

New York State
COVID-19 Pandemic Small Business Recovery Grant Program

NEW YORK STATE OF OPPORTUNITY | Empire State Development | Powered by **lendistry**



Program and Application Guide

(Rev. 08.04.21)



Program Overview

INTRODUCTION

The New York State COVID-19 Pandemic Small Business Recovery Grant Program (the “Program”) was created to provide flexible grant assistance to currently viable small businesses, micro-businesses and for-profit independent arts and cultural organizations in New York State who have experienced economic hardship due to the COVID-19 pandemic.

For more information regarding the New York State COVID-19 Pandemic Small Business Recovery Grant Program and to get assistance in applying, please see www.nysmallbusinessrecovery.com.

GRANT AMOUNT

Grant awards will be calculated based on a business’ Annual Gross Receipts for 2019*:

Annual Gross Receipts (2019)	Grant Amount
\$25,000-\$49,999	\$5,000 per business
\$50,000-\$99,999	\$10,000 per business
\$100,000-\$500,000	10% of gross receipts (up to \$50,000)

*See Slide 5 for information regarding how “gross receipts” are determined.

Grant amounts and calculations are subject to change by Empire State Development

Program Overview

DEFINITIONS

1. **"Small business"** shall mean a business which is resident in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and has **100 or less** employees.
2. **"Micro-business"** shall mean a business which is resident in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, not dominant in its field, and employs **10 or less** persons.
3. **"For-profit independent arts and cultural organization"** shall mean a small or medium sized private for-profit, independently operated live-performance venue, promoter, production company, or performance-related business located in New York State negatively impacted by COVID-19 health and safety protocols, and having **100 or less** full-time employees, **excluding seasonal employees**. The qualifying organizations under this definition may include businesses engaged in a field including, but not limited to, architecture, dance, design, film, music, theater, opera, media, literature, museum activities, visual arts, folk arts and casting.
4. **"COVID-19 health and safety protocols"** means any restrictions imposed on the operation of businesses by executive order 202 of 2020 issued by the Governor, or any extension or subsequent executive order issued in response to the COVID-19 pandemic, or any other statute, rule, or regulation imposing restrictions on the operation of businesses in response to COVID-19.

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS

- Small businesses, Micro-businesses and For-profit independent arts and cultural organizations (collectively, “Eligible Applicants”) must be currently viable and have begun operation on or before March 1, 2019 and continue to be in operation as of the date of application (may be shuttered due to COVID-19 restrictions).
 - “Viability” to be determined based on whether the applicant has positive net profit in 2019, as evidenced by reported net profit on the applicant’s 2019 federal tax return (see below).
- Eligible Applicants will be required to show loss of gross receipts as a result of the COVID-19 pandemic or compliance with COVID-19 health and safety protocols which resulted in business modifications, interruptions, or closures.

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS (cont.)

- Small businesses and Micro-businesses must:
 1. Have 2019 or 2020 Gross Receipts of between \$25,000 and \$500,000 per annum
 - line 1a, IRS Form 1120 or 1065;
 - line 1, IRS Form 1040 Schedule C; or
 - sum of line 1a + line 2, IRS Form 1040 Schedule F
 2. Demonstrate positive net profit on 2019 Business Return (\$1 or greater)
 - line 28, IRS Form 1120 (line 21, IRS Form 1120S);
 - line 22, IRS Form 1065;
 - line 31, IRS Form 1040 Schedule C; or
 - line 34, IRS Form 1040 Schedule F
 3. Demonstrate at least 25% loss in Annual Gross Receipts in a year-to-year gross receipt comparison as of December 31, 2020 to the same period in 2019.
 - Loss to be calculated based on the difference between line 1a on IRS Form 1120 or 1065, line 1 on IRS Form 1040 Schedule C, or the sum of line 1a + line 2 on IRS Form 1040 Schedule F reported on 2019 federal tax return and line 1a on IRS Form 1120 or 1065, line 1 on IRS Form 1040 Schedule C, or the sum of line 1a + line 2 on IRS Form 1040 Schedule F reported on the 2020 federal tax return (in each case covering the same period). Calculated value must show a reduction of 25% year over year. Businesses with a partial tax year in 2019 will calculate 25% loss based on the comparable number of months in 2020.
 4. Demonstrate that total expenses on 2020 Business Income Return are greater than the grant amounts.
 - Total expenses calculation versus proposed grant amount will be based on business expense reported on 2020 federal tax return submitted by the applicant

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS (cont.)

5. Be in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements.
6. Not owe any federal, state, or local taxes prior to July 15, 2020, unless covered by an approved repayment plan, deferral plan, or other applicable agreement with appropriate federal, state, and local taxing authorities.
7. Not have qualified for business grant assistance programs under the federal American Rescue Plan Act of 2021 or any other available federal COVID-19 economic recovery or business assistance grant programs, including loans forgiven under the federal Paycheck Protection Program, or are unable to obtain sufficient business assistance from such federal programs.*

*Eligible Applicants may have received or been awarded the following federal assistance:

- Paycheck Protection Program loans totaling \$100,000 or less
- COVID-19 EIDL Advance Grant of \$10,000 or less
- COVID-19 EIDL Supplemental Targeted Advance Grant of \$5,000 or less
- SBA Shuttered Venue Operator Grant

Program Overview

ADDITIONAL INFORMATION

- Eligible Applicants must provide evidence, acceptable to New York State that the Eligible Applicant is operational and that the Eligible Applicant is not restricted by any state, local or other agency mandate.
- Due to a limited amount of funding and the high volume of requests expected, business type, geography, and industry may factor into the ability to receive a grant.
- Priority will be given to socially and economically disadvantaged business owners, including, but not limited to, minority and women-owned business enterprises (NYS certification not required), service-disabled veteran-owned businesses, and veteran-owned businesses, or businesses located in communities that were economically distressed prior to March 1, 2020, as determined by the most recent census data.

Program Overview

INELIGIBLE BUSINESSES

- All Non-Profits, Churches and other religious institutions;
- Government-owned entities or elected official offices;
- Businesses primarily engaged in political or lobbying activities;
- Businesses that received awards from the SBA Restaurant Revitalization Grant Program;
- Landlords and passive real estate income businesses;
- Illegal businesses and enterprises; and
- Other industry or business types as specified by ESD.

Program Overview

REQUIRED DOCUMENTATION

1. For proof of Gross Receipts loss or other economic hardship: 2019 **and** 2020 Business Income Tax returns
 - For corporations and LLCs – IRS Form 1120
 - For partnerships – IRS Form 1065 and Schedule K-1s
 - For sole proprietors – IRS Form 1040 and Schedule C
 - For sole proprietor farming businesses – include IRS Form 1040 Schedule F

NOTE: Full, filed federal tax returns for 2019 and 2020 are required
2. Completed IRS Form 4506-C (if requested by Lendistry)
3. Proof of business location and current operation (**must provide two (2) of the following**):
 - Current lease
 - Utility bill
 - Current business bank statement
 - Current business mortgage statement
 - Business credit card statement
 - Professional insurance bill
 - Payment processing statement
 - NYS ST-809 or ST-100 sales tax collection documentation

Program Overview

REQUIRED DOCUMENTATION (cont.)

4. Schedule of ownership (not applicable to sole proprietors): Listing of names, addresses, Social Security Numbers (for non-U.S. owners, Individual Taxpayer Identification Number) , phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business:
 - To complete the application for the grant, owner/applicant must be at least a 20% owner and provide listing of name, address, Social Security Number or for non-U.S. owners, Individual Taxpayer Identification Number, phone number, e-mails, percentage ownership, and photo ID.
 - To complete the funding of grant, applicant must submit schedule of ownership information for all owners with 20% or more ownership of business: listing of names, addresses, Social Security Numbers or for non-U.S. owners, Individual Taxpayer Identification Number, phone numbers, e-mails, percentage ownership, and photo ID.
 - Non-U.S. owners are subject to Individual Taxpayer Identification Number verification through IRS Form CP565.
5. Proof of number of employees: Most recently submitted NYS-45 document for employer firms.
6. Proof of Business Organization (**provide only one (1) of the following**):
 - Current Business License
 - Current Business Certificate
 - Certificate of Organization
 - Certificate of Assumed Name (DBA)
 - NYS Certificate of Authority
 - Articles of Incorporation
 - NYS municipality issued document showing authorization to operate in NYS.
7. For funds distribution: IRS Form W-9 and bank account information.

Program Overview

ELIGIBLE USES OF FUNDS

Grants must be used for COVID-19 related expenses incurred between March 1, 2020 and April 1, 2021. These include:

1. Payroll costs;
2. Commercial rent or mortgage payments for NYS-based property (but not any rent or mortgage prepayments);
3. Payment of local property or school taxes associated with a small business location in NYS;
4. Insurance costs;
5. Utility costs;
6. Costs of personal protection equipment (PPE) necessary to protect worker and consumer health and safety;
7. Heating, ventilation, and air conditioning (HVAC) costs;
8. Other machinery or equipment costs;
9. Supplies and materials necessary for compliance with COVID-19 health and safety protocols; or
10. Other documented COVID-19 costs as approved by Empire State Development.

INELIGIBLE USES OF FUNDS

Grants awarded under the program **may not** be used to re-pay or pay down any portion of a loan obtained through a federal COVID-19 relief package for business assistance or any New York State business assistance programs.

Required Documentation

Examples



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Proof of Gross Receipts Loss or Other Economic Hardship

CORPORATIONS AND LLCs IRS Form 1120-S

Form 1120-S U.S. Income Tax Return for an S Corporation
OMB No. 1545-0123
2019

Department of the Treasury Internal Revenue Service
Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2019 or tax year beginning 2019, ending 20

A Selection effective date

B Business activity code number (see instructions)

C Check if Sec. 1361 is attached

D Employer identification number

E Date incorporated

F Total assets (see instructions)

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

PARTNERSHIPS Form 1065 Schedule K-1

Schedule K-1 (Form 1065) 2020
OMB No. 1545-0123

Department of the Treasury Internal Revenue Service
Do not file this form unless the partnership has filed or is attaching Form 1065 to elect to be a partnership.

For calendar year 2020, or tax year beginning 2020, ending 2020

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member manager

H Domestic partner Foreign partner

I If the partner is a disregarded entity (DE), enter the partner's TIN

J If the partner is a retirement plan (IRA/SEP/Roth/401k), check here

K Partner's share of profit, loss, and capital (see instructions)

L Partner's Capital Account Analysis

M Did the partner contribute property with a built-in gain or loss?

N Partner's Share of Net Unrecaptured Section 1250 Gain or Loss

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments for services

5 Interest income

6a Ordinary dividends

6b Qualified dividends

7 Dividend equivalents

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

9b Collectibles 28% gain (loss)

9c Unrecaptured section 1250 gain (loss)

10 Net section 1251 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

15 Credits

16 Foreign transactions

17 Alternative minimum tax (AMT) taxes

18 Tax-exempt income and nondeductible expenses

19 Distributions

20 Other information

21 More than one activity for at-risk purposes?

22 More than one activity for passive activity purposes?

23 State attached statement for additional information

SOLE PROPRIETOR (FARMING BUSINESSES) Form 1040 Schedule F

SCHEDULE F (Form 1040) Profit or Loss From Farming
OMB No. 1545-0114

Department of the Treasury Internal Revenue Service
Do not file this form unless you are a sole proprietor or partner in a partnership that is a farming business.

For calendar year 2020, or tax year beginning 2020, ending 2020

Part I Farm Income - Cash Method

1a Sales of livestock and other taxable items (see instructions)

1b Crop income (see instructions)

1c Other income (see instructions)

1d Gross income (see instructions)

2a Depreciation (see instructions)

2b Charitable contributions (see instructions)

2c Other deductions (see instructions)

2d Total deductions (see instructions)

2e Net farm profit or loss (see instructions)

Part II Farm Expenses - Cash and Accrual Method

3a Car and truck expenses (see instructions)

3b Charitable contributions (see instructions)

3c Charitable expenses (see instructions)

3d Depreciation and section 179 expense (see instructions)

3e Employee benefit programs other than 401(k) (see instructions)

3f Fuel (see instructions)

3g Freight and hauling (see instructions)

3h Gasoline, fuel, and oil (see instructions)

3i Insurance (other than health) (see instructions)

3j Interest (see instructions)

3k Maintenance (see instructions)

3l Labor (see instructions)

3m Total expenses (see instructions)

3n Net farm profit or loss (see instructions)

COMPLETED 4506-C (ONLY IF REQUESTED BY LENDISTRY)

Form 4506-C (September 2020) IVEs Request for Transcript of Tax Return
Department of the Treasury - Internal Revenue Service
OMB Number 1545-1872

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-C, visit www.irs.gov and search IVEs.

1a Name shown on tax return (if a joint return, enter the name shown first)

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5a IVEs participant name, address, and GOR mailbox ID

5b Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-N, Form 1120-NC, and Form 1120-RE. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

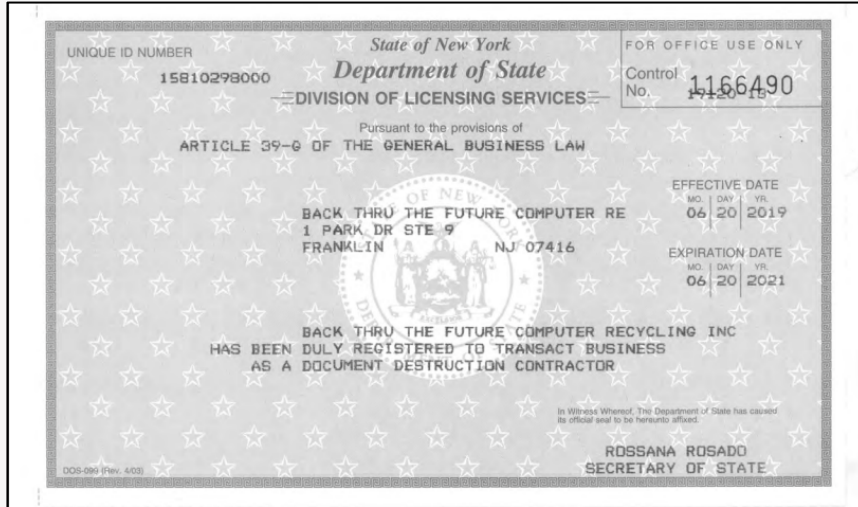


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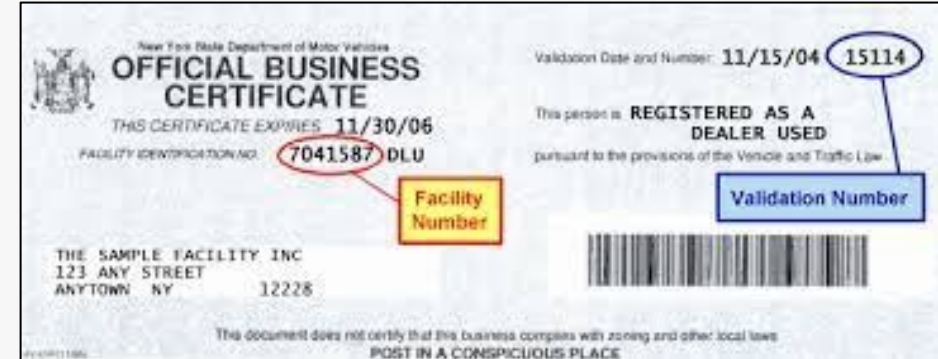
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Proof of Business Organization

CURRENT BUSINESS LICENSE



CURRENT BUSINESS CERTIFICATE



Proof of Business Organization

CERTIFICATE OF INCORPORATION

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
Albany, NY 12231

(This form must be printed or typed in black ink)
CERTIFICATE OF INCORPORATION
OF

(Insert corporate name)
Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is: _____

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is: _____

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 20,000 shares at \$1 Par Value

FIFTH: The secretary of state is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

SIXTH: (optional) The name and street address in this state of the registered agent upon whom process against the corporation may be served is:

DOS-1228 (Rev. 6/03)

CERTIFICATE OF ASSUMED NAME (DBA)

New York State Department of State
Division of Corporations, State Records & Uniform Commercial Code
One Commerce Place, 16 Washington Avenue
Albany, NY 12242
www.dos.ny.gov

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF ASSUMED NAME
OF**

(Insert Assumed Name of Entity)
Under Section 136 of the General Business Law

FIRST: The real name of the entity is: _____

SECOND: Foreign entities only: If applicable, the fictitious name the entity agreed to use in New York State is: _____

THIRD: If the real name of the entity is different on the last Certificate of Assumed Name or Certificate of Amendment of Certificate of Assumed Name, the previous name of the entity is: _____

FOURTH: The entity was formed or authorized under (indicate law):
 Business Corporation Law Not-for-Profit Corporation Law
 Education Law Revised Limited Partnership Act
 Insurance Law Other (specify law): _____
 Limited Liability Company Law _____

FIFTH: The present assumed name is: _____

SIXTH: The date the original Certificate of Assumed Name was filed is: _____

SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is: _____

EIGHTH: The following change(s) are being made (check the appropriate change(s))
 Entity Name:
 The new name of the entity is: _____
 Assumed Name:
 The new assumed name is: _____
 Principal Place of Business:
 The principal place of business is changed to (include the number and street, city, state and zip code): _____

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Proof of Business Organization

CERTIFICATE OF AUTHORITY



ARTICLES OF INCORPORATION

New York State Department of State
 Division of Corporations, State Records and Uniform Commercial Code
 One Commerce Plaza, 59 Washington Avenue
 Albany, NY 12231
 www.dos.ny.gov

CERTIFICATE OF INCORPORATION
OF

(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is: _____

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is: _____

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 200 No Par Value

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is: _____

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Proof of Business Location and Current Operation

Applicants must provide **two (2)** of the following to show proof of business location and current operation:

- Current lease
- Utility bill
- Current business bank statement
- Current business mortgage statement
- Business credit card statement
- Professional insurance bill
- Payment processing statement
- NYS ST-809 or ST-100 sales tax collection documentation

Important Note: Of the documents listed above, monthly statements must be from within the last 30 days from the time of application submission, and other documents should be the most recent versions signed or filed.

NYS ST-809

Part-Quarterly (Monthly) ST-809
January 2020
Tax period
January 1, 2019 - January 31, 2019

New York State and Local Sales and Use Tax Return for Part-Quarterly (Monthly) Filers

Select tax identification number: Local name (print ID number and legal name or if appears on the Certificate of Authority) DBA (printing business and name) Number and street City, state, ZIP code

Due date: Thursday, February 20, 2020
You will be responsible for penalty and interest if your return and any payment due is not electronically filed or postmarked by the date.

Mandatory to use Sales Tax Web File: Most filers fall under this requirement. See Form ST-809-L, Instructions for Form ST-809.

File tax due: Enter your gross sales and services in box 1 of Step 1 below, enter **sales** in boxes 2 and 3. You must file by the due date even if no tax is due. There is a \$56 penalty for late filing of a no-tax-due return. See instructions.

Has your address or business information changed? If so, visit our website (see Note(s) in instructions) and see the change my address option for further instructions. If not, check this box.

Complete Step 1 or Step 2, but not both.

Step 1 Long method of calculating tax due (see instructions)

1	Enter total gross sales and services (to nearest dollar)	11	00
2	Enter total taxable sales and services (to nearest dollar)	11	00
3	Enter total purchases subject to tax (to nearest dollar)	9	00
4	Sales and use tax	1	25
5	Credit for prepaid sales tax		
6	Net tax due (subtract box 5 amount from box 4 amount)	1	25
7	Credits not identified (payments required)	1	25
8	Advance payments	1	25
9	Add box 7 amount to box 6 amount	1	25
10	Sales and use tax due (subtract box 9 amount from box 8 amount)	1	25
11	Penalty and interest	1	25
12a	Amount due (add box 10 amount to box 11 amount)	1	25
12b	Amount paid	1	25

Step 2 Short method of calculating tax due (see instructions)

1	Comparable quarter of previous year	1	25
2	Tax due (one-third of box 1 amount)	1	25
3	Credit for prepaid sales tax		
4	Net tax due (subtract box 3 amount from box 2 amount)	1	25
5	Credits not identified (payments required)	1	25
6	Advance payments	1	25
7	Add box 5 amount to box 4 amount	1	25
8	Sales and use tax due (subtract box 7 amount from box 6 amount)	1	25
9	Penalty and interest	1	25
10a	Amount due (add box 8 amount to box 9 amount)	1	25
10b	Amount paid	1	25

*Include short method adjustment in box 1 (see Short method adjustment on page 3 of instructions.) For office use only
Locality: _____ Adjustment: \$ _____

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Schedule of Ownership

Listing of names, addresses, Social Security numbers (or, for non-US owners, Individual Taxpayer Identification Numbers), phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business.

You can download this form in the Portal or by [CLICKING HERE](#).

Name	Jane Doe
Residential Address	123 Test Street
City	New York City
State	New York
Postal Code	10001
SSN or ITIN	000-00-0001
Phone Number	123-456-7890
E-mail	janedoe@yopmail.com
Percentage Ownership	100%

Required Documents for Funds Distribution (Only for Eligible Applicants Approved for Funding)

W-9

Form W-9
Request for Taxpayer Identification Number and Certification
Department of the Treasury
Internal Revenue Service
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Part II 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 because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

BANK ACCOUNT INFORMATION

* Bank Name

* Routing Number
(What is this?)

* Confirm Routing Number

* Checking Account Number
(What is this?)

* Confirm Checking Account Number

Applicant Certification

How to Download and Complete the Form



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Application Certification

WHAT IS THE APPLICATION CERTIFICATION?

As part of the application process, you will need to self-certify the accuracy of information by signing an Application Certification.

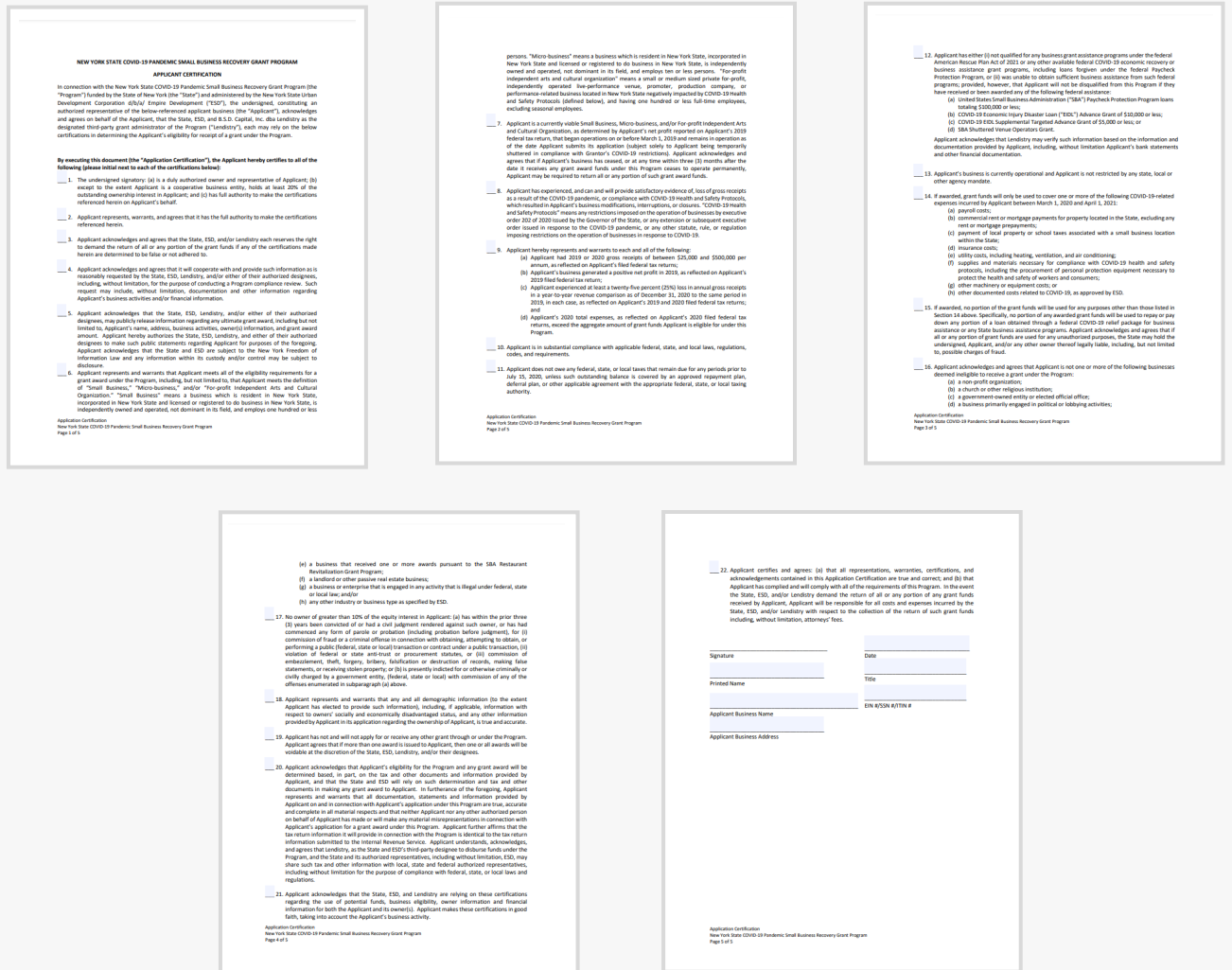
The Application Certification will be available in electronic form for you to download and complete. A signed Application Certification is a required document in this grant process and will need to be uploaded to the Portal.

You can complete the Application Certification in two ways:

1. Download and sign the certification electronically or
2. Print and complete the form by hand.

[CLICK HERE](#) to download or print the Application Certification.


After completing the Application Certification, upload it to the Portal.



Download and Complete the Application Certification Electronically

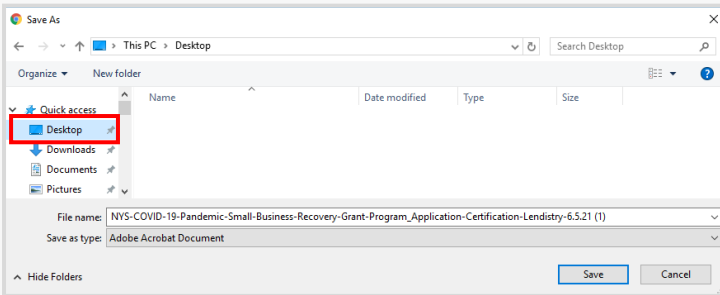
INSTRUCTIONS

STEP 1: [CLICK HERE](#) to view the Application Certification.

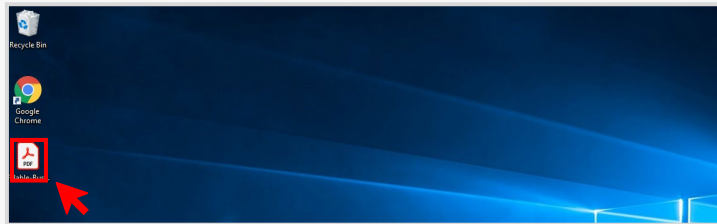
STEP 2: Click the  icon to download the Application Certification on your computer.



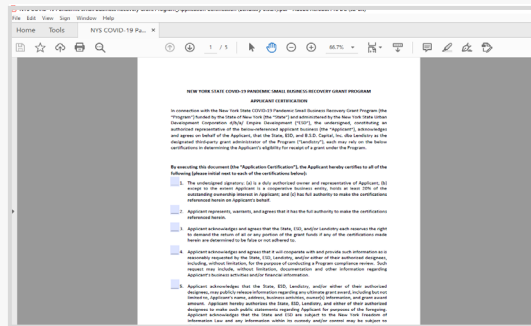
STEP 3: Save the certification onto your desktop.



STEP 4: Go to your desktop, locate the Application Certification and open the file from there.



STEP 5: Your Application Certification will open as an PDF file. Complete the Application Certification by entering your initials next to all numbered items and then entering your signature and business information on Page 5.



STEP 6: Go to File > Save or press CTRL+S on your keyboard to save your fully executed Application Certification.

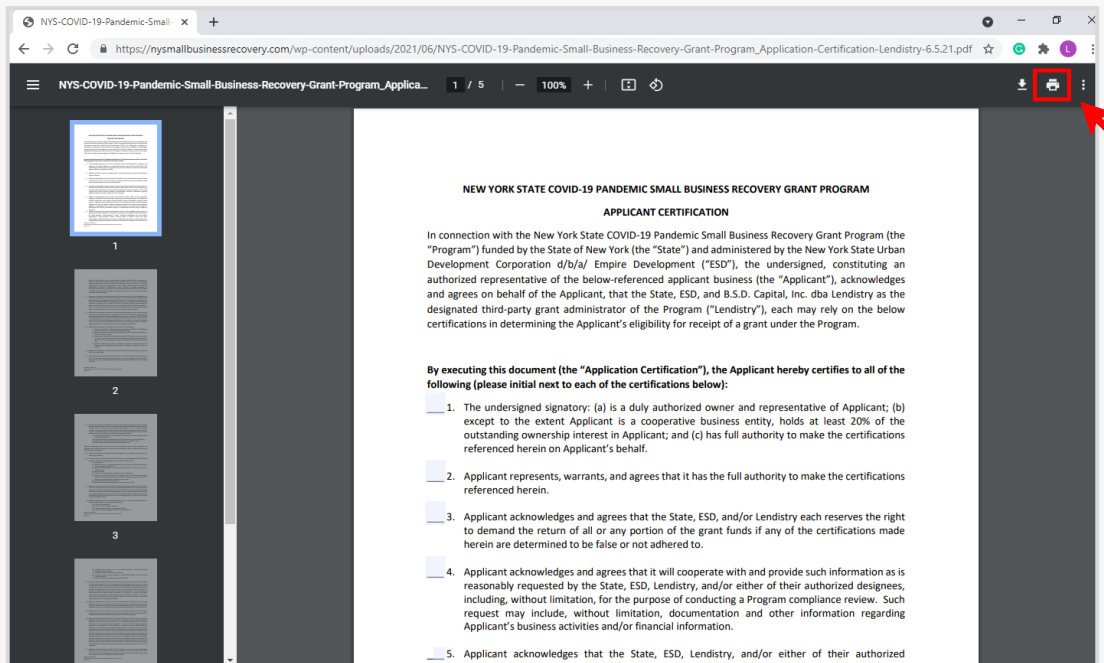
STEP 7: Upload the completed Application Certification to the Portal.

Print and Complete the Application Certification by Hand

INSTRUCTIONS

STEP 1: [CLICK HERE](#) to view the Application Certification.

STEP 2: Print the Application Certification by clicking the printer icon.



STEP 3: Fill out the Application Certification using a dark pen and legible handwriting.

STEP 4: Scan the completed Application Certification and upload it to the Portal.

Tips for Applying



Empire State
Development

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Tip #1: Use Google Chrome

INSTRUCTIONS

For the best user experience, please use Google Chrome throughout the entire application process.

Other web browsers may not support our interface and can cause errors in your application.

If you do not have Google Chrome on your device, you can download it for free at <https://www.google.com/chrome/>

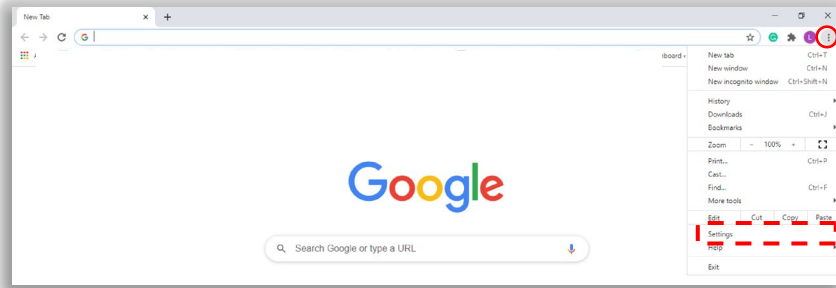
Before you begin the application, please do the following on Google Chrome:

- 1. Clear Your Cache:** Cached data is information that has been stored from a previously used website or application and is primarily used to make the browsing process faster by auto-populating your information. However, cached data may also include outdated information such as old passwords or information you have previously entered incorrectly. This can create errors in your application and may result in it being flagged for potential fraud.
- 2. Open incognito mode:** Incognito mode allows you to enter information privately and prevents your data from being remembered or cached.
- 3. Disable your pop-up blocker:** Our application includes multiple pop-up messages that are used to confirm the accuracy of the information you provide. You must disable the pop-up blocker on Google Chrome to see these messages.

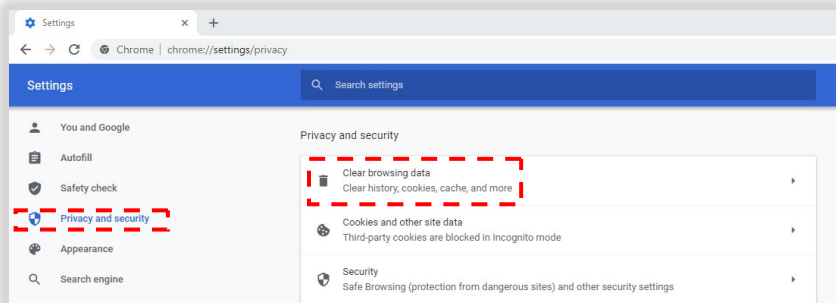
Tip #2: Clear Your Cache

INSTRUCTIONS

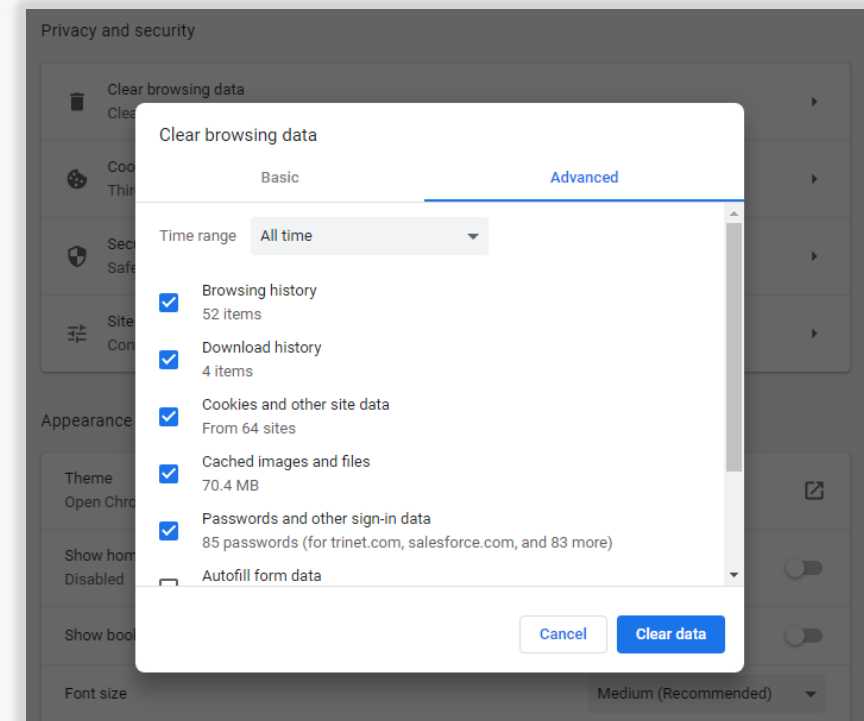
1. Click the three dots in the upper right corner, and then go to **“Settings”**



2. Go to **“Privacy and Security”**, and then select **“Clear Browsing Data”**



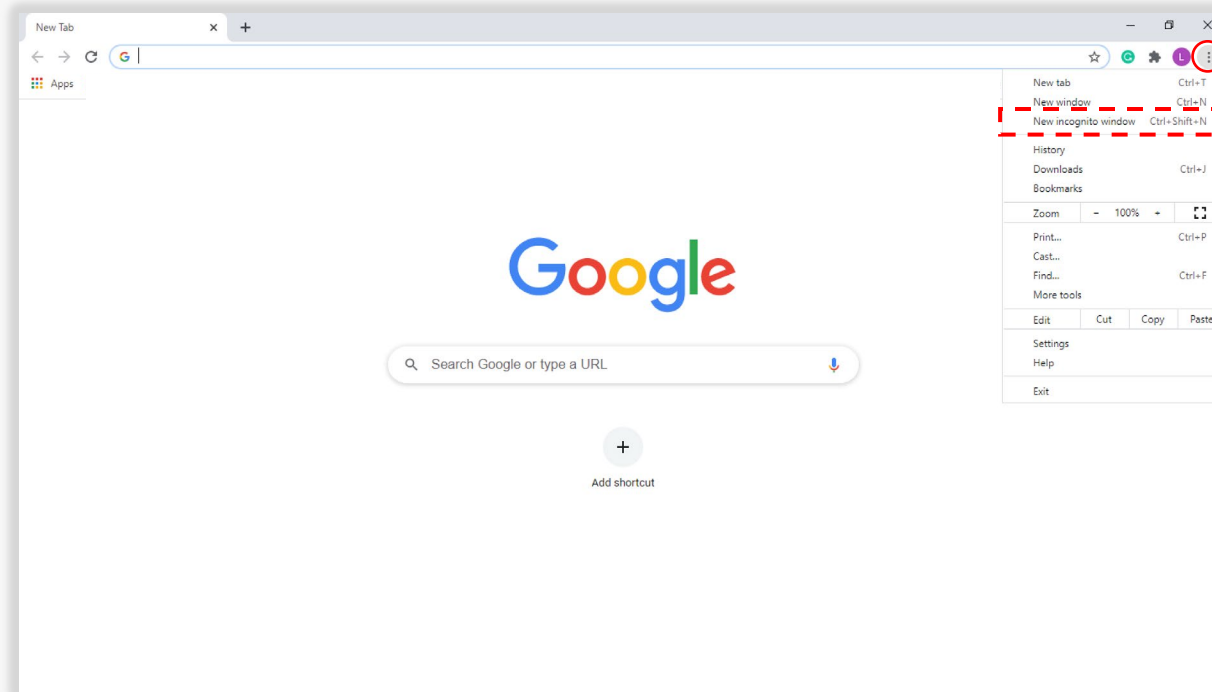
3. Select **“Clear Data”**



Tip #3: Use Incognito Mode

INSTRUCTIONS

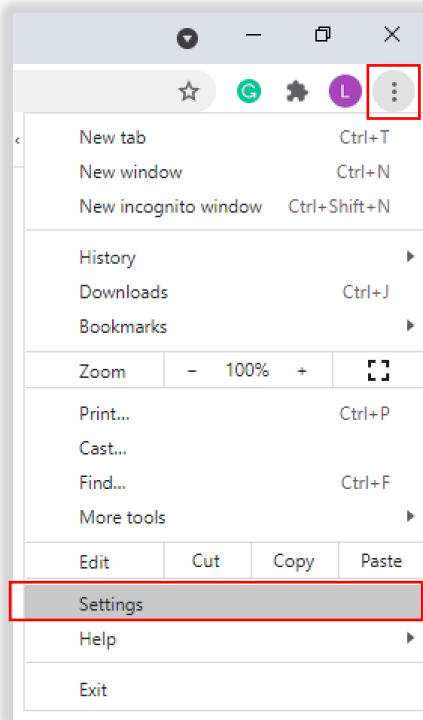
Click the three dots in the upper right corner of your web browser, and then select “**New incognito window.**” Your browser will open a new window.



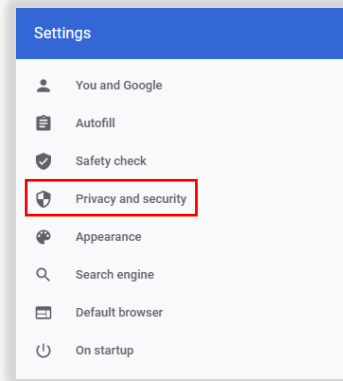
Tip #4: Disable Pop-Up Blocker

INSTRUCTIONS

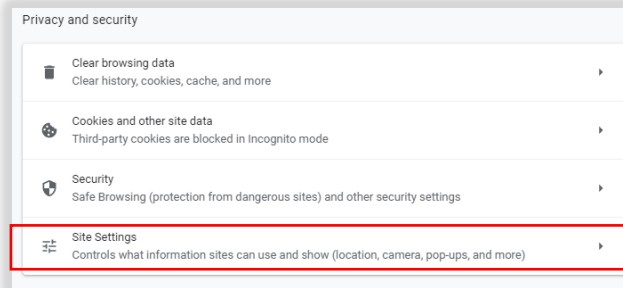
1. On Google Chrome, click the three dots in the upper right corner and then select **“Settings”**



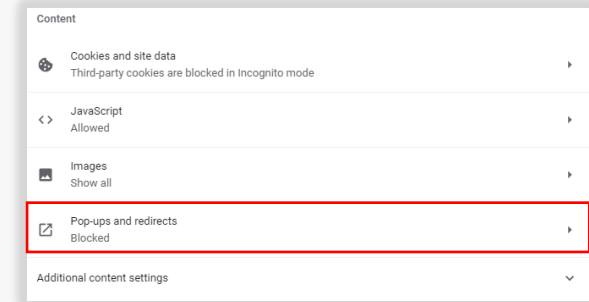
2. Select **“Privacy and Security”**



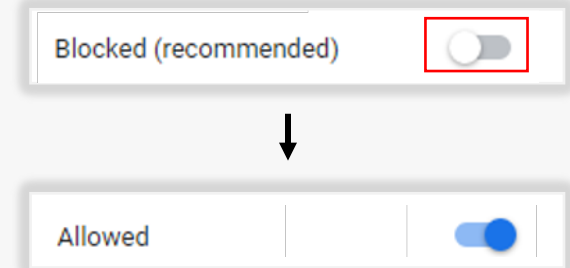
3. Select **“Site Settings”**



4. Select **“Pop-up and Redirects”**



5. Click the button so that it turns **blue** and the status changes from **“Blocked”** to **“Allowed”**



Tip #5: Submit All Documents in PDF Format

INSTRUCTIONS

The electronic form must be clear, aligned straight, and contain no disruptive backgrounds.

Important Notes for Uploading Documents:

- **All documents must be submitted in PDF format (.IMG and .JPEG files are NOT supported).**
- File size must be under 15MB.
- The file name CANNOT contain any special characters (!@#\$%^&*()_+).
- If your file is password protected, you will need to enter it in the Portal, otherwise we will not be able to view the document.

If you do not have a scanner, we recommend using the following free mobile apps:

Genius Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

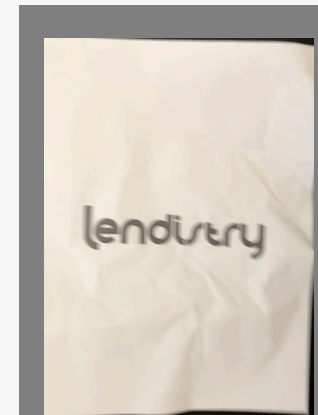
Adobe Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

CORRECT



INCORRECT



Tip #6: Use a Valid Email Address

INSTRUCTIONS

Please make sure you are using a valid email address when applying. You will receive updates and additional instructions at the email address you provide.

IMPORTANT NOTE - The following email addresses will not be accepted or recognized in our system:

Emails beginning with **info@**

Example: info@mycompany.com

Emails ending with **@contact.com** or **@noreply.com**

Example: example@contact.com

Example: example@noreply.com

Tip #7: Translate the Application in Your Preferred Language

INSTRUCTIONS

Our application will be translatable in the following languages:

- Spanish
- Chinese (Simplified Mandarin)
- Russian
- Yiddish
- Bengali
- Korean
- Haitian Creole
- Italian
- Arabic
- Polish
- Hindi
- German

Important Note: For non-English language support in completing the application, please contact our call center or visit

www.nysmallbusinessrecovery.com.

The Application

What Information is Needed



Empire State
Development

Powered by
lendistry

Before You Begin

WHAT TO EXPECT

This grant application is administered by Empire State Development and powered by Lendistry.

Before you begin, you will be queued up in a waiting room to start a NEW application.

(Important Note: Do NOT fill out multiple applications. This will be detected as potential fraud and will disrupt your application.)

You do not have to complete the application in one session and will have an option to save and continue it later.

Enter your contact information in the “Let’s Get Started” section of the application in order to receive login credentials to our Portal. Once you activate your account, you will be able complete your unfinished application.

New York State
COVID-19 Pandemic Small Business
Recovery Grant Program

**You are now in line to start a
NEW application for the grant.**

(Do NOT fill out multiple applications. This will be detected as potential fraud and will disrupt your application.)

Once it is your turn, you will have 10 minutes to begin your application. You do not have to complete the application in one session and will have an option to save and continue it later.

Enter your contact information in the “Let’s Get Started” section of the application in order to receive login in credentials to our Portal. Once you activate your account, you will be able complete your unfinished application.

While you wait, we recommend reviewing the following:
Program and Application Guide: [CLICK HERE](#)
Video Tutorials: [CLICK HERE](#)

Number of Users Ahead of You: 2340
Your Estimated Wait Time: 5 minutes

Notify me when it is my turn.

ENTER EMAIL ADDRESS

NOTIFY BY EMAIL

CLICK HERE to leave the line. You will lose your place.



Section 1: Get Started with Your Application

WHAT INFORMATION IS NEEDED?

- First Name
- Last Name
- E-mail
- Phone Number
- Business Name
- Zip Code of Business
- Referral Partner (Your selection for this field will not impact your application)
- Preferred Language

Important Note: Please be sure to use a valid email address in this section. Important updates and further instructions will be sent to the email address that you provide. Refer to “Tips for Applying” for a list of invalid email addresses.

SMS/TEXT POLICY

Status updates for your grant application will be available by SMS/Text. To receive updates by SMS/Text, please provide consent after reading the disclosure by checking the box. If you would like to opt out of this feature, leave the box unchecked.

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

I expressly consent to receive calls and messages to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls and SMS messages (including text messages) from Lendistry and/or its authorized representatives at telephone numbers that I have provided in my application for the purposes of receiving updates and other information related to the New York State COVID-19 Pandemic Small Business Recovery Grant Program. I acknowledge that consent is not a condition of submitting an application, and that message and data rates may apply.

Okay

Section 2: Owner Details

WHAT INFORMATION IS NEEDED?

- Owner First Name
- Owner Last Name
- Owner E-mail
- Owner Address, City, State, Zip Code, and County
- Owner Birthday
- Owner Social Security Number (or ITIN)
- % of Ownership

TERMS AND CONDITIONS

Check the box to acknowledge that you have read and agree to the Terms and Conditions. You must agree in order to move forward with your grant application.

TERMS AND CONDITIONS

Section 3: Business Information

WHAT INFORMATION IS NEEDED?

- Business Name
- DBA (if applicable)
Note: If your business does not have a DBA, type “NONE” in this field.
- Business EIN
- Business Phone Number
- Business Type
- State of Incorporation
- Business Address, City, State, Zip Code, and County
- Business Start Date
- Business Website
Note: If your business does not have a website, type “none.com” in this field.

Business information

<p>Business Name * My Company</p> <hr/> <p>Business EIN (Only digits, cannot contain special character or spaces) * 000000001</p> <hr/> <p>Business Type * Corporation</p> <hr/> <p>Business Address (Please do not enter PO Box & enter answer in English) * 123 Company Street</p> <hr/> <p>City (Please enter answer in English) * New York City</p> <hr/> <p>County * Albany County</p> <hr/> <p>Date Business Established (mm/dd/yyyy) * 04/23/2016</p>	<p>DBA (Doing Business As)-(Note-If No DBA type NONE) (Please enter answer in English) * none</p> <hr/> <p>Business Phone # * 123-555-0000</p> <hr/> <p>State of Incorporation * New York</p> <hr/> <p>Address 2 (Please do not enter PO Box & enter answer in English)</p> <hr/> <p>State * New York</p> <hr/> <p>Zip * 10001</p> <hr/> <p>Business Website URL - (if no website please type none.com) * none.com</p>
--	---

Section 4: How Can We Help?

WHAT INFORMATION IS NEEDED?

- Purpose of Grant
- Estimated Grant Eligibility Amount
Note: The grant amount you can request is based on your Annual Gross Receipts in 2019.
- Annual Gross Receipt for 2019 (this must match your tax returns)
- Was your business profitable in 2019? (line 28, IRS Form 1120; line 22, IRS Form 1065; line 31, IRS Form 1040 Schedule C; or line 34, IRS Form 1040 Schedule F).
- # of Full-Time Employees (2020)*
- # of Part-Time Employees (2020)*
- # of Jobs Created (2020)
- # of Jobs Retained (2020)

***All owners must be included in the employee count.**

How can we help you [Watch Video](#)

Purpose of grant * Payroll Costs	Estimated grant eligibility amount * \$ 10000 Check Eligibility
Annual Gross Receipts for 2019 (this should match your tax return) * \$ 50000	Was your business profitable in 2019? Yes
# of Full-time Employees (2020) * 5	# of Part-time Employees (2020) * 0
# of Jobs created (2020) * 0	# of Jobs retained (2020) * 3

Section 5: Business Demographics

WHAT INFORMATION IS NEEDED?

- Who is your customer base?
 - **B2B: Business-to-Business**
Company provides services or products to other businesses
 - **B2C: Business to Consumer**
Company sells directly to individual consumers
- What does your business do? What type of business is it?
- Tell us more.
- NAICS Code*
- Women-Owned Business?***+
- Veteran-Owned Business?**
- Disabled?**
- Race?
- Ethnicity?
- Franchise?
- Minority-owned Business?***+

The screenshot shows a 'Business demographics' form with the following fields and values:

- Who is your customer base? ***: Radio buttons for B2B (selected), B2C, and Both.
- What type of business is it? ***: Dropdown menu with 'Whole Sale - Non Durable' selected.
- NAICS Code ***: Text input field containing '000000'.
- Women-Owned Business ***: Dropdown menu with 'YES' selected.
- Disabled ***: Dropdown menu with 'NO' selected.
- Ethnicity ***: Dropdown menu with 'Not Hispanic or Latino' selected.
- Minority-Owned Business ***: Dropdown menu with 'YES' selected.
- What does your business do? ***: Dropdown menu with 'Sells Products' selected.
- Tell us more. ***: Dropdown menu with 'NO' selected.
- Veteran-Owned Business ***: Dropdown menu with 'NO' selected.
- Race ***: Dropdown menu with 'Asian' selected.
- Franchise ***: Dropdown menu with 'NO' selected.

A large 'SAMPLE' watermark is overlaid on the form.

*The NAICS Code System is used by Federal Statistical Agencies to collect, analyze, and publish statistical data related to the U.S. Economy.

NAICS is a Self-Assigned System; no one assigns you a NAICS Code. What this means is a company selects the code that best depicts their primary business activity and then uses it when asked for their code.

To find your NAICS code, go to www.naics.com.

**Individual(s) directly own(s) more than 50% of the ownership interest in the business.

+NYS Certification not required

Section 6: Disclosures

WHAT INFORMATION IS NEEDED?

1. As of the date of the application is your business open and operating?
2. Is your business organized as For-Profit Business?
3. Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?
4. Do you owe any federal, state, or local taxes prior to July 15, 2020, and do not have an approved repayment, deferral plan, or in agreement with appropriate federal, state, and local taxing authorities?
5. Is your business in the For-Profit Independent arts and cultural sector as defined above? (if you answer “yes,” please answer the additional questions in the application)
6. Are you Service-Disabled Veteran Owned Business?
7. Is your business set-up as a worker cooperative?
8. Is greater than 50% of the small business owned by socially and economically disadvantaged persons, which may include minority or women-owned, service disable veteran or veteran-owned businesses, or businesses located in communities that were economically distressed prior to March 1, 2020 (per the U.S. Census)?
9. Annual gross receipts for 2019? (this should match your tax return)
10. Annual gross receipts for 2020? (this should match your tax return)
11. How many months were you in operation in 2019?
12. During COVID-19 Pandemic, has your business received any COVID-19 related emergency funding?
13. Did you receive any help or support from a NYS Technical Assistance Provider?
14. Did you receive any help or support from an Entrepreneurship Assistance Center (EAC)?
15. Did you receive any help or support from a Community Development Financial Institution (CDFI)?
16. Did you receive any help or support from a Chamber of Commerce?
17. Did you receive any help or support from a Small Business Development Center (SBDC)?
18. Is your business currently in need of technical assistance support or help?
19. Is your business currently in need of a loan?

The screenshot shows a digital form titled "Disclosures" with a progress indicator on the left. It contains six questions:

- 1) Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements?
- 2) Do you owe any federal, state, or local taxes prior to July 15, 2020, or have an approved repayment, deferral plan, or in agreement with appropriate federal, state, and local taxing authorities?
- 3) Is your business in the For-Profit Independent arts and cultural sector as defined above?
- 4) Annual business revenue for 2019 (this should match your tax return)
- 5) Annual business revenue for 2020 (this should match your tax return)
- 6) Number of months in existence for 2019

Section 7: Confirmation

INSTRUCTIONS

At the end of the application, you have two options:

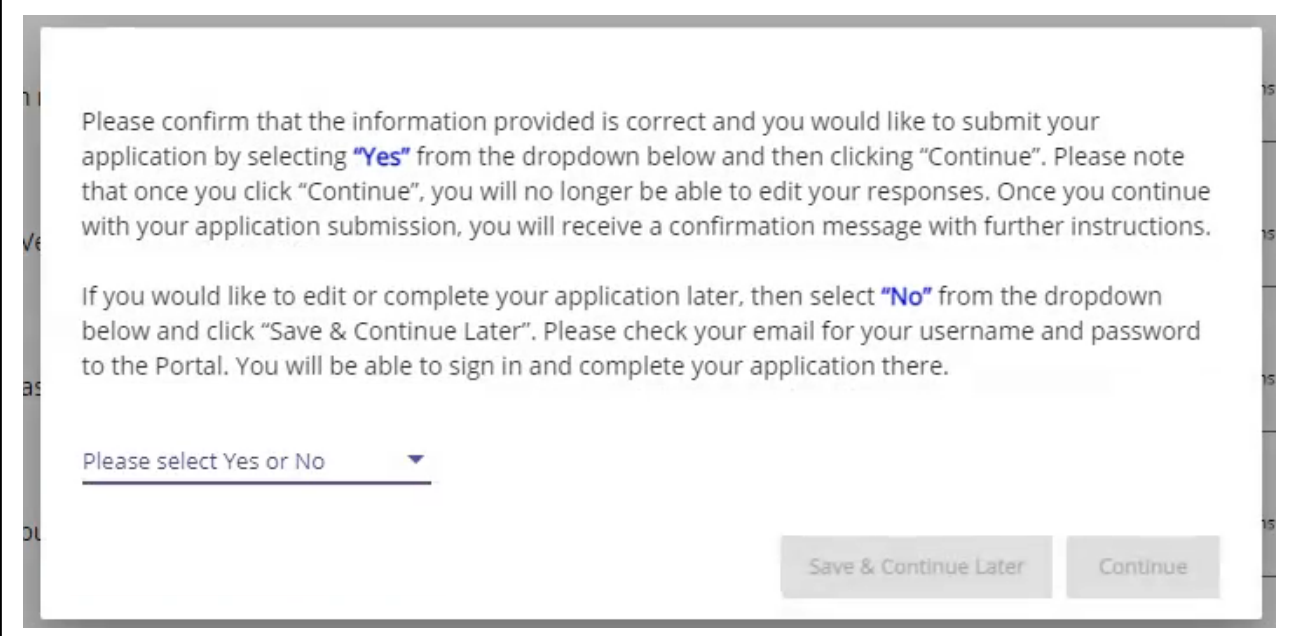
1. Save your application and finish it later: select NO

If you would like to save and complete your application later, select **NO** and click “Save & Continue Later”. **Important Note: Your application must be completed in order to be considered for the grant.**

2. Complete your application and submit: select YES

If all the information provided is correct and you would like to complete your application submission, select **YES** and click “Continue”. **Important Note: You will not be able to edit your application once it has been submitted.**

If this confirmation message does not appear, please make sure that the pop-up blocker has been disabled on your web browser.



Please confirm that the information provided is correct and you would like to submit your application by selecting “Yes” from the dropdown below and then clicking “Continue”. Please note that once you click “Continue”, you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, then select “No” from the dropdown below and click “Save & Continue Later”. Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

Please select Yes or No

Section 8: Confirmation Message

INSTRUCTIONS

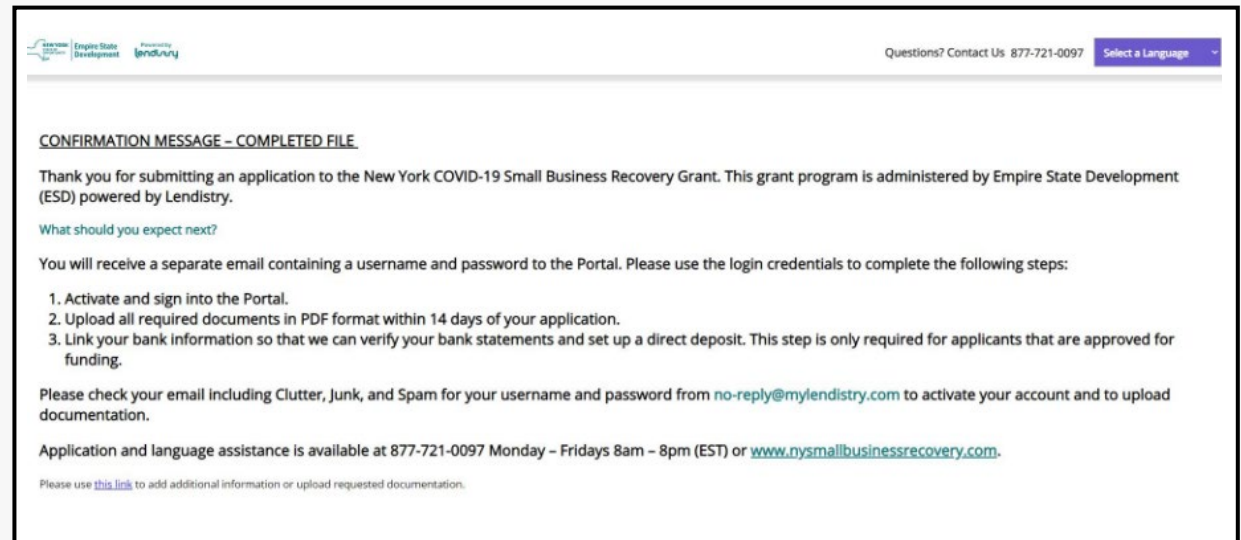
You will receive the following message when your application has been successfully submitted.

WHAT TO EXPECT NEXT

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete all of the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in an acceptable format.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. (this is only required for applicants who are selected).

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.



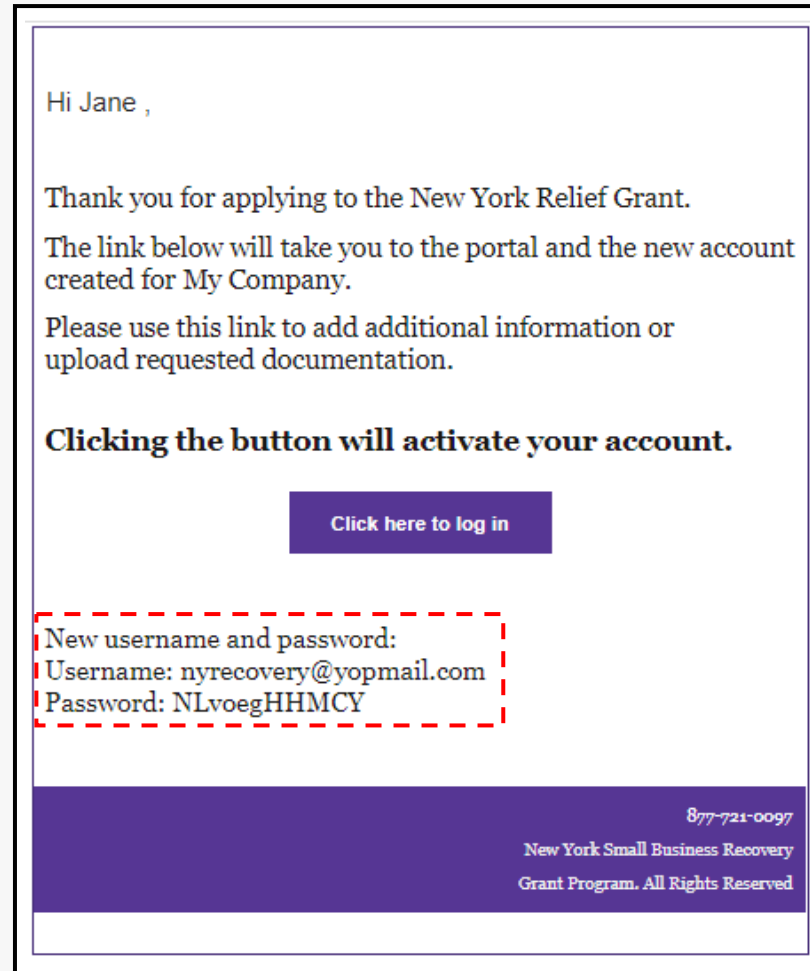
Section 9: Find Your Username and Password

INSTRUCTIONS

1. Please check the email address that you entered in the “let’s get started with your application” section of the grant application for your username and password to our Portal.

If you do not see this email in your inbox, please check your spam and junk folders.

2. Activate your account by clicking “Click here to log in”.



Uploading Documents

How to Upload Documents in the Portal



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The Portal At-a-Glance

IMPORTANT NOTES

Before you begin, please review the following notes to ensure your documents are uploaded correctly:

- Documents listed with a **red asterisk (*)** are required immediately upon completing an online application.
- Documents listed with a **blue asterisk (*)** are required only if you are selected to move forward with the application process. You will be notified of this selection.
- Banking information is only needed if you are approved for funding.
- If a document does not apply to your business, please select N/A.
- **ALL documents must be submitted as a PDF file. The PDF file must be under 15MB. Documents that are multiple pages should be submitted as one (1) PDF file.**
- Do NOT include special characters (i.e. ~!@#\$\$%^&*()_+) in the file name. Our Portal will not recognize special characters.
- If your document is password protected, you will be required to enter it in the Portal.

UPLOAD DOCUMENTS
BANK INFO

Your business is a **Corporation**

Change business type Corporation

IMPORTANT NOTE:

To avoid error please do not open multiple tabs.

Please upload each document under the corresponding category listed below.

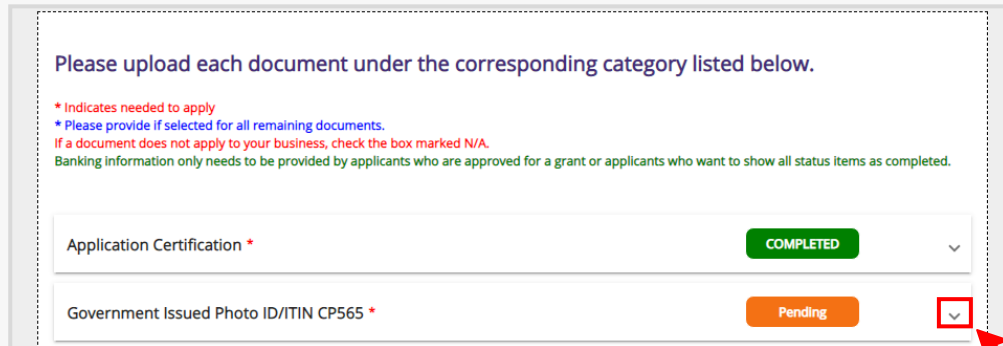
* Indicates needed to apply
* Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification *	COMPLETED	▼
Government Issued Photo ID/ITIN CP565 *	Pending	▼
2019 Business Tax Return *	Pending	▼
2020 Business Tax Return *	Pending	▼
Proof of Business Location *	Pending	<input type="checkbox"/> N/A ▼
NYS 45 *	Pending	<input type="checkbox"/> N/A ▼
Completed IRS Form 4506 C (only if requested by Lendistry) *	Pending	<input type="checkbox"/> N/A ▼

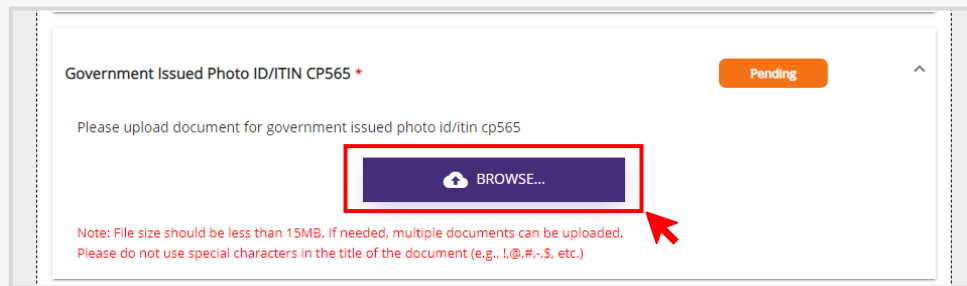
How to Upload Documents in the Portal

INSTRUCTIONS

STEP 1: Select a document type and click the down arrow to expand its folder.

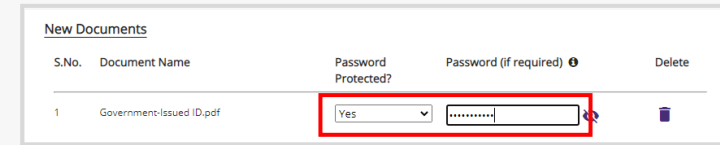


STEP 2: Click “Browse” to locate the file on your device. ALL documents must be upload as a PDF.

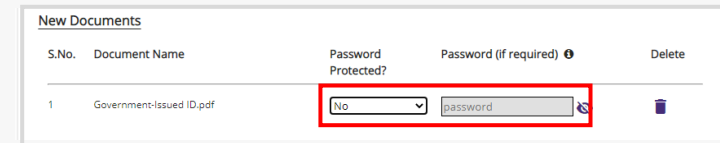


STEP 3:

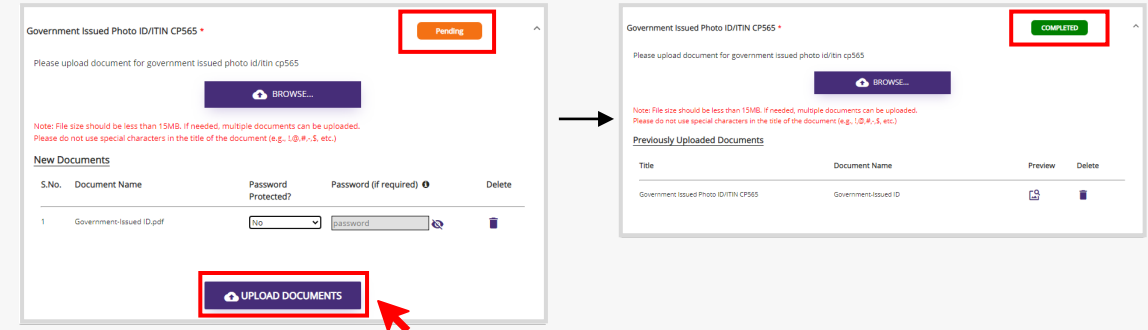
- If your document is password protected, select **YES** from the drop-down menu and enter in the password.



- If your document is NOT password protected, select **NO** from the drop-down menu and leave the password field blank.



- Click “Upload Documents” to complete upload. The status of the document will change from PENDING to COMPLETED.



Linking Your Bank Information

(Required only if you are approved for grant funding)



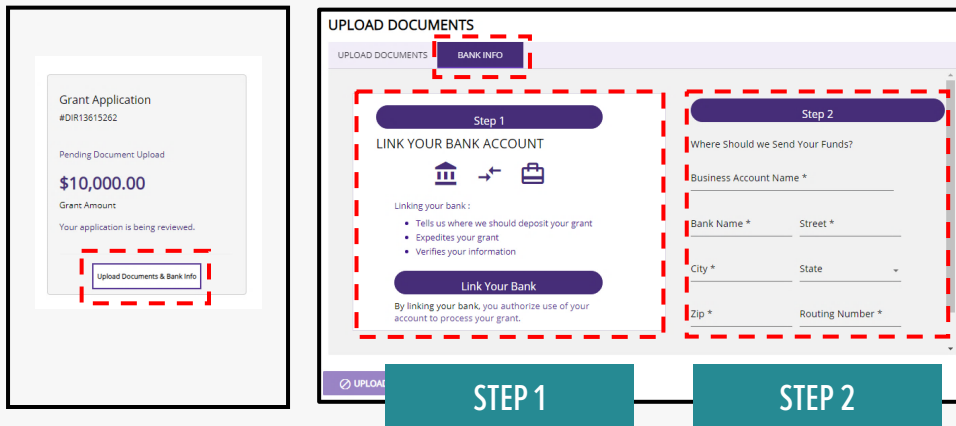
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How to Link Your Bank Information in the Portal

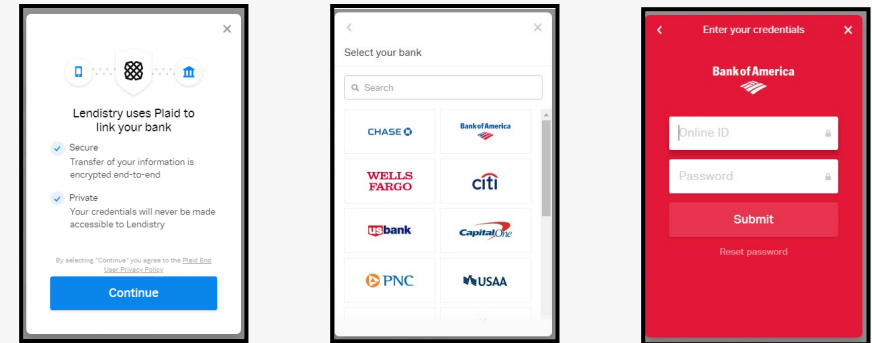
Lendistry uses a third-party technology (Plaid) to set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry’s Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies. The use of personal information on or through Plaid is subject to Plaid’s End User Privacy Policy (<https://plaid.com/legal/#end-user-privacy-policy>). Lendistry uses this technology to verify and review your bank statements. This method of bank verification is preferred, but may not be acceptable, including if your banking institution is not available through the provider. In this case, you can verify your bank account using other methods.

HOW TO VERIFY YOUR BANK ACCOUNT IN LENDISTRY’S PORTAL VIA PLAID



STEP 1

- Click on “Link Your Bank Account” to open a window for Plaid.
- Continue through Plaid and locate your banking institution.
- Sign into your online banking account and connect it to Lendistry’s Portal.



STEP 2

This step must always be completed regardless of the verification method you use.

- Enter your bank information.
- The “Business Account Name” field is NOT your account type. This field is your account name, which must be in the name of your business and listed on your bank statements.
- If your business is a sole proprietorship, the bank account must still be a business checking account and match your name or DBA.

Application Statuses in the Portal

(What They Mean and What You Should Do)



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How to Find the Status of Your Application in the Portal

Grant Application
#DIR400022432
Applied for: NYR

Incomplete

You estimated your grant amount to be:
\$0.00

[Edit Application](#)

Grant Application
#DIR400022432
Applied for: NYR

Awaiting Selection Process

You estimated your grant amount to be:
\$10,000.00

[Upload Documents & Bank Info](#)

Grant Application
#DIR400022432
Applied for: NYR

In Review, Pending Validations

You estimated your grant amount to be:
\$10,000.00

[Upload Documents & Bank Info](#)

Grant Application
#DIR400022432
Applied for: NYR

Currently on the Waitlist

You estimated your grant amount to be:
\$10,000.00

[Upload Documents & Bank Info](#)

Grant Application
#DIR400022432
Applied for: NYR

Your application was not selected.

You estimated your grant amount to be:
\$10,000.00

[Upload Documents & Bank Info](#)

INCOMPLETE

What it means: You started an online application but did not complete it.

What you should do: Sign into the Portal and complete all fields in the application. You must submit a finished application in order to be considered for the grant.

AWAITING SELECTION PROCESS

What it means: You have submitted a complete application and it is currently under review for eligibility.

What you should do: Check your email for notification about your selection decision. You will be either selected, waitlisted, or not selected to move forward in the application process.

IN REVIEW, PENDING VALIDATIONS

What it means: You meet the program's minimum eligibility requirements and have been **selected to move forward in the application process**. Being selected does not guarantee funding.

Lendistry will email or call you with updates about your application.

What you should do: Upload all required documents in PDF format.

WAITLISTED

What it means: You have been preliminarily determined to meet the eligibility requirements for the grant and are in line for validation.

What you should do: Make sure all of your documents have been uploaded correctly.

NOT SELECTED

What it means: You do not meet the program's minimum eligibility requirements and your application has been disqualified.

What you should do: If you think your application was disqualified in error, please reach out to our Call Center for assistance.



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Application and language assistance is available at 877-721-0097 or www.nysmallbusinessrecovery.com.