers _____ |
| <input type="checkbox"/> Scheduled mortgage payments _____ | <input type="checkbox"/> Purchasing web-conferencing or other technology to facilitate work-at-home _____ |
| <input type="checkbox"/> Insurance _____ | <input type="checkbox"/> PPE for employees _____ |
| <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Temporary structures to mitigate the spread of COVID-19 _____ |
| <input type="checkbox"/> Marketing _____ | |

13. Total amount of grant money requested? _____

*** This total amount should not exceed \$20,000*



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LEGAL NOTICE: I certify that the information provided in this application is true and that the expenses will not be reimbursed through other CARES Act funds. I understand this grant is for expenses incurred between March 1, 2020 and December 30, 2020 as specified above.

I understand that knowingly making a false statement to obtain this grant or providing expenditures that do not qualify may result in the applicant refunding all reimbursed expenditures to the Village of Ruidoso.

I understand if I am awarded the grant that I am obligated to provide the documentation that is listed in the Instructions at the time the grant award is executed.

X _____

Completed Grant Application should be submitted to the Office of the Village Clerk at 313 Cree Meadows Drive, Ruidoso, NM 88345 or grants@ruidoso-nm.gov by 5:00 pm October 2, 2020.

For Official Use Only Received Date ___/___/___ *Time* ___:___

By _____