

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



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# Program and Application Guide

(Rev. 06.24.21)



# 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](http://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: 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.

# 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.

NEW YORK STATE COVID-19 PANDEMIC SMALL BUSINESS RECOVERY GRANT PROGRAM

APPLICATION CERTIFICATION

In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program ("Program") funded by the State of New York ("State") and administered by the New York State Department of Economic Development ("DED"), the undersigned, constituting an authorized representative of the below-referenced Applicant business (the "Applicant"), acknowledges and agrees on behalf of the Applicant, that the State, ESO, and ESO Capital, Inc. (also Landlord) as the designated third-party grant administrator of the Program ("Landlord"), each may rely on the below certification in determining the Applicant's eligibility for receipt of a grant under the Program.

By executing this document (the "Application Certification"), the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

- 1. The undersigned hereby certifies that (a) is a duly authorized owner and representative of Applicant (b) except to the extent Applicant is a corporate business entity, holds at least 20% of the outstanding ownership interest in Applicant, and (c) has full authority to make the certifications referenced herein.
- 2. Applicant represents, warrants, and agrees that it has the full authority to make the certifications referenced herein.
- 3. Applicant acknowledges and agrees that the State, ESO, and/or Landlord may reserve the right to demand the return of all or any portion of the grant funds if any of the certifications made herein are determined to be false or not adhered to.
- 4. Applicant acknowledges and agrees that it will cooperate with and provide such information as is reasonably requested by the State, ESO, Landlord, and/or either of their authorized designees, including without limitation, for the purpose of conducting a program compliance review. Such request may include, without limitation, documentation and other information regarding Applicant's business activities and/or financial information.
- 5. Applicant acknowledges that the State, ESO, Landlord, and/or either of their authorized designees, may publicly release information regarding an awarded grant award, including but not limited to, Applicant's name, address, business activities, economic information, and grant award amount. Applicant hereby authorizes the State, ESO, Landlord, and/or either of their authorized designees to make such public statements regarding Applicant for purposes of the Program. Applicant acknowledges that the State and ESO are subject to the New York Freedom of Information Law and any information which is publicly under control may be subject to disclosure.
- 6. Applicant represents and warrants that Applicant meets all of the eligibility requirements for a grant award under the Program, including, but not limited to, that Applicant meets the definition of "Small Business," "Micro Business," and/or "For-profit Independent Arts and Cultural Organization." "Small Business" means 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 one hundred or less persons. "Micro Business" means 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 ten or less persons. "For-profit independent arts and cultural organization" means a small or medium-sized private for-profit, independently operated, performance venue, performing arts organization, or other organization, or performance-related business located in New York State and registered to do business in New York State and Safety Protocols (defined below), and having one hundred or less full-time employees, including seasonal employees.
- 7. Applicant is a currently viable Small Business, Micro Business, and/or For-profit Independent Arts and Cultural Organization, as determined by Applicant's tax profile reported on Applicant's 2019 federal tax returns, that began operations on or before March 1, 2020 and remains in operation as of the date Applicant submits its application (subject to the Applicant being temporarily shut down in compliance with Governor's COVID-19 restrictions). Applicant acknowledges, and agrees that if Applicant's business has ceased, or at any time within the 18 months after the date it receives any grant award funds under this Program ceases to operate permanently, Applicant may be required to return all or any portion of its grant award funds.
- 8. Applicant has experienced, and/or will provide satisfactory evidence of, total gross receipts as a result of the COVID-19 pandemic, or compliance with COVID-19 health and safety protocols, which resulted in Applicant's business operations, interruptions, or closures. "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 of the State, 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.
- 9. Applicant hereby represents and warrants to each and all of the following:
  - (a) Applicant had 2019 or 2020 gross receipts of between \$25,000 and \$500,000 per annum, as reflected on Applicant's filed federal tax returns;
  - (b) Applicant's business generated a positive net profit in 2019, as reflected on Applicant's 2019 filed federal tax returns;
  - (c) Applicant experienced at least a twenty-five percent (25%) loss in annual gross receipts in a year-to-year revenue comparison as of December 31, 2020 to the same period in 2019, in each case, as reflected on Applicant's 2019 and 2020 filed federal tax returns; and
  - (d) Applicant's 2020 total expenses, as reflected on Applicant's 2020 filed federal tax returns, exceed the aggregate amount of grant funds Applicant is eligible for under this Program.
- 10. Applicant is in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements.
- 11. Applicant does not owe any federal, state, or local taxes that remain due for any periods prior to July 15, 2020, unless such outstanding balance is covered by an approved repayment plan, federal plan, or other applicable agreement with the appropriate federal, state, or local taxing authority.

Application Certification  
New York State COVID-19 Pandemic Small Business Recovery Grant Program  
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(a) a business that received one or more awards pursuant to the SBA Restart Revitalization Grant Program;

(b) a limited or other passive real estate business;

(c) a business or enterprise that is engaged in any activity that is illegal under federal, state, or local law; and/or

(d) any other industry or business type as specified by ESO.

17. No owner of greater than 10% of the equity interest in Applicant (a) has within the prior three (3) years been convicted of or had a civil judgment rendered against such owner, or has had commenced any form of parole or probation (including probation before judgment), for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public federal, state or local transaction or contract under a public transaction, for (ii) commission of federal, state or local fraud or procurement violation, or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (b) is presently indebted for or otherwise punishable or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in subparagraph (a) above.

18. Applicant represents and warrants that any and all demographic information (to the extent Applicant has elected to provide such information, including, if applicable, information with respect to owner's, locally and economically disadvantaged status, and any other information provided by Applicant in its application regarding the ownership of Applicant, is true and accurate.

19. Applicant has not and will not apply for or receive any other grant through or under the Program.

Applicant agrees that if more than one award is issued to Applicant, then one or all awards will be available at the discretion of the State, ESO, Landlord, and/or their designees.

20. Applicant acknowledges that Applicant's eligibility for the Program and any grant award will be determined based, in part, on the tax and other documents and information provided by Applicant, and that the State and ESO will rely on such documents and information provided by Applicant in making any grant award to Applicant. In furtherance of the foregoing, Applicant represents and warrants that all documentation, statements, and information provided by Applicant on and in connection with Applicant's application under this Program are true, accurate and complete in all material respects and that neither Applicant nor any other authorized person on behalf of Applicant has made or will make any material misrepresentation in connection with Applicant's application for a grant award under this Program. Applicant further affirms that the tax return information it will provide in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. Applicant understands, acknowledges, and agrees that Landlord, as the State and ESO's third-party designed to disburse funds under the Program, and the State and its authorized representatives, including without limitation, ESO, may share such tax and other information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

21. Applicant acknowledges that the State, ESO, and Landlord are relying on these certifications regarding the use of potential funds, business eligibility, owner information and financial information for both the Applicant (and its owners). Applicant makes these certifications in good faith, taking into account the Applicant's business activity.

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persons. "Micro Business" means 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 ten or less persons. "For-profit independent arts and cultural organization" means a small or medium-sized private for-profit, independently operated, performance venue, performing arts organization, or other organization, or performance-related business located in New York State and registered to do business in New York State and Safety Protocols (defined below), and having one hundred or less full-time employees, including seasonal employees.

12. Applicant has either (i) not qualified for any business grant assistance program under the federal American Rescue Plan Act of 2021 or any other available federal COVID-19 economic recovery or business assistance grant program, including State Program under the federal Paycheck Protection Program, or (ii) was unable to obtain sufficient business assistance from such federal programs previously awarded, where that Applicant will not be disqualified from this Program if they have received or been awarded any of the following federal assistance:

- (a) United States Small Business Administration ("SBA") Paycheck Protection Program loans totaling \$500,000 or less;
- (b) COVID-19 Economic Injury Disaster Loan ("EIDL") Advance Grant of \$20,000 or less;
- (c) COVID-19 EIDL Supplemental Targeted Advance Grant of \$5,000 or less; or
- (d) SBA Dislocated Worker Opportunity Grant.

Applicant acknowledges that Landlord may verify such information based on the information and documentation provided by Applicant, including, without limitation Applicant's bank statements and other financial documentation.

13. Applicant's business is currently operational and Applicant is not restricted by any state, local or other agency mandate.

14. If awarded, grant funds will only be used to cover one or more of the following COVID-19 related expenses incurred by Applicant between March 1, 2020 and April 1, 2021:

- (a) payroll costs;
- (b) commercial rent or mortgage payments for property located in the State, excluding any rent or mortgage prepayments;
- (c) payment of local property or actual taxes associated with a small business location within the State;
- (d) insurance costs;
- (e) utility costs, including heating, ventilation, and air conditioning;
- (f) supplies and materials necessary for compliance with COVID-19 health and safety protocols, including the procurement of personal protection equipment necessary to protect the health and safety of workers and customers;
- (g) other machinery or equipment costs; or
- (h) other documented costs related to COVID-19, as approved by ESO.

15. If awarded, no portion of the grant funds will be used for any purposes other than those listed in Section 14 above. Specifically, no portion of any awarded grant funds will be used to repay or pay down any portion of a loan obtained through a federal COVID-19 related package for business assistance or any State business assistance program. Applicant acknowledges and agrees that if all or any portion of grant funds are used for any unauthorized purposes, the State may hold the undersigned, Applicant, and/or any other owner thereof jointly liable, including, but not limited to, possible charges of fraud.

16. Applicant acknowledges and agrees that Applicant is not or more of the following businesses deemed ineligible to receive a grant under the Program:

- (a) a non-profit organization;
- (b) a church or other religious institution;
- (c) a government-owned entity or elected official office;
- (d) a business primarily engaged in political or lobbying activities;

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(a) a business that received one or more awards pursuant to the SBA Restart Revitalization Grant Program;

(b) a limited or other passive real estate business;

(c) a business or enterprise that is engaged in any activity that is illegal under federal, state, or local law; and/or

(d) any other industry or business type as specified by ESO.

17. No owner of greater than 10% of the equity interest in Applicant (a) has within the prior three (3) years been convicted of or had a civil judgment rendered against such owner, or has had commenced any form of parole or probation (including probation before judgment), for (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public federal, state or local transaction or contract under a public transaction, for (ii) commission of federal, state or local fraud or procurement violation, or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (b) is presently indebted for or otherwise punishable or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in subparagraph (a) above.

18. Applicant represents and warrants that any and all demographic information (to the extent Applicant has elected to provide such information, including, if applicable, information with respect to owner's, locally and economically disadvantaged status, and any other information provided by Applicant in its application regarding the ownership of Applicant, is true and accurate.

19. Applicant has not and will not apply for or receive any other grant through or under the Program.

Applicant agrees that if more than one award is issued to Applicant, then one or all awards will be available at the discretion of the State, ESO, Landlord, and/or their designees.

20. Applicant acknowledges that Applicant's eligibility for the Program and any grant award will be determined based, in part, on the tax and other documents and information provided by Applicant, and that the State and ESO will rely on such documents and information provided by Applicant in making any grant award to Applicant. In furtherance of the foregoing, Applicant represents and warrants that all documentation, statements, and information provided by Applicant on and in connection with Applicant's application under this Program are true, accurate and complete in all material respects and that neither Applicant nor any other authorized person on behalf of Applicant has made or will make any material misrepresentation in connection with Applicant's application for a grant award under this Program. Applicant further affirms that the tax return information it will provide in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. Applicant understands, acknowledges, and agrees that Landlord, as the State and ESO's third-party designed to disburse funds under the Program, and the State and its authorized representatives, including without limitation, ESO, may share such tax and other information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

21. Applicant acknowledges that the State, ESO, and Landlord are relying on these certifications regarding the use of potential funds, business eligibility, owner information and financial information for both the Applicant (and its owners). Applicant makes these certifications in good faith, taking into account the Applicant's business activity.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Applicant Business Name \_\_\_\_\_ EIN #SSRN #UTRN # \_\_\_\_\_


Applicant Business Address \_\_\_\_\_

Application Certification  
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# Download and Complete the Application Certification Electronically

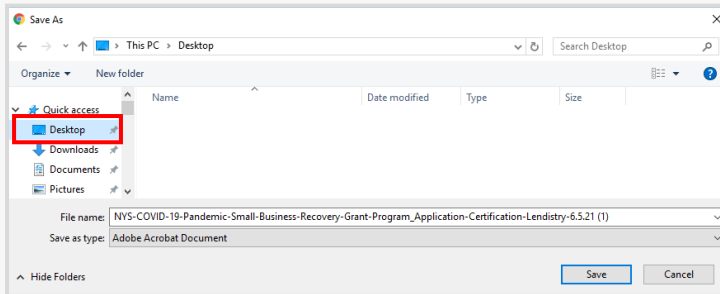
## INSTRUCTIONS

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

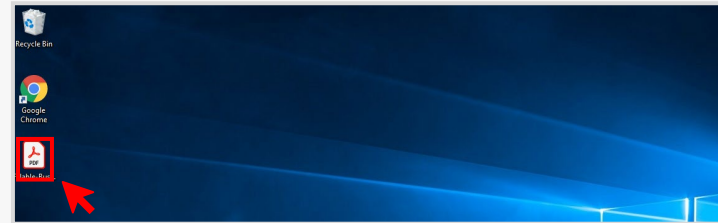
**STEP 2:** Click the  icon to download the Application Certification on your computer.



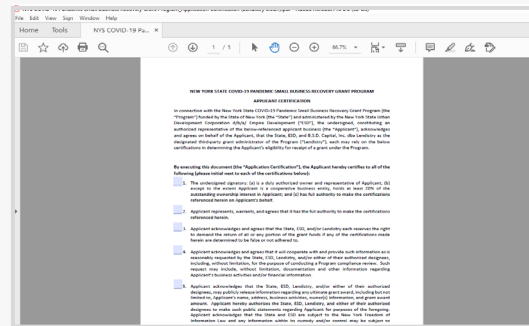
**STEP 3:** Save the certification onto your desktop.



**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.

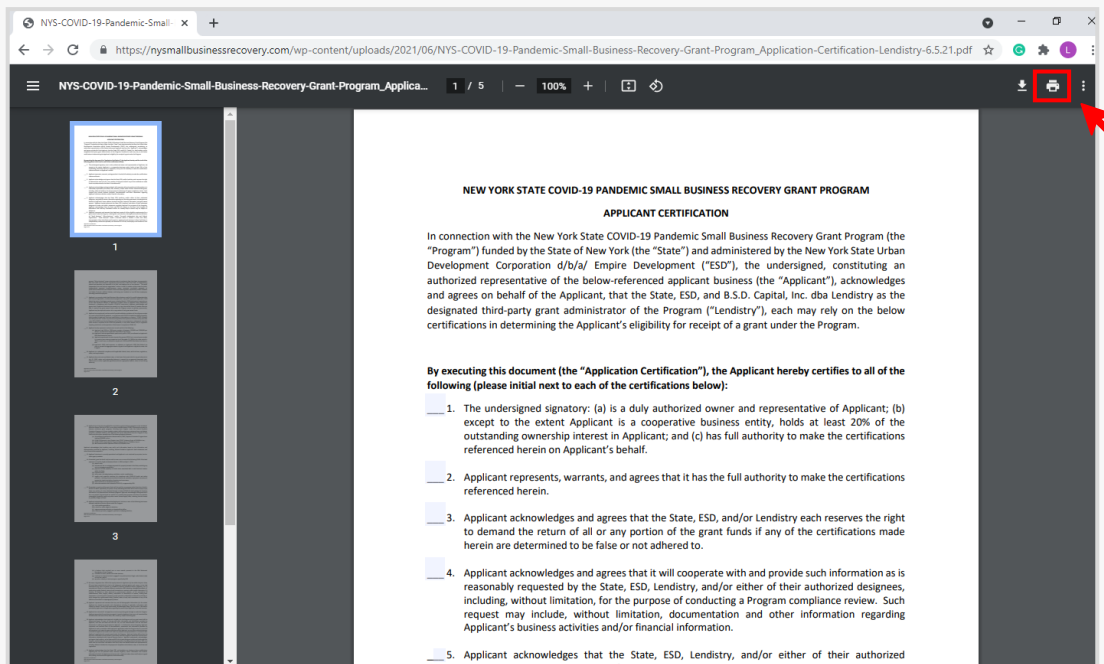


# Print and Complete the Application Certification by Hand

## 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



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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/>

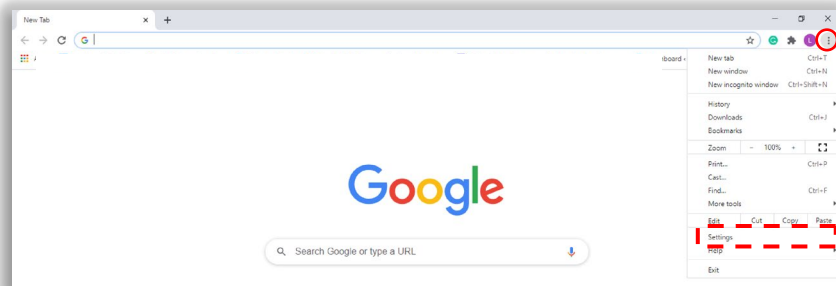
Before you begin the application, please do the following on Google Chrome:

- 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.

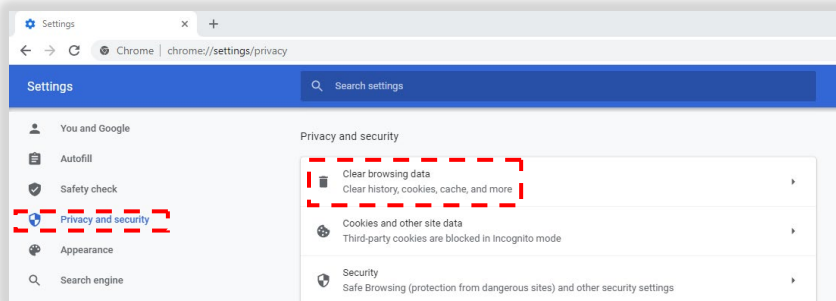
## Tip #2: Clear Your Cache

### INSTRUCTIONS

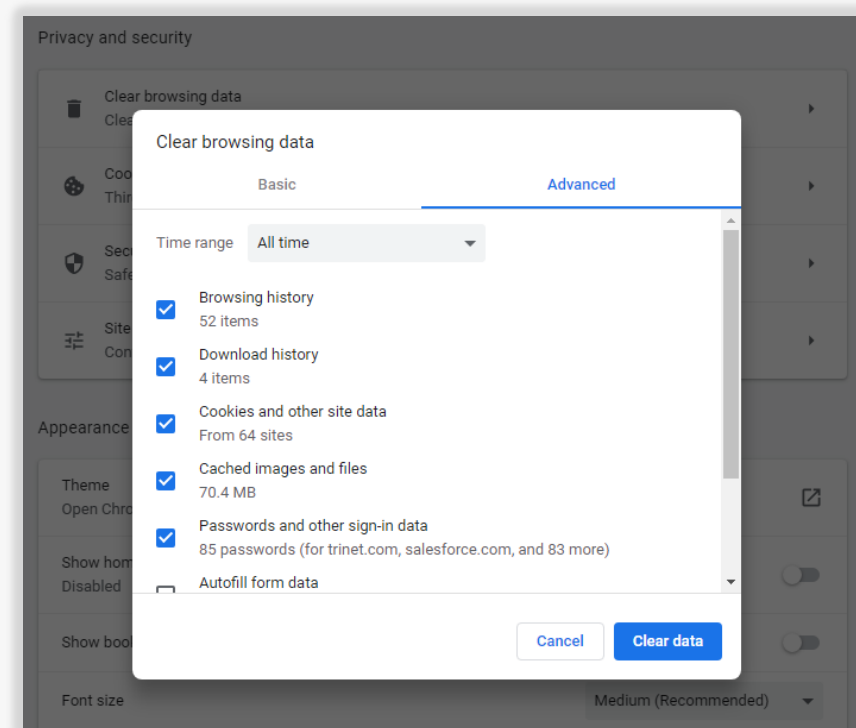
1. Click the three dots in the upper right corner, and then go to **“Settings”**



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



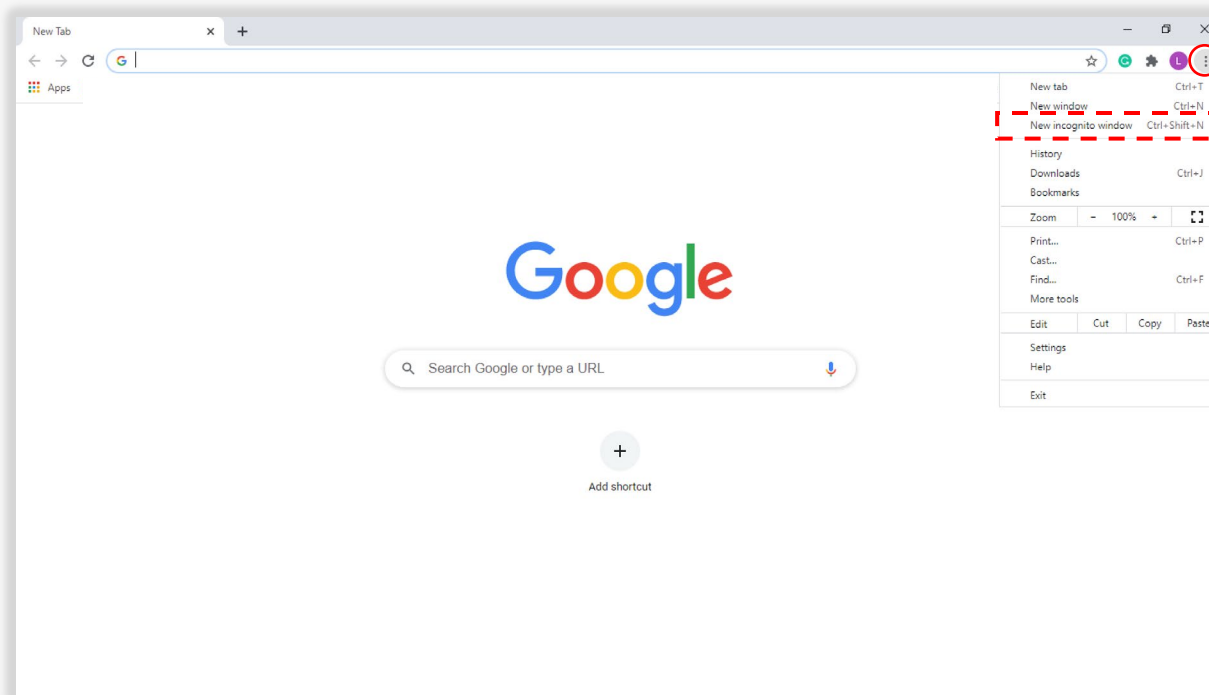
3. Select **“Clear Data”**



## Tip #3: Use Incognito Mode

### INSTRUCTIONS

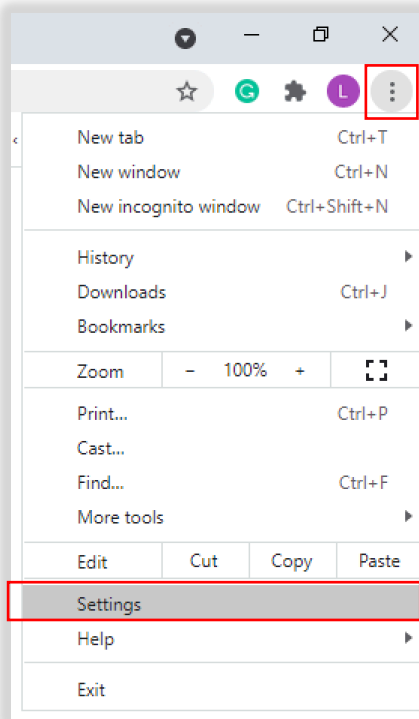
Click the three dots in the upper right corner of your web browser, and then select “**New incognito window.**” Your browser will open a new window.



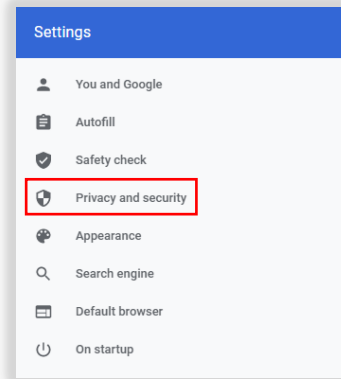
## Tip #4: Disable Pop-Up Blocker

### INSTRUCTIONS

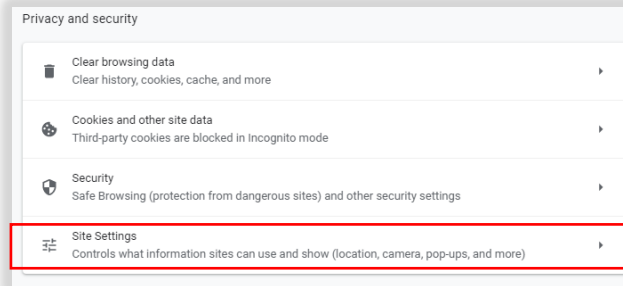
1. On Google Chrome, click the three dots in the upper right corner and then select **“Settings”**



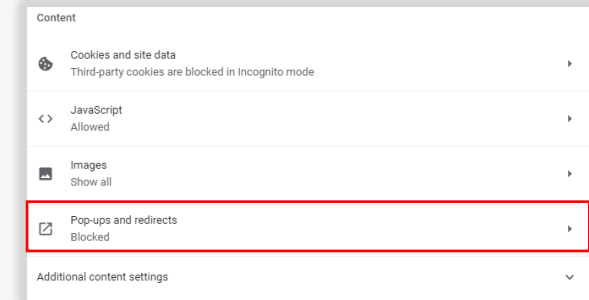
2. Select **“Privacy and Security”**



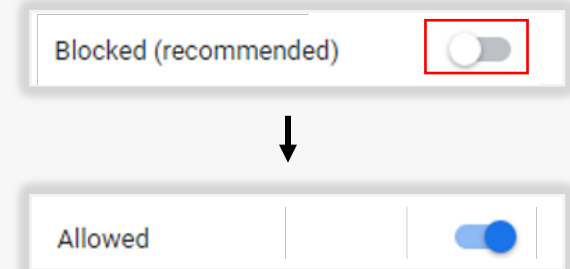
3. Select **“Site Settings”**



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.
- 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

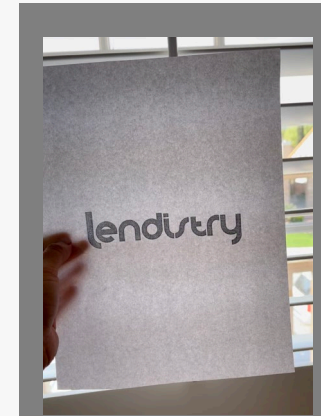
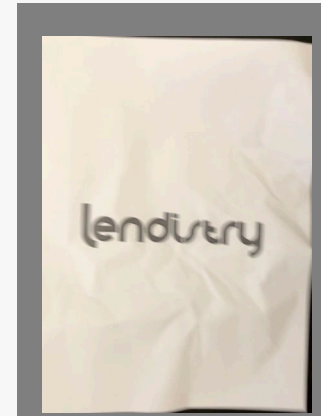
Apple | [Click Here to Download](#)

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](http://www.nysmallbusinessrecovery.com).



# The Application

What Information is Needed



# 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.

Empire State  
Development

Powered by  
lendistry

## 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.

Let's get started with your application (New York Small Business Recovery Grant Program)

First Name (Please enter answer in English) \*  
jane

Last Name (Please enter answer in English) \*  
Doe

Email Address \*  
nyrecovery@yopmail.com

Confirm Email Address \*  
nyrecovery@yopmail.com

Owner cell Phone \*  
123-555-0000

Confirm owner cell Phone \*  
123-555-0000

Business Name (Please enter answer in English) \*  
My Company

Zip Code of Business \*  
10001

Referral Partner \*  
ACCORD Corporation

Preferred Language \*  
English

☒ I accept the [SMS/Text Policy](#)

CONTINUE

### 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



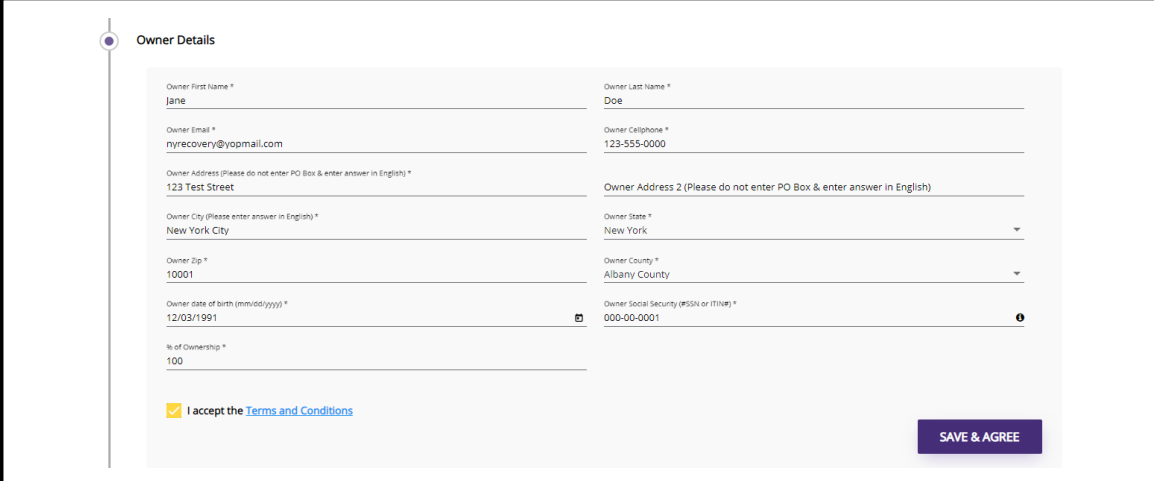
## Section 2: Owner Details

### 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

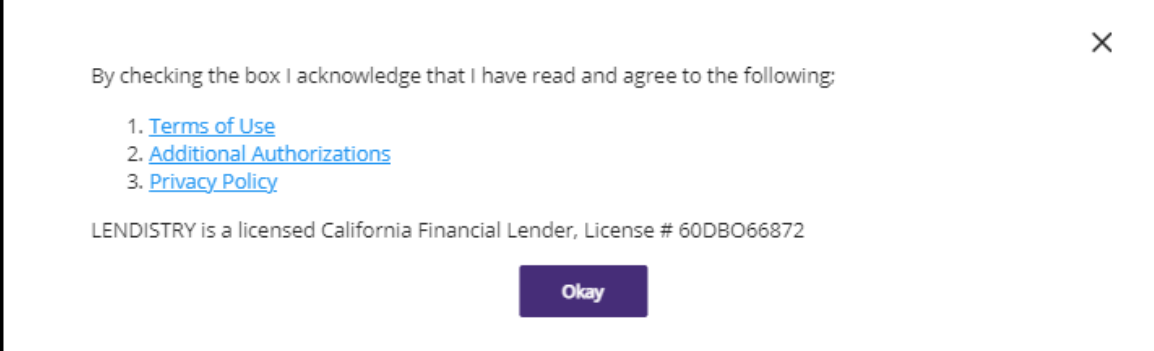
### TERMS AND CONDITIONS

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.



The screenshot shows a form titled "Owner Details" with two columns of input fields. The left column contains fields for Owner First Name (Jane), Owner Email (nyrecovery@yopmail.com), Owner Address (123 Test Street), Owner City (New York City), Owner Zip (10001), Owner date of birth (12/03/1991), and % of Ownership (100). The right column contains fields for Owner Last Name (Doe), Owner Telephone (123-555-0000), Owner Address 2, Owner State (New York), Owner County (Albany County), and Owner Social Security (000-00-0001). At the bottom left, there is a checkbox labeled "I accept the Terms and Conditions". At the bottom right, there is a purple button labeled "SAVE & AGREE".

### TERMS AND CONDITIONS

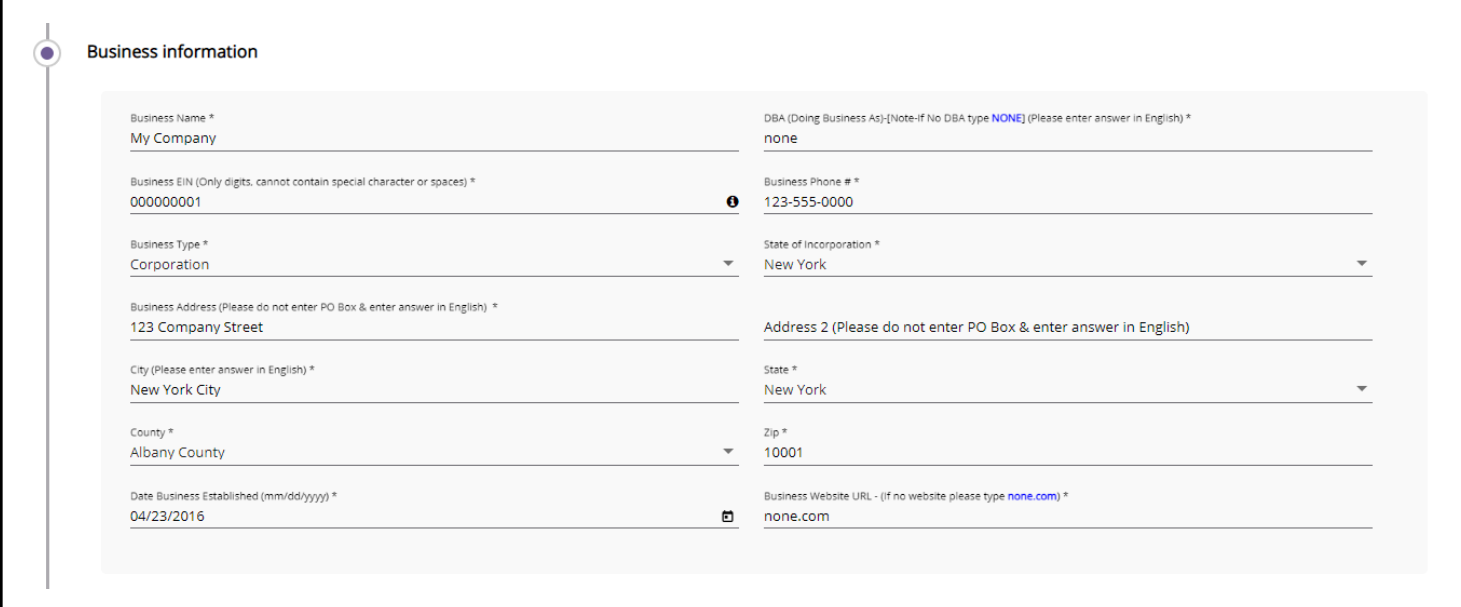


The screenshot shows a modal window titled "TERMS AND CONDITIONS" with a close button (X) in the top right corner. The text inside the modal reads: "By checking the box I acknowledge that I have read and agree to the following:" followed by a list of three links: "1. Terms of Use", "2. Additional Authorizations", and "3. Privacy Policy". Below the list, it states "LENDISTRY is a licensed California Financial Lender, License # 60DBO66872". At the bottom center, there is a purple button labeled "Okay".

## 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.**



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

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

## 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)

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

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

**Business demographics** [Watch Video](#)

Who is your customer base?  
☒ B2B ☐ B2C ☐ Both

What type of business is it?  
 Whole Sale - Non Durable

NAICS Code \*  
 000000

Women-Owned Business \*  
 YES

Disabled \*  
 NO

Ethnicity \*  
 Not Hispanic or Latino

Race \*  
 Asian

Franchise \*  
 NO

Tell us more. \*  
 Sells Products

[Click here to find your NAICS code](#)

Minority-Owned Business \*  
 YES

\*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](http://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?

**Disclosures**

- 1) Are you in substantial compliance with applicable federal, state and local laws, regulations, codes and requirements? Please select an answer \*
- 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? Please select an answer \*
- 3) Is your business in the For-Profit Independent arts and cultural sector as defined above? Please select an answer \*
- 4) Annual business revenue for 2019 (this should match your tax return) \$ Please enter your answer in numeric value \*
- 5) Annual business revenue for 2020 (this should match your tax return) \$ Please enter your answer in numeric value \*
- 6) Number of months in existence for 2019 Please select an answer \*

## Section 7: Confirmation

### INSTRUCTIONS

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

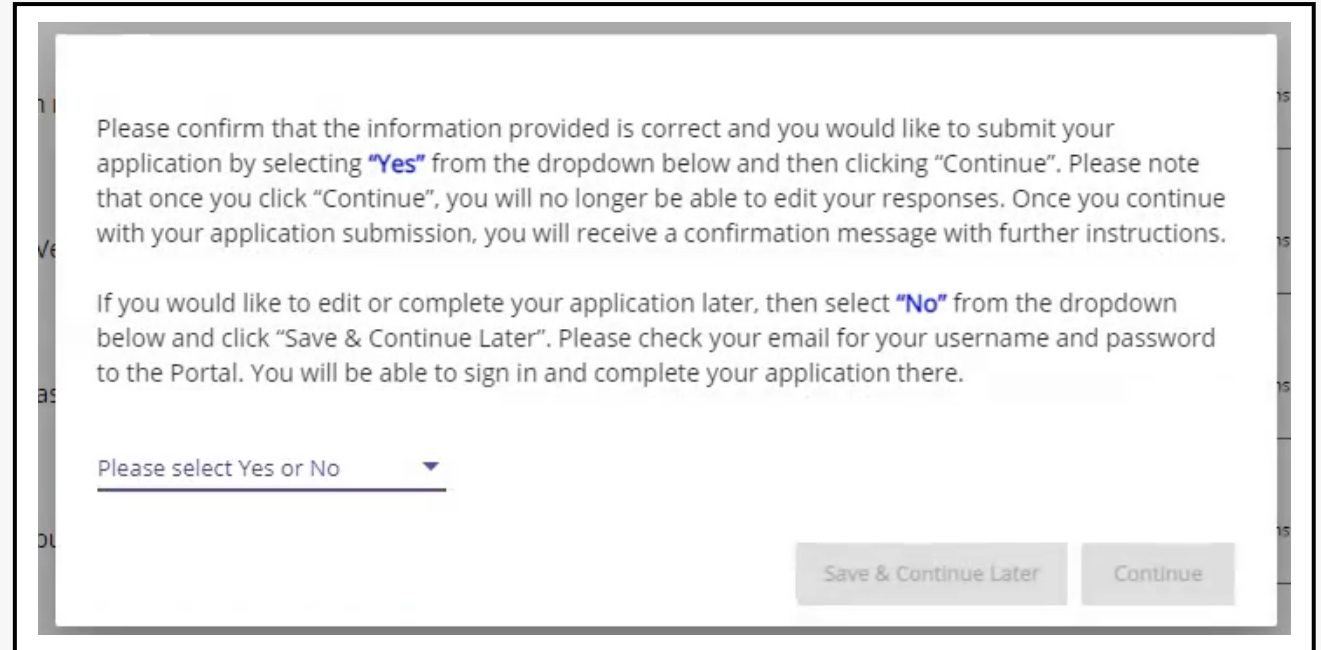
**1. Save your application and finish it later: select NO**

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.

A screenshot of a web application confirmation screen. The screen has a white background with a thin grey border. At the top, it says "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." Below this, it says "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." In the center, there is a dropdown menu with the text "Please select Yes or No" and a downward arrow. At the bottom right, there are two buttons: "Save & Continue Later" and "Continue".



## Section 8: Confirmation Message

### INSTRUCTIONS

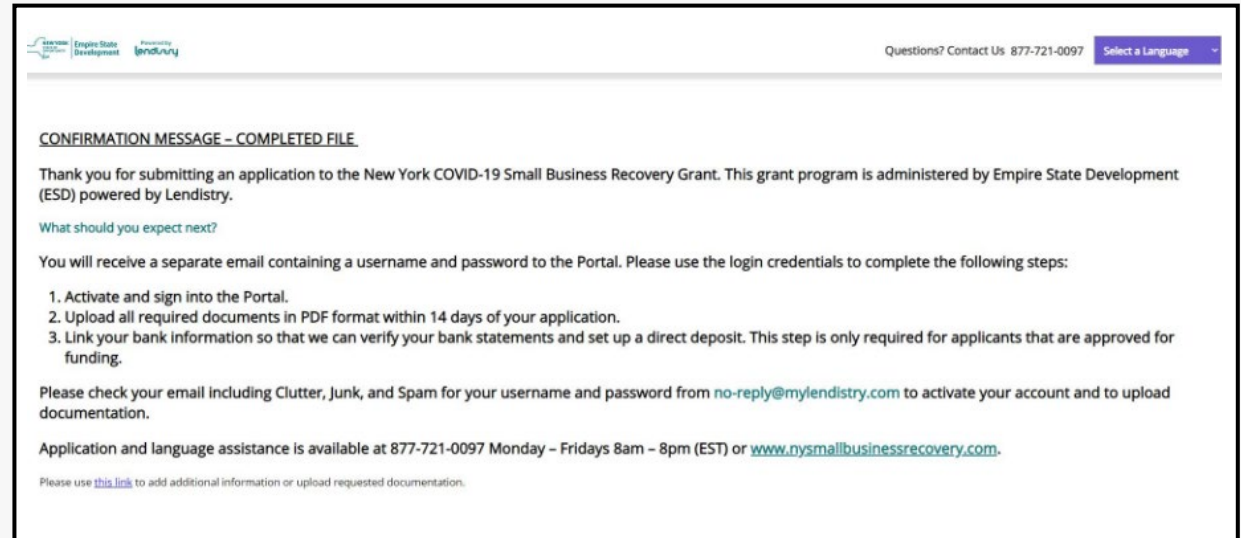
You will receive the following message when your application has been successfully submitted.

#### 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](mailto: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”.

Hi Jane ,

**Thank you for applying to the New York Relief Grant.**

The link below will take you to the portal and the new account created for My Company.

Please use this link to add additional information or upload requested documentation.

**Clicking the button will activate your account.**

[Click here to log in](#)

New username and password:

Username: nyrecovery@yopmail.com

Password: NLvoegHHMCY

877-721-0097

New York Small Business Recovery

Grant Program. All Rights Reserved

# 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.

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	▼

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

Government Issued Photo ID/ITIN CP565 \*

Pending

Please upload document for government issued photo id/itin cp565

**BROWSE...**

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.  
Please do not use special characters in the title of the document (e.g., !@#%&\*, etc.)

**STEP 3:**

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

S.No.	Document Name	Password Protected?	Password (if required) ⓘ	Delete
1	Government-Issued ID.pdf	Yes	password	🗑️

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

S.No.	Document Name	Password Protected?	Password (if required) ⓘ	Delete
1	Government-Issued ID.pdf	No	password	🗑️

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

Government Issued Photo ID/ITIN CP565 \*

Pending

Please upload document for government issued photo id/itin cp565

**BROWSE...**

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.  
Please do not use special characters in the title of the document (e.g., !@#%&\*, etc.)

S.No.	Document Name	Password Protected?	Password (if required) ⓘ	Delete
1	Government-Issued ID.pdf	No	password	🗑️

**UPLOAD DOCUMENTS**

Government Issued Photo ID/ITIN CP565 \*

COMPLETED

Please upload document for government issued photo id/itin cp565

**BROWSE...**

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.  
Please do not use special characters in the title of the document (e.g., !@#%&\*, etc.)

**Previously Uploaded Documents**

Title	Document Name	Preview	Delete
Government Issued Photo ID/ITIN CP565	Government-Issued ID	📄	🗑️

# 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

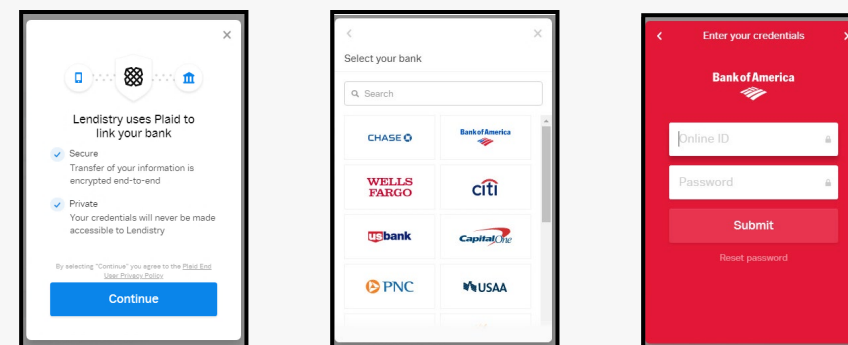
Lendistry uses a third-party technology (Plaid) to set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry's Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies. 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

The screenshot shows the 'Upload Documents' section of the Lendistry portal. A red dashed box highlights the 'BANK INFO' tab and the 'Link Your Bank' button. Below the screenshot, two teal boxes labeled 'STEP 1' and 'STEP 2' are connected by a line.

### 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.



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Application and language assistance is available at 877-721-0097 or [www.nysmallbusinessrecovery.com](http://www.nysmallbusinessrecovery.com).