

纽约州

新冠肺炎疫情小型企业纾困拨款计划



Empire State
Development

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计划与申请指南

(修订日期 2021 年 6 月 24 日)



计划概述

简介

纽约州新冠肺炎疫情小型企业纾困拨款计划（以下简称“本计划”）旨在为纽约州因新冠肺炎疫情而经历经济困难但目前尚可生存的小型企业、微型企业以及营利性独立艺术和文化团体提供灵活的拨款援助。

有关纽约州新冠肺炎疫情小型企业纾困拨款计划的更多信息，以及在申请过程中如何获得帮助，请访问 www.nysmallbusinessrecovery.com。

拨款金额

拨款金额将根据企业 2019 年的年度总收入计算*：

年度总收入 (2019)	拨款金额
\$25,000-\$49,999	每家企业 \$5,000
\$50,000-\$99,999	每家企业 \$10,000
\$100,000-\$500,000	总收入的 10% (最多 \$50,000)

*关于如何确定“总收入”，请参见幻灯片 5。

纽约州帝国发展公司 (Empire State Development) 保留修订拨款金额和计算方式的权利

计划概述

定义

1. “小型企业”是指常驻纽约州、在纽约州注册成立或在纽约州获得营业执照，自主所有和经营，在其领域不占主导地位且员工人数**不超过一百人**的企业。
2. “微型企业”是指常驻纽约州、在纽约州注册成立或在纽约州获得营业执照，自主所有和经营，在其领域不占主导地位且员工人数**不超过十人**的企业。
3. “营利性独立艺术和文化团体”是指纽约州受《新冠肺炎健康与安全协议》负面影响的营利性中小型私营、独立经营的现场演出场所、推广公司、制作公司或与演出相关的企业，企业全职员工人数**不超过一百人（不包括季节性雇员）**。符合此项定义的合资格组织可能包括但不限于建筑、舞蹈、设计、电影、音乐、戏剧、歌剧、媒体、文学、博物馆活动、视觉艺术、民间艺术和铸造等领域的企业。
4. 《新冠肺炎健康与安全协议》是指根据 2020 年州长发布的第 202 号行政命令，或为应对新冠肺炎疫情而发布的任何延期或后续行政命令，或为应对新冠肺炎疫情而对企业经营施加的任何其他法规、规则或限制。

计划概述

符合条件的小型企业资质

- 小型企业、微型企业和营利性独立艺术和文化团体（统称为“符合条件的申请人”）目前必须可生存，已于 2019 年 3 月 1 日或之前开始经营，并自申请之日起继续营业（可因新冠肺炎限制而关闭）。
 - “生存能力”将根据申请人在 2019 年是否产生正净利润来确定，以申请人在 2019 年联邦纳税申报表上报告的净利润（见下文）为佐证。
- 根据规定，符合条件的申请人需出示因新冠肺炎疫情或遵守《新冠肺炎健康与安全协议》而发生的业务变更、中断或关闭所导致的总收入损失。

计划概述

符合条件的小型企业资质（续）

- 小型企业和微型企业必须满足以下要求：
 1. 2019 年或 2020 年的年总收入在 \$25,000 至 \$500,000 之间
 - IRS 1120 表或 1065 表第 1a 行；
 - IRS 1040 表附表 C 第 1 行；或
 - IRS 1040 表附表 F 第 1a 行和第 2 行的总和
 2. 2019 年营业收入显示净利润为正（\$1 或以上）
 - IRS 1120 表第 28 行（IRS 1120S 表第 21 行）；
 - IRS 1065 表第 22 行；
 - IRS 1040 表附表 C 第 31 行；或
 - IRS 1040 表附表 F 第 34 行
 3. 证明截至 2020 年 12 月 31 日，年度总收入与 2019 年同期相比至少减少了 25%。
 - 根据 2019 年联邦纳税申报表中的 IRS 1120 表或 1065 表第 1a 行、IRS 1040 表附表 C 第 1 行或 IRS 1040 表附表 F 第 1a 行和第 2 行的总和，与 2020 年联邦纳税申报表上的 IRS 1120 表或 1065 表第 1a 行、IRS 1040 附表 C 的第 1 行或 IRS 1040 表附表 F 第 1a 行和第 2 行的总和之间的差额计算损失（每种情况均涵盖同一期间）。计算值必须显示同比下降了 25%。2019 年实行部分纳税年度的企业将根据 2020 年的可比月份数计算出 25% 的损失。
 4. 证明 2020 年营业收入申报表上的总费用大于拨款金额。
 - 总费用计算和建议拨款额将基于申请人提交的 2020 年联邦纳税申报表中报告的业务费用

计划概述

符合条件的小型企业资质（续）

5. 严格遵守适用的联邦、州和地方法律、法规、规范和要求。
6. 在 2020 年 7 月 15 日之前，未拖欠任何联邦、州或地方税款，但有经批准的还款计划、延期计划或与适当的联邦、州和地方税务机构达成的其他适用协议的除外。
7. 没有资格参与联邦《2021 年美国救援方案法》的企业拨款援助计划，或任何其他可行的联邦新冠肺炎经济复苏或企业援助拨款计划，包括根据联邦工资保障计划免除的贷款，或者无法从此类联邦计划中获得足够的企业援助。*

*符合资格的申请人可能已经获得或被授予以下联邦援助：

- 总额不超过 \$100,000 的工资保障计划贷款
- 不超过 \$10,000 的新冠肺炎经济伤害灾难预付补助金
- 不超过 \$5,000 的新冠肺炎经济伤害灾难追加补助金
- 小商业管理局 (SBA) 关闭场所业主资助金

计划概述

附加信息

- 符合条件的申请人必须提供纽约州认可的证据，证明该符合条件的申请人正在开展经营，并且不受任何州、地方或其他机构强制执行的限制。
- 由于资金有限且预期申请数量较多，因此业务类型、地理位置和所属行业可能会影响获得拨款的机会。
- 我们将优先考虑在社会和经济上处于劣势的企业主，包括但不限于少数族裔、妇女、伤残退伍军人、退伍军人等开办的企业（不需要纽约州的证明），或根据最新普查数据，在 2020 年 3 月 1 日之前位于贫困社区的企业。

计划概述

不符合条件的企业

- 所有非营利组织、教堂和其他宗教机构；
- 国有实体或民选官员的办公室；
- 主要从事政治或游说活动的企业；
- 从 SBA 餐厅振兴拨款计划领取拨款的企业；
- 房东和被动房地产收入企业；
- 非法经营企业；以及
- ESD（纽约州帝国发展公司）指定的其他行业或企业类型。

计划概述

必备材料

1. 有关总收入损失或其他经济困难的证明：2019 年和 2020 年企业所得税申报表
 - 企业和有限责任公司 – IRS 1120 表
 - 合伙企业 – IRS 1065 表和附表 K-1
 - 独资企业 – IRS 1040 表和附表 C
 - 独资农业企业 – 包括 IRS 1040 表附表 F

备注：必须提交完整的 **2019** 年和 **2020** 年联邦纳税申报表
2. 已填妥的 IRS 4506-C 表（如果 Lendistry 要求提供）
3. 经营地点和目前经营情况证明（必须提供以下选项中的两 **(2)** 项）：
 - 目前租赁合同
 - 水电费账单
 - 目前企业银行对账单
 - 目前企业抵押贷款单
 - 企业信用卡对账单
 - 专业保险单
 - 付款处理对账单
 - NYS ST-809 或 ST-100 销售税征收文件

计划概述

必备材料（续）

4. 所有权明细表：拥有企业 20% 及以上所有权的全部所有者的姓名、地址、社会安全号码（对于非美国所有者，则为个人纳税人识别号）、电话号码、电子邮件、所有权百分比和身份证明：
 - 要完成拨款申请，所有者/申请人必须为拥有 20% 及以上所有权的所有者，并提供姓名、地址、社会安全号码或非美国所有者的个人纳税人识别号、电话号码、电子邮件、所有权百分比和身份证明。
 - 为完成拨款发放，申请人必须提交拥有企业 20% 及以上所有权的全部所有者的所有权信息明细表：姓名、地址、社会安全号码或非美国所有者的个人纳税人识别号、电话号码、电子邮件、所有权百分比和身份证明。
 - 非美国所有者须通过 IRS CP565 表验证个人纳税人识别号。
5. 员工人数证明：最近提交的雇主公司 NYS-45 文件。
6. 企业组织证明（仅提供以下选项中的一(1)项）：
 - 当前营业执照
 - 当前经营许可证
 - 组织证书
 - 假名证书 (DBA)
 - 纽约州授权证书
 - 公司章程
 - 纽约州市政当局颁发的显示在纽约州经营的授权文件。
7. 用于资金分配：IRS W-9 表和银行账户信息。

计划概述

资金的合格使用

拨款必须用于 2020 年 3 月 1 日至 2021 年 4 月 1 日期间发生的与新冠肺炎相关的费用。其中包括：

1. 工资成本；
2. 纽约州地产的商业租金或抵押贷款支付（但不包括任何租金或抵押贷款的预付款）；
3. 支付与纽约州小型企业场所相关的地方财产税或教育税；
4. 保险费用；
5. 公用事业费用；
6. 保护工人和消费者健康与安全所必需的个人保护设备 (PPE) 的成本；
7. 暖气、通风和空调 (HVAC) 费用；
8. 其他机器或设备费用；
9. 为遵守《新冠肺炎健康与安全协议》所需的用品和材料；或
10. 纽约州帝国发展公司 (Empire State Development) 批准的其他记录在案的新冠肺炎成本。

资金的不当使用

根据本计划获得的拨款不得用于偿还或支付通过联邦新冠肺炎企业援助一揽子救济计划，或纽约州任何企业援助计划获得的贷款。

申请人认证

如何下载和填写表格



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申请认证

什么是申请证明？

作为申请流程的一部分，您需要通过签署一份申请证明来自我证明信息的准确性。

申请证明将以电子形式供下载和填写。签署的申请证明是此拨款流程中的必要文件，需要上传到门户。

您可以通过以下两种方式完成申请证明：

1. 下载并签署电子证明，或
2. 打印并手动填写表格。

[点击此处](#)
 下载或打印申请证明。

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

APPLICANT CERTIFICATION

In connection with the New York State COVID-19 Pandemic Small Business Recovery Grant Program (the "Program") funded by the State of New York (the "State") and administered by the New York State Business Development Corporation (BDC)/ Empire Development ("ED"), 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, ESD, and B.S.D. Capital, Inc. (the "Landlord") as the designated third-party grant administrator of the Program ("Landlord"), each may rely on the below certifications 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 signatory (a) is a duly authorized owner and representative of Applicant (b) except to the extent Applicant is a corporate business entity, holds at least 25% of the outstanding ownership interest in Applicant, and (c) has full authority to make the certifications referenced herein on Applicant's behalf.

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, ESD, and/or Landlord each reserves 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, ESD, 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, ESD, 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, awards information, and grant award amount. Applicant hereby authorizes the State, ESD, 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 ESD are subject to the New York Freedom of Information Law and any information which is customarily 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, independently owned and operated, not dominant in its field, and employed 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, not-for-profit, independently operated, performance, creative, production, production, or performance-related business located in New York State registered pursuant to COVID-19 Health and Safety Protocols (defined below), and having one hundred or less full-time employees, including leased 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 last profit 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 and will provide satisfactory evidence of, loss of 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 to receive 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, delinquent 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

Page 1 of 1

(a) a business that received one or more awards pursuant to the SBA Recovery Assistance 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 ESD.

17. Not 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, (ii) violation of federal or state law or contract 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 personally or jointly 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 voidable at the discretion of the State, ESD, 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 ESD will rely on such documentation and tax and other documents 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 misrepresentations 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 ESD's third-party designed to disburse funds under the Program, and the State and its authorized representatives, including without limitation, ESD, 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, ESD, 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.

Application Certification

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

Page 1 of 1

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, not-for-profit, independently operated, performance, creative, production, production, or performance-related business located in New York State registered pursuant to COVID-19 Health and Safety Protocols (defined below), and having one hundred or less full-time employees, including leased 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 last profit 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 and will provide satisfactory evidence of, loss of 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 to receive 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, delinquent 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

Page 1 of 1

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, provided however, that Applicant will not be disqualified from this Program if it may 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 Disaster Vendor Operation 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 ESD.

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 relief 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 one 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;

Application Certification

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

Page 1 of 1

(a) a business that received one or more awards pursuant to the SBA Recovery Assistance 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 ESD.

17. Not 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, (ii) violation of federal or state law or contract 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 personally or jointly 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 voidable at the discretion of the State, ESD, 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 ESD will rely on such documentation and tax and other documents 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 misrepresentations 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 ESD's third-party designed to disburse funds under the Program, and the State and its authorized representatives, including without limitation, ESD, 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, ESD, 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.

Application Certification

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

Page 1 of 1

Signature

Date

Printed Name

Title

Applicant Business Name

City/State/Zip

Applicant Business Address

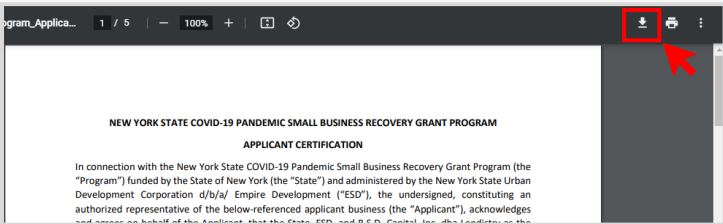
Empire State
Development

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Landstry

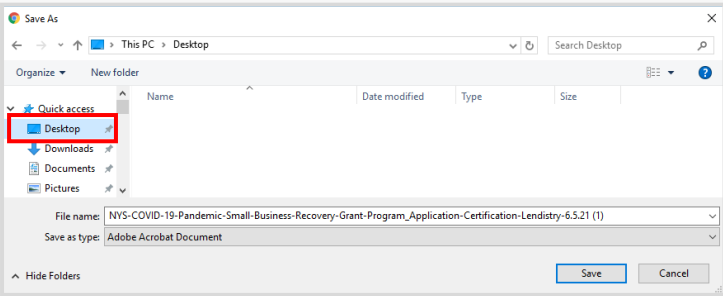
下载并填写电子申请证明

说明

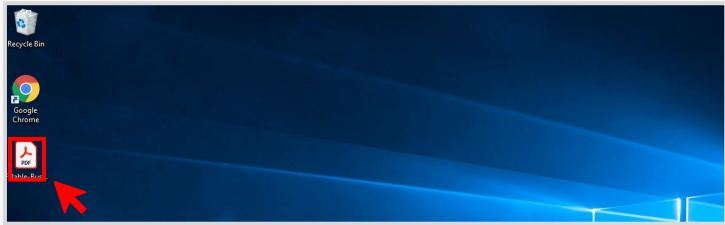
- 第 1 步: [点击此处](#) 查看申请证明。
- 第 2 步: 点击  图标将申请证明下载到您的电脑。



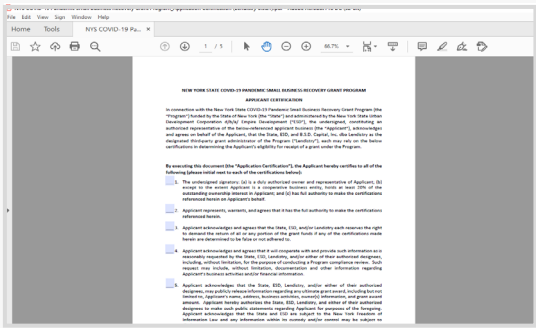
第 3 步: 将证明保存在您的电脑桌面。



第 4 步: 转到桌面, 找到申请证明并直接打开文件。



第 5 步: 您的申请证明将作为 PDF 文件打开。在所有带编号的项目旁边输入您姓名的首字母, 然后在第 5 页输入您的签名和业务信息, 即可完成申请证明。



第 6 步: 转到菜单中的“文件 > 保存” (File > Save), 或在键盘上按 CTRL+S 以保存完全签定的申请证明。

第 7 步: 将填写好的申请证明上传到门户。

打印并手动填写申请证明

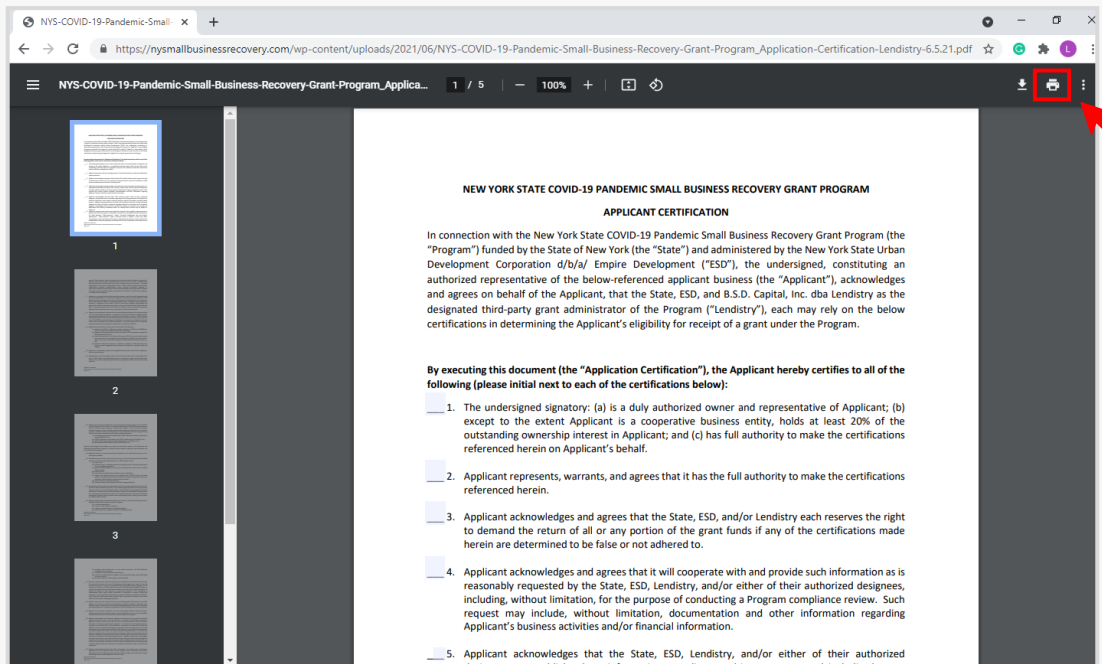
说明

第 1 步: [点击此处](#) 查看申请证明。

第 2 步: 点击打印机图标, 打印申请证明。

第 3 步: 请用深色钢笔填写申请证明, 字迹要清晰。

第 4 步: 扫描已填写好的申请证明并将其上传到门户。



申请提示



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Development

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lendistry

提示 1: 使用 Google Chrome 浏览器

说明

为获得最佳用户体验，请在整个申请过程中使用 Google Chrome 浏览器。

其他浏览器可能不支持我们的界面，并可能导致您的申请出错。

如果您的设备上没有 Google Chrome 浏览器，则可以登录 <https://www.google.com/chrome/> 免费下载

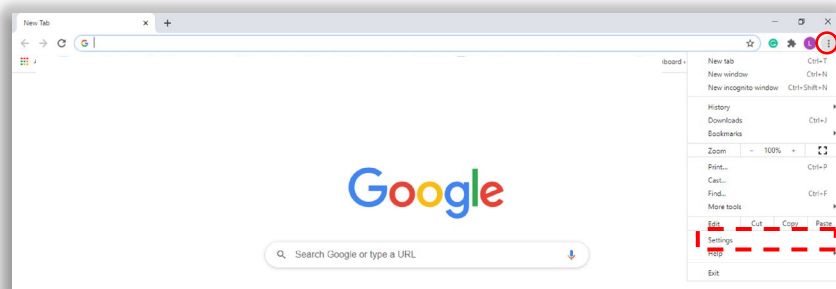
开始申请前，请在 Google Chrome 浏览器上执行以下操作：

- 1. 清除缓存：**缓存数据是根据以往使用网站或申请中存储的信息，主要用于通过自动填充信息来加快浏览过程。但是，缓存数据也可能包含过时信息，例如旧密码或之前输入错误的信息等。这可能会在您的申请中引入错误，并可能导致该申请被标记为潜在欺诈。
- 2. 启用无痕模式：**无痕模式允许您已私密形式输入信息，并防止您的数据被记住或缓存。
- 3. 禁用弹出窗口阻止程序：**我们的申请具有多条弹出消息，用于确认您提供的信息是否准确。您必须在 Google Chrome 浏览器上禁用弹出窗口拦截器才能看到这些消息。

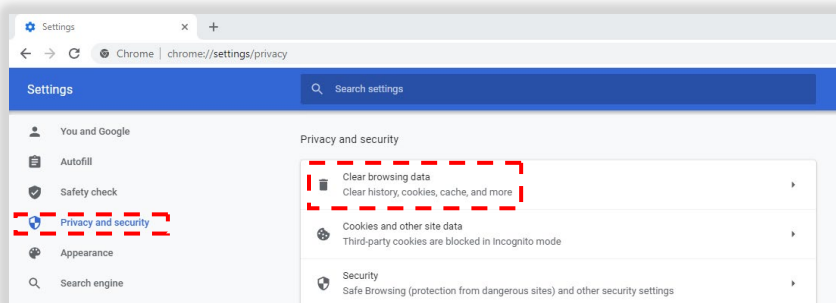
提示 2：清除缓存

说明

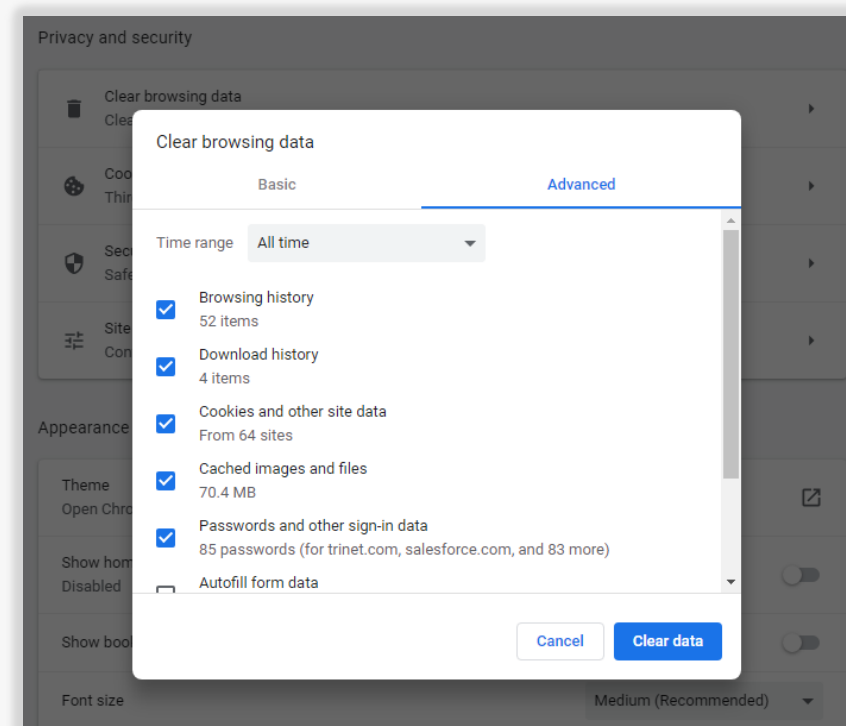
1. 点击右上角的三个点，然后转到“设置”。



2. 转到“隐私设置和安全性”，然后选择“清除浏览数据”。



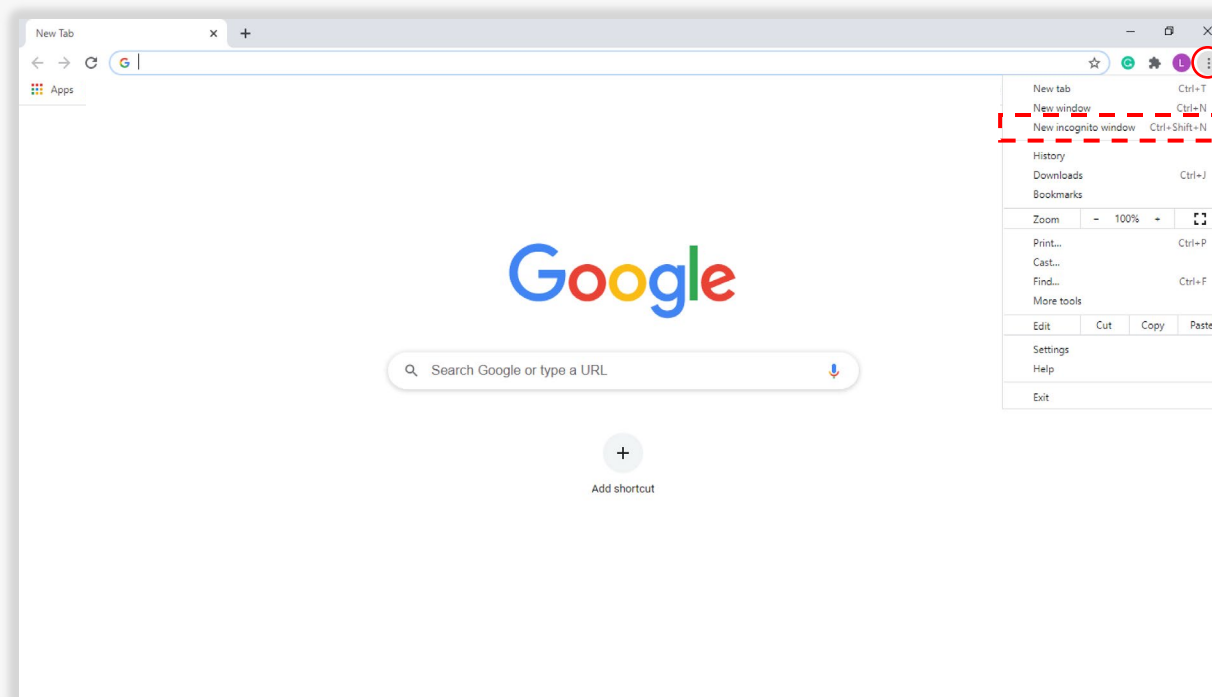
3. 选择“清除数据”。



提示 3：使用无痕模式

说明

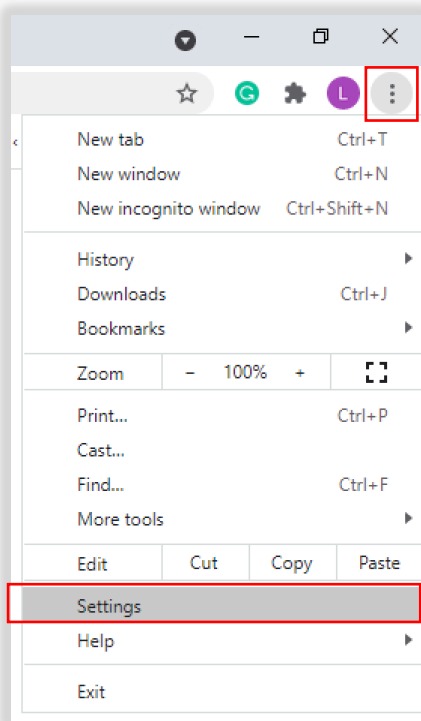
点击浏览器右上角的三个点，然后选择“打开新的无痕窗口”。您的浏览器将打开一个新窗口。



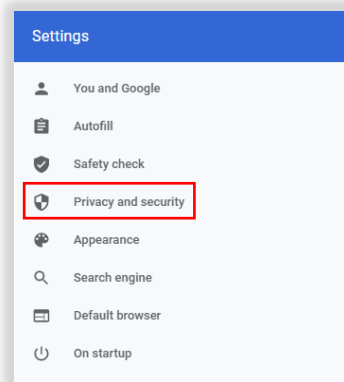
提示 4：禁用弹出窗口阻止程序

说明

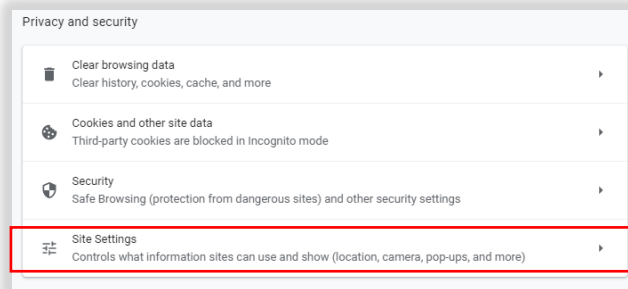
1. 在 Google Chrome 浏览器中，点击右上角的三个点，然后选择“设置”。



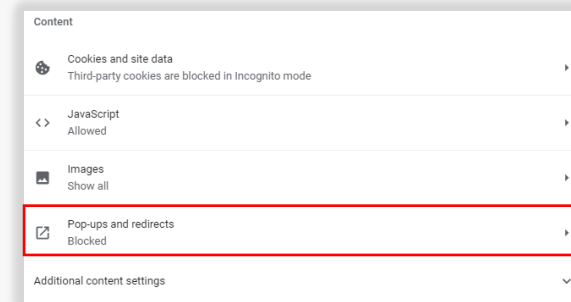
2. 选择“隐私设置和安全性”。



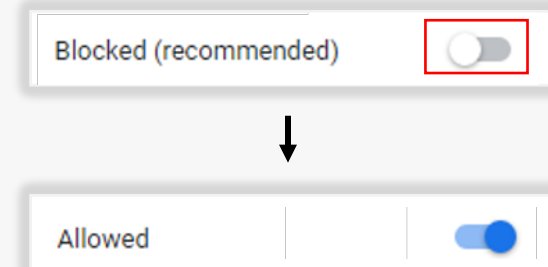
3. 选择“网站设置”。



4. 选择“弹出式窗口和重定向”。



5. 点击按钮，使其变为蓝色，此时，状态将从“已阻止”变为“允许”。



提示 5：以 PDF 格式提交所有文件

说明

电子表格必须清晰、排列整齐，不含干扰性背景。

关于上传文件的重要提示：

- 所有文件必须以 PDF 格式提交。
- 文件大小必须小于 15MB。
- 文件名不能包含任何特殊字符 (!@#\$\$%^&*()_+)。
- 如果您的文件受密码保护，您需要在门户上输入密码，否则我们将无法查看文件。

如果您没有扫描仪，我们建议您使用以下免费移动应用程序：

Genius Scan

Apple | [点击此处下载](#)

Android | [点击此处下载](#)

Adobe Scan

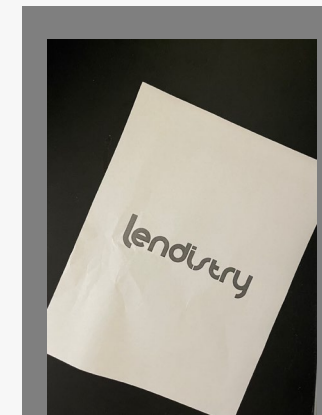
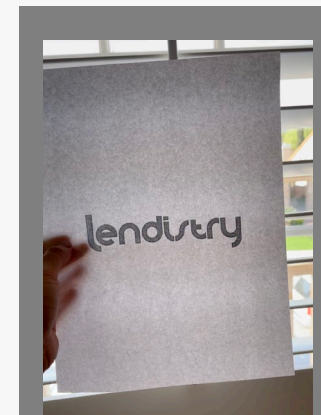
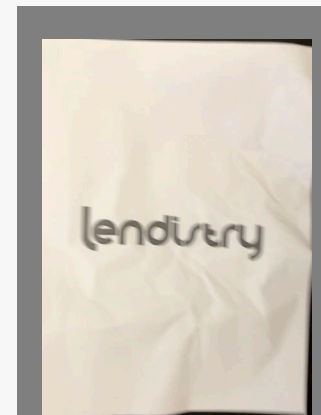
Apple | [点击此处下载](#)

Android | [点击此处下载](#)

正确



错误



提示 6：使用有效的电子邮件地址

说明

请确保您在申请时使用有效的电子邮件地址。您将通过提供的电子邮件地址接收更新和其他说明。

重要提示 - 我们的系统无法接受或识别以下电子邮件地址：

以 **info@** 开头的电子邮件

例如：info@mycompany.com

以 **@contact.com** 或者 **@noreply.com** 结尾的电子邮件

例如：example@contact.com

例如：example@noreply.com

提示 7：将申请表翻译成您偏好的语言

说明

我们的申请表将被翻译成以下语言：

- 西班牙语
- 中文（简体中文）
- 俄语
- 意第绪语
- 孟加拉语
- 韩语
- 海地克里奥尔语
- 意大利语
- 阿拉伯语
- 波兰语
- 印地语
- 德语

重要提示：在填写申请时如需非英语语言支持，请联系我们的呼叫中心或访问 www.nysmallbusinessrecovery.com。

申请

需要哪些信息



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开始之前

注意事项

该拨款计划由纽约州帝国发展公司管理，并由 **Lendistry** 提供技术支持。

开始之前，您需要在等候室排队以开始新的申请。
(重要提示：请勿填写多份申请表。这样做会被检测为潜在的欺诈行为，并且会扰乱您的申请。)

您无须在一次会话中完成申请表，可以选择保存并在以后继续完成。

在申请表的“Let's Get Started”（开始申请）部分输入您的联系信息，以便收到登录门户的凭证。激活账户后，您就可以填写未完成的申请表了。

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 is it 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.



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第一部分：开始申请

需要哪些信息？

- 名字
- 姓氏
- 电子邮箱
- 电话号码
- 企业名称
- 企业邮编
- 推荐合作伙伴（您在此字段中的选择不会影响您的申请）
- 首选语言

重要提示：请务必在本部分使用有效的电子邮件地址。重要更新和更多说明将发送到您提供的电子邮件地址。请参阅“申请提示”了解无效的电子邮件地址列表。

手机短信政策

您的拨款申请状态更新将通过手机短信发送。如需以手机短信方式接收更新，请在阅读披露内容后勾选复选框以示同意。如果您想放弃此项功能，请勿勾选复选框。

The screenshot shows a registration form for the 'New York Small Business Recovery Grant'. The form is titled '让我们开始您的申请 (纽约小型企业恢复补助计划)'. It contains several input fields: '名字 (请用英文输入答案)' with 'john', '姓氏 (请用英文输入答案)' with 'doe', '电子邮件地址' with 'john.doe.lendistry@yopmail.com', '确认电子邮件地址' with 'john.doe.lendistry@yopmail.com', '业主手机' with '555-555-5555', '确认业主手机' with '555-555-5555', '企业名称 (请用英文输入答案)' with 'small business', '业务邮政编码' with '12345', '推荐合作伙伴' with '雅阁公司', and '首选语言' with '英语'. At the bottom, there is a checkbox labeled '我接受短信/短信政策' which is currently unchecked. A '继续' (Continue) button is at the bottom right.

同意自动拨打电话或手机短信：

This screenshot shows the same application form as above, but with a modal dialog box open in the center. The dialog box is titled '同意自动拨打电话或短信' and contains the following text: '我明确同意接收来自固定电话、无线或类似设备的营销和其他电话和消息，包括自动拨号和预先录制的消息呼叫以及 SMS 消息（包括文本消息）。收件人，您提供的电话号码。同意不是提交申请的条件。消息和数据费可能适用。' Below this text, it says 'LENDISTRY 是获得许可的加州金融贷款机构，执照编号为 60DB066872'. There are two buttons in the dialog: '好' (Yes) and '关' (Close). The checkbox '我接受短信/短信政策' in the background form is now checked.

第二部分：所有者详细信息。

需要哪些信息？

- 所有者名字
- 所有者姓氏
- 所有者电子邮箱
- 所有者地址、城市、州、邮政编码、县
- 所有者生日
- 所有者社会安全号码（或 ITIN）
- 所有权百分比

条款和条件

勾选复选框，表示您已阅读并同意条款和条件。您必须同意才能继续填写拨款申请。

业主详情 [🔗 看视频](#)

所有者名字 *	所有者姓氏 *
john	doe
所有者电子邮箱 *	业主手机 *
john.doe@lendistry.com	555-555-5555
业主地址（请不要输入邮政编码并输入英文答案） *	业主地址2（请不要输入邮政编码并输入英文答案）
业主城市（请输入英文答案） *	所有者状态 *
所有者邮编 *	业主县 *
12345	
所有者出生日期 (mm/dd/yyyy) *	业主社会保障（#SSN 或 ITIN#） *
所有权百分比 *	

☐ 我接受[条款和条件](#)

保存并同意

条款和条件

通过选中此框，我承认我已阅读并同意以下内容；

1. [使用条款](#)
2. [额外授权](#)
3. [隐私政策](#)

LENDISTRY 是获得许可的加州金融贷款机构，执照编号为 60DB066872

好的

关闭

第三部分：企业信息

需要哪些信息？

- 企业名称
- 注册经营别称（简称 DBA，如适用）
注意：如果您的企业没有注册经营别称 (DBA)，请在此字段中输入“**NONE**”（无）。
- 企业雇主识别号 (EIN)
- 企业电话号码
- 企业类型
- 注册状态
- 企业地址、城市、州、邮政编码、县
- 企业成立日期
- 企业网站
注意：如果您的企业没有网站，请在此字段中输入“**none.com**”。

商业信息

企业名称 *

small business

DBA (Doing Business As)-[注意-如果没有 DBA，请输入**NONE**] (...

企业 EIN (仅限数字，不能包含特殊字符或空格) *

商务电话 # *

业务类型 *

公司注册地 *

营业地址 (请不要输入邮政信箱并输入英文答案) *

地址 2 (请不要输入邮政信箱并输入英文答案)

城市 (请用英文输入答案) *

状态 *

县 *

邮编 *

成立日期 (mm/dd/yyyy) *

商业网站 URL - (如果没有网站，请输入**none.com**) *

第四部分：我们如何能够帮助您？

需要哪些信息？

- 拨款目的
- 预估拨款资格金额
备注：您可以申请的拨款金额取决于您企业**2019**年的年度总收入。
- 2019 年的年度总收入（必须与您的纳税申报表一致）
- 您的企业在 2019 年是否有盈利？（IRS 1120 表第 28 行；IRS 1065 表第 22 行；IRS 1040 表附表 C 第 31 行；或 IRS 1040 表附表 F 第 34 行）。
- 全职员工数量（2020 年）
- 兼职员工数量（2020 年）
- 创造的就业岗位数量（2020 年）
- 保留的就业岗位数量（2020 年）

我们怎样帮助你

拨款目的 *

工资成本

2019 年的年度总收入（这应该与您的纳税申报表相符）*

\$ 400000

全职员工数量（2020 年）*

1

创造的就业岗位数量（2020 年）*

0

预计拨款资格金额 *

\$ 5000

您的企业在 2019 年盈利了吗？

是的

兼职员工数量（2020 年）*

1

保留的职位数量（2020 年）*

1

检查资格

第五部分：企业统计信息

需要哪些信息？

- 您的客户群是谁？
 - **B2B**：企业对企业
公司向其他企业提供服务或产品
 - **B2C**：企业对消费者
公司直接向个人消费者销售服务或产品
- 您企业的主要业务是什么？业务类型是什么？
- 向我们提供更多信息。
- NAICS 代码*
- 女性所有企业？**+
- 退伍军人所有企业？**
- 残障人士？**
- 种族？
- 民族？
- 特许经营企业？
- 少数族裔所有企业？**+

商业人口统计

谁是您的客户群？
☒ 企业对企业 ☐ B2C ☐ 两个都

您的企业是做什么的？*

它是什么类型的业务？*

北美证券交易委员会代码 *

女性拥有的企业 *

已禁用 *

种族 *

少数族裔企业 *

请告诉我们更多。*

单击此处 查找您的 NAICS 代码

退伍军人拥有的业务 *

种族 *

特许经营 *

*NAICS 代码系统被联邦统计局用来收集、分析并公布与美国经济有关的统计数据。

NAICS 是一个自分配系统；无人向您分配 NAICS 代码。
也就是说，由公司自行选择最能描述其主要业务活动的代码，然后在需要时使用该代码。

如需查找您的 NAICS 代码，请转至 www.naics.com。

**个人直接拥有企业 50% 以上的所有权权益。

+不需要纽约州的证明

第六部分：披露

需要哪些信息？

- 截至申请日期，您的企业是否已开业并运营？
- 您的企业是否为营利性企业？
- 您是否严格遵守适用的联邦、州和地方法律、法规、规范和要求？
- 在 2020 年 7 月 15 日之前，您是否拖欠任何联邦、州或地方税费，并且没有批准的还款、延期计划，也没有与适当的联邦、州和地方税收当局达成协议。
- 您的企业是否属于上述定义的营利性独立艺术和文化组织？（如果回答“是”，请继续回答申请表中的附加问题）
- 您的企业是否为伤残退伍军人所有的企业？
- 您的企业是以工人合作社的形式成立的吗？
- 小型企业中超过 50% 所有权是否为社会和经济弱势群体拥有，其中可能包括少数族裔或女性拥有的、伤残退伍军人或退伍军人拥有的企业，或在 2020 年 3 月 1 日之前经济陷入困境的社区企业（根据美国人口普查数据）？
- 2019 年的年度总收入？（此金额应与您的纳税申报表一致）
- 2020 年的年度总收入？（此金额应与您的纳税申报表一致）
- 贵公司在 2019 年运营了几个月？
- 在新冠肺炎疫情期间，您的企业是否收到了与新冠肺炎相关的任何紧急资金？
- 您是否获得了纽约州技术支持提供商的任何帮助或支持？

- 您是否获得了企业援助中心 (EAC) 的任何帮助或支持？
- 您是否获得了社区发展金融机构 (CDFI) 的任何帮助或支持？
- 您是否获得了商会的任何帮助或支持？
- 您是否获得了小型企业发展中心 (SBDC) 的任何帮助或支持？
- 您的企业目前是否需要技术援助支持或帮助？
- 您的企业目前是否需要贷款？

The screenshot shows a digital form titled "披露" (Disclosure) with a "返回" (Back) button. It contains 10 numbered questions corresponding to the list on the left. Each question has a dropdown menu for the answer. Questions 1-7 have a "请选择一个答案" (Select an answer) prompt. Questions 8-10 have a "请输入数字" (Enter a number) prompt. A large "SAMPLE" watermark is centered over the form.

第七部分：确认

说明

在申请过程的最后，您有两个选择：

1.保存并于稍后完成申请：选择“**NO**”（否）
如果您想保存并于稍后完成申请，请选择“**NO**”（否），然后点击“Save & Continue Later”（保存并稍后继续）。重要提示：您必须完成申请表才能获得拨款申请资格。

2.完成并提交申请：选择“**YES**”（是）
如果提供的所有信息均正确，而且希望完成申请提交，请选择“**YES**”（是），然后点击“Continue”（继续）。重要提示：一旦提交申请，您将无法对其进行编辑。

如果未出现此确认消息，请确保已在 Web 浏览器上禁用弹出窗口阻止程序。

请确认所提供的信息正确无误，并且您希望通过从下面的下拉菜单中选择“是”然后单击“继续”来提交您的申请。请注意，一旦您点击“继续”，您将无法再编辑您的回复。继续提交申请后，您将收到一条包含进一步说明的确认消息。

如果您想稍后编辑或完成您的申请，请从下面的下拉列表中选择“否”，然后单击“稍后保存并继续”。请检查您的电子邮件以获取门户网站的用户名和密码。您将能够在那里登录并完成您的申请。

7

保存并稍后继续

继续

请确认所提供的信息正确无误，并且您希望通过从下面的下拉菜单中选择“是”然后单击“继续”来提交您的申请。请注意，一旦您点击“继续”，您将无法再编辑您的回复。继续提交申请后，您将收到一条包含进一步说明的确认消息。

如果您想稍后编辑或完成您的申请，请从下面的下拉列表中选择“否”，然后单击“稍后保存并继续”。请检查您的电子邮件以获取门户网站的用户名和密码。您将能够在那里登录并完成您的申请。

END

保存并稍后继续

继续

第八部分：确认消息

说明

成功提交申请后，您将收到以下消息。

后续步骤

您将收到一封单独的电子邮件，其中包含登录门户的用户名和密码。请使用登录凭证完成以下所有步骤：

1. 激活并登录门户。
2. 以可接受的格式上传所有申请文件。
3. 关联您的银行信息，以便我们核实您的银行对账单，并建立一个直接存款账户（只有被选中的申请人才需要完成此步骤）。

请检查您的电子邮箱（包括垃圾邮件），查看来自 no-reply@mylendistry.com 的邮件，获取您的用户名和密码，从而激活账户并上传文件。

接下来你应该期待什么？

您将收到一封单独的电子邮件，其中包含门户网站的用户名和密码。请使用登录凭证完成以下步骤：

1. 激活并登录门户。
2. 以PDF格式上传所有必需的文件。
3. 关联您的银行信息，以便我们验证您的银行对账单并设置直接存款。此步骤仅适用于获得资助的申请人。

请从 no-reply@mylendistry.com 检查您的电子邮件（包括 Clutter、Junk 和 Spam）以获取您的用户名和密码，以激活您的帐户并上传文件。

第九部分：查找用户名和密码

说明

1. 请检查您在拨款申请的“let's get started with your application”（开始申请）部分输入的电子邮箱中的邮件，以获取门户用户名和密码。

如果未在收件箱中看到该电子邮件，请检查您的垃圾邮件文件夹。

2. 点击“Click here to log in”（单击此处登录）来激活账户。

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

上传文件

如何在门户中上传文件



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门户概览

重要提示

- 在开始之前，请查看以下注意事项，以确保正确上传您的文件：
- 带红色星号 (*) 的文件是在完成在线申请后立即需要的。
 - 带蓝色星号 (*) 的文件只有在您被选中继续申请时才需要。您将收到此选择的通知。
 - 只有在获得拨款的情况下才需要提供银行信息。
 - 如果文件不适用于您的企业，请选择“N/A”（不适用）。
 - 所有文件必须以 PDF 格式提交。PDF 文件必须小于 15MB。多页的文件应做为一 (1) 个 PDF 文件提交。
 - 不要在文件名中包含特殊字符（例如 ~!@#\$\$%^&*()_+）。我们的门户无法识别特殊字符。
 - 如果您的文件受密码保护，您将需要在门户中输入密码。

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	☐ N/A ▼
NYS 45 *	Pending	☐ N/A ▼
Completed IRS Form 4506 C (only if requested by Lendistry) *	Pending	☐ N/A ▼

如何在门户中上传文件

说明

第 1 步：选择一个文件类型，然后点击向下箭头展开所在文件夹。

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

第 2 步：单击“Browse”（浏览），在您的设备上找到文件。所有文件必须以 PDF 格式上传。

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.)

第 3 步：

• 如果您的文件有密码保护，请从下拉菜单中选择“YES”（是），然后输入密码。

New Documents

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

• 如果您的文件没有密码保护，请从下拉菜单中选择“NO”（否），然后将密码字段留空。

New Documents

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

• 单击“Upload Documents”（上传文件）完成上传。文件的状态将从“PENDING”（待处理）变为“COMPLETED”（已完成）。

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.)

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		

关联您的银行信息

(仅当您获得拨款批准时才需要)



Empire State
Development

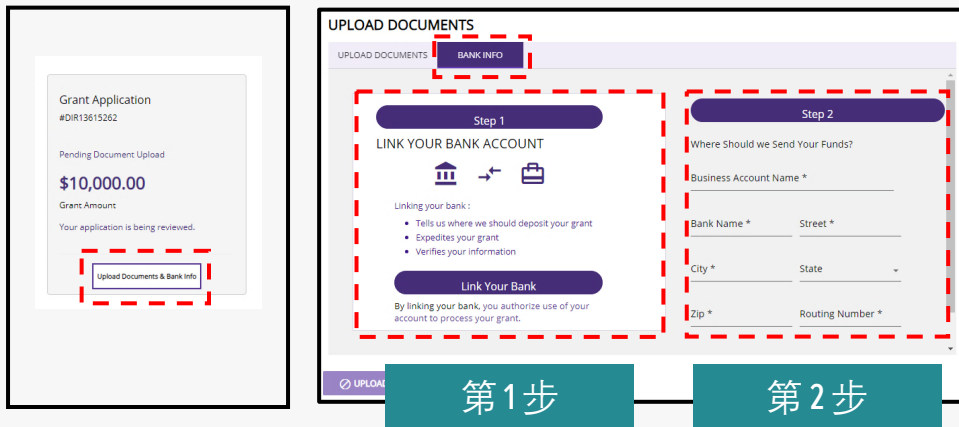
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lendistry

如何在门户中关联您的银行信息

Lendistry 使用第三方技术 (Plaid), 将来自美国任何银行或信用合作社的账户连接到类似 Lendistry 门户的应用程序, 从而实现 ACH 转账。未经您的允许, 第三方不会共享您的个人信息, 也不会将其出售或出租给外部公司。在 Plaid 上 (或通过 Plaid) 使用个人信息应遵守 Plaid 的最终用户隐私政策 (<https://plaid.com/legal/#end-user-privacy-policy>)。

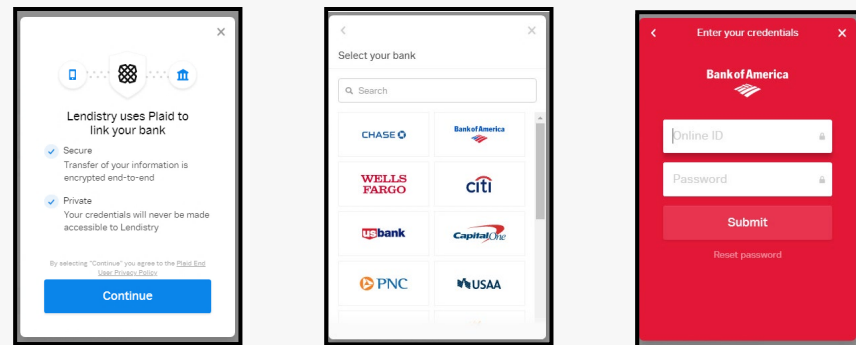
Lendistry 通过这项技术来验证和审核您的银行对账单。首选这种银行验证方法, 但是可能不被接受, 包括您的银行机构无法通过提供商获得服务。这种情况下, 您可以使用其他方法来验证您的银行账户。

如何通过 PLAID 在 LENTISTRY 门户中验证银行账户



第1步

- 请点击“Link Your Bank Account”（关联您的银行账户），打开 Plaid 窗口。
- 在 Plaid 窗口中点击“Continue”（继续），找到您的银行机构。
- 登录您的网上银行账户，并将其连接到 Lendistry 门户。



第2步

无论采用什么验证方法, 都必须完成此步骤。

- 输入您的银行信息。
- “Business Account Name”（企业账户名称）字段并非账户类型。该字段是指您的账户名称, 必须为企业名称, 并且与银行对账单中列出的一致。
- 如果您的企业是独资企业, 银行账户仍必须是商业支票账户, 并且与您的姓名或 DBA 相符。



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如需获取关于申请和语言的援助，请拨打电话 **877-721-0097** 或访问 www.nysmallbusinessrecovery.com。