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

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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Program and Application Guide

(Rev. 10.12.21)

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Program Overview

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Program Overview

INTRODUCTION

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

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

GRANT AMOUNT

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

Annual Gross Receipts (2019)	Grant Amount
$25,000-$49,999	$5,000 per business
$50,000-$99,999	$10,000 per business
$100,000-$2,500,000	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 a 2019 or 2020 Gross Receipts of between $25,000 and $2,500,000 per annum as reflected on Applicant's filed federal tax returns
     - 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 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, including any 2020 Pandemic Unemployment Assistance (PUA), Federal Pandemic Unemployment Compensation and/or Lost Wage Assistance Programs) as verified by NYS Department of Labor.
     - 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.

How to Calculate % Loss (Example)

% LOSS CALCULATION WITHOUT PANDEMIC UNEMPLOYMENT ASSISTANCE (EXAMPLE)

Annual Gross Receipts for 2019 = **$1,000,000**
Annual Gross Receipts for 2020 = **$750,000**
Total Loss: 25%

Outcome: Eligible for a Grant

% LOSS CALCULATION WITH PANDEMIC UNEMPLOYMENT ASSISTANCE (EXAMPLE)

Annual Gross Receipts for 2019 = **$1,000,000**
Annual Gross Receipts for 2020 = $750,000
Pandemic Unemployment Assistance paid in 2020 = $10,000
Annual Gross Receipts for 2020 + PUA 2020 = **$760,000**
Total Loss: 24%

Outcome: No Longer Eligible for a Grant

Program Overview

ELIGIBLE SMALL BUSINESS QUALIFICATIONS (cont.)

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

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 $250,000 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, people with disabilities, 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.
- All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

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

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.

Program Overview

REQUIRED DOCUMENTATION

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

   NOTE: Full, filed federal tax returns for 2019 and 2020 are required

2. Completed IRS Form 4506-C (if requested by Lendistry)

3. Proof of business location and current operation **(must provide two (2) of the following)**:
   - Current lease
   - Utility bill
   - Current business bank statement
   - Current business mortgage statement
   - Business credit card statement
   - Professional insurance bill
   - Payment processing statement
   - NYS ST-809 or ST-100 sales tax collection documentation

Program Overview

REQUIRED DOCUMENTATION (cont.)

4. Schedule of ownership (not applicable to sole proprietors): Listing of names, addresses, Social Security Numbers (for non-U.S. owners, Individual Taxpayer Identification Number) , phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business:
   - To complete the application for the grant, owner/applicant must be at least a 20% owner and provide listing of name, address, Social Security Number or for non-U.S. owners, Individual Taxpayer Identification Number, phone number, e-mails, percentage ownership, and photo ID.
   - To complete the funding of grant, applicant must submit schedule of ownership information for all owners with 20% or more ownership of business: listing of names, addresses, Social Security Numbers or for non-U.S. owners, Individual Taxpayer Identification Number, phone numbers, e-mails, percentage ownership, and photo ID.
   - Non-U.S. owners are subject to Individual Taxpayer Identification Number verification through IRS Form CP565.

5. Proof of number of employees: Most recently submitted NYS-45 document for employer firms.

6. Proof of Business Organization **(provide only <u>one (1)</u> 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.

Required Documentation

Examples

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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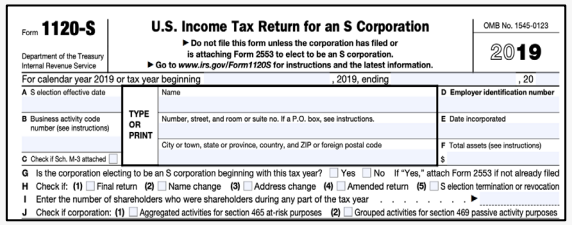
Proof of Gross Receipts Loss or Other Economic Hardship

CORPORATIONS AND LLCs
IRS Form 1120-S



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

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

2019

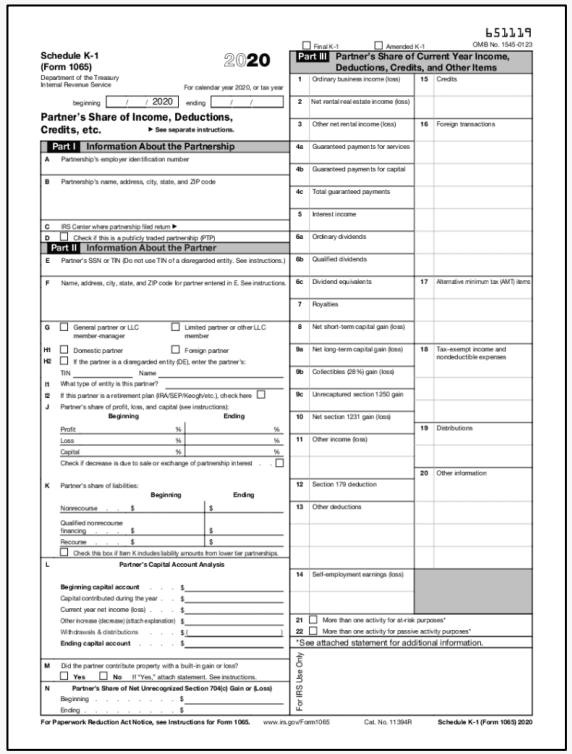
Department of the Treasury
Internal Revenue Service

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

A S election effective date
B Business activity code number (see instructions)
C Check if Sch. M-3 attached
TYPE OR PRINT
Name
Number, street, and room or suite no. If a P.O. box, see instructions.
City or town, state or province, country, and ZIP or foreign postal code
D Employer identification number
E Date incorporated
F Total assets (see instructions) $

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year . . . . . ▶
J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

PARTNERSHIPS
Form 1065 Schedule K-1



651119

Final K-1 Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1065) 2020

Department of the Treasury
Internal Revenue Service

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

Partner's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
B Partnership's name, address, city, state, and ZIP code
C IRS Center where partnership filed return ▶
D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
G ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member
H1 ☐ Domestic partner ☐ Foreign partner
H2 ☐ If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner?
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐
J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

Check if decrease is due to sale or exchange of partnership interest . . ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

☐ Check this box if item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account . . . . $
Capital contributed during the year . . $
Current year net income (loss) . . . $
Other increase (decrease) (attach explanation) $
Withdrawals & distributions . . . . $ ( )
Ending capital account . . . . . $

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☐ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

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

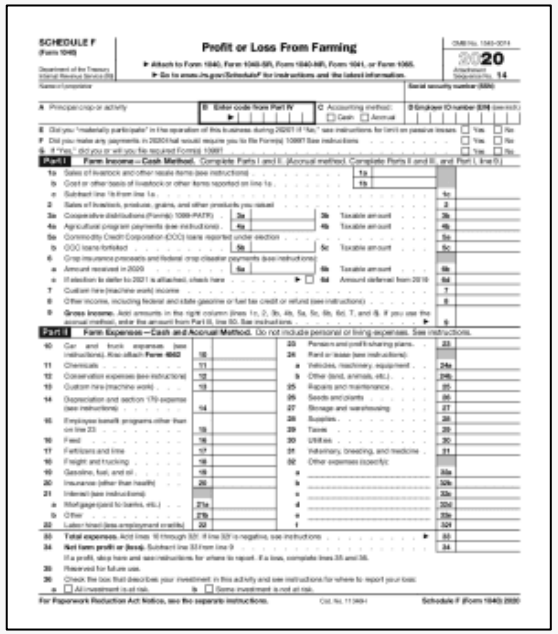
1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)		
12	Section 179 deduction	20	Other information
13	Other deductions		
14	Self-employment earnings (loss)		

21 ☐ More than one activity for at-risk purposes*
22 ☐ More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see Instructions for Form 1065. www.irs.gov/Form1065 Cat. No. 11394R **Schedule K-1 (Form 1065) 2020**

SOLE PROPRIETOR (FARMING BUSINESSES)
Form 1040 Schedule F



SCHEDULE F (Form 1040) — **Profit or Loss From Farming** — OMB No. 1545-0074 — 2020 — Attachment Sequence No. 14

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.
▶ Go to *www.irs.gov/ScheduleF* for instructions and the latest information.

Name of proprietor — Social security number (SSN)

A Principal crop or activity — B Enter code from Part IV — C Accounting method: ☐ Cash ☐ Accrual — D Employer ID number (EIN) (see instr.)

E Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on passive losses. ☐ Yes ☐ No
F Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☐ No
G If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a Sales of livestock and other resale items (see instructions) 1a
b Cost or other basis of livestock or other items reported on line 1a 1b
c Subtract line 1b from line 1a 1c
2 Sales of livestock, produce, grains, and other products you raised 2
3a Cooperative distributions (Form(s) 1099-PATR) 3a — 3b Taxable amount 3b
4a Agricultural program payments (see instructions) 4a — 4b Taxable amount 4b
5a Commodity Credit Corporation (CCC) loans reported under election 5a
b CCC loans forfeited 5b — 5c Taxable amount 5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions)
a Amount received in 2020 6a — 6b Taxable amount 6b
c If election to defer to 2021 is attached, check here ▶ ☐ 6d Amount deferred from 2019 6d
7 Custom hire (machine work) income 7
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 8
9 **Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions ▶ 9

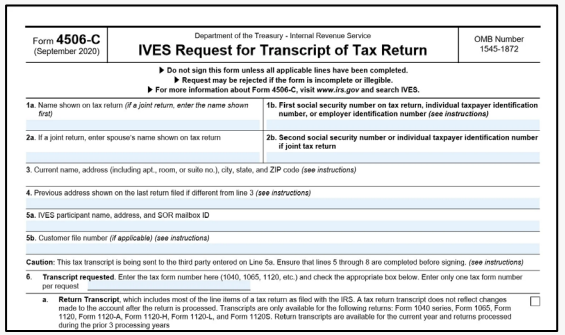
Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.

10	Car and truck expenses (see instructions). Also attach Form 4562	23	Pension and profit-sharing plans
11	Chemicals	24a	Rent or lease (see instructions): Vehicles, machinery, equipment
12	Conservation expenses (see instructions)	24b	Other (land, animals, etc.)
13	Custom hire (machine work)	25	Repairs and maintenance
14	Depreciation and section 179 expense (see instructions)	26	Seeds and plants
		27	Storage and warehousing
15	Employee benefit programs other than on line 23	28	Supplies
16	Feed	29	Taxes
17	Fertilizers and lime	30	Utilities
18	Freight and trucking	31	Veterinary, breeding, and medicine
19	Gasoline, fuel, and oil	32	Other expenses (specify):
20	Insurance (other than health)		
21	Interest (see instructions):		
a	Mortgage (paid to banks, etc.)		
b	Other		
22	Labor hired (less employment credits)		
33	**Total expenses.** Add lines 10 through 32. If line 33 is negative, see instructions ▶	33	
34	**Net farm profit or (loss).** Subtract line 33 from line 9	34	

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.
35 Reserved for future use.
36 Check the box that describes your investment in this activity and see instructions for where to report your loss:
a ☐ All investment is at risk. b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11346I **Schedule F (Form 1040) 2020**

COMPLETED 4506-C (ONLY IF REQUESTED BY LENDISTRY)



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

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

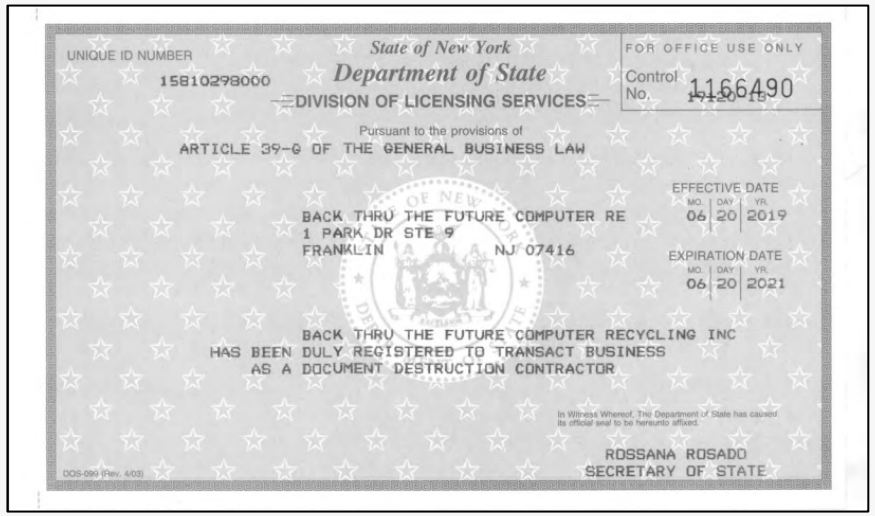
1a Name shown on tax return *(if a joint return, enter the name shown first)*
1b. **First social security number on tax return, individual taxpayer identification number, or employer identification number** *(see instructions)*
2a. If a joint return, enter spouse's name shown on tax return
2b. **Second social security number or individual taxpayer identification number if joint tax return**
3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code *(see instructions)*
4. Previous address shown on the last return filed if different from line 3 *(see instructions)*
5a. IVES participant name, address, and SOR mailbox ID
5b. Customer file number *(if applicable)* *(see instructions)*

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

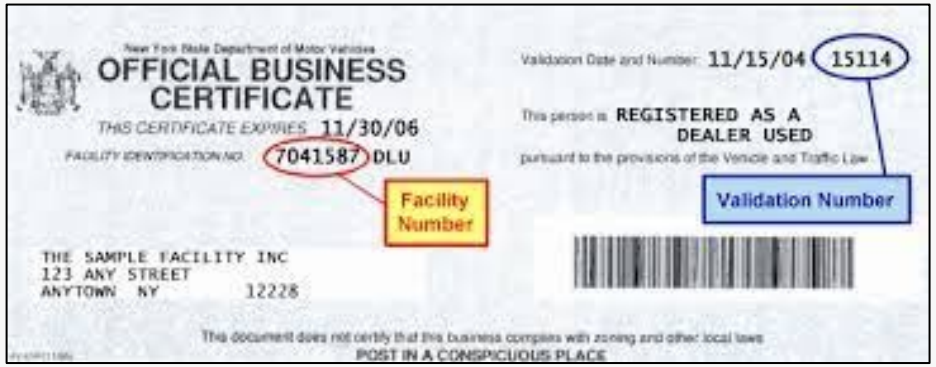
6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.
a. **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. ☐

Proof of Business Organization

CURRENT BUSINESS LICENSE

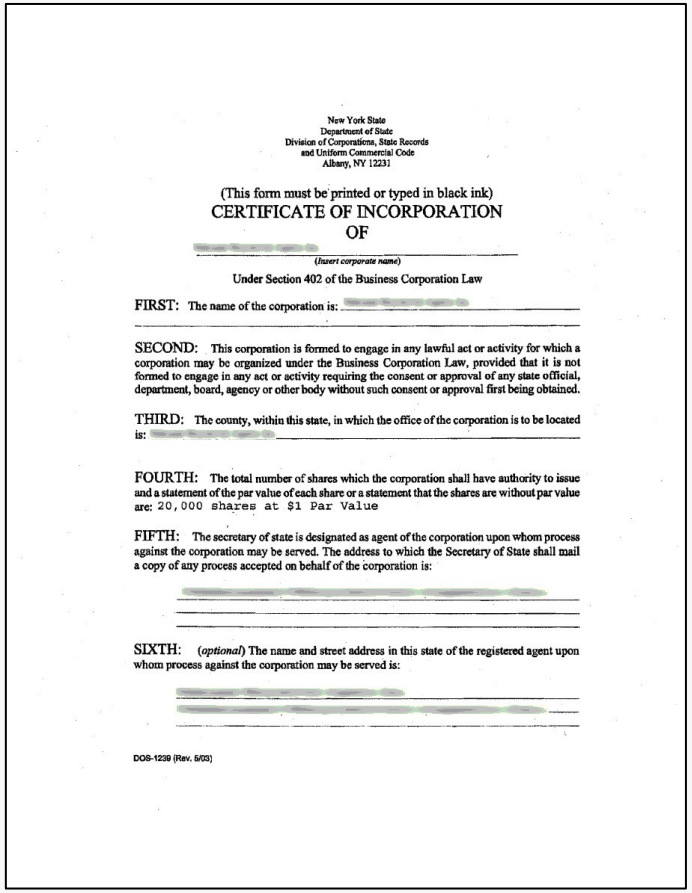


CURRENT BUSINESS CERTIFICATE



Proof of Business Organization

CERTIFICATE OF INCORPORATION



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

(This form must be printed or typed in black ink)
CERTIFICATE OF INCORPORATION
OF
[redacted]
(Insert corporate name)
Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is: [redacted]

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

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

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

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

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

DOS-1239 (Rev. 5/03)

CERTIFICATE OF ASSUMED NAME (DBA)

New York State Department of State
Division of Corporations, State Records & Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF ASSUMED NAME
OF

(Insert Real Name of Entity)
Under Section 130 of the General Business Law

FIRST: The real name of the entity is:

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

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

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

FIFTH: The present assumed name is

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

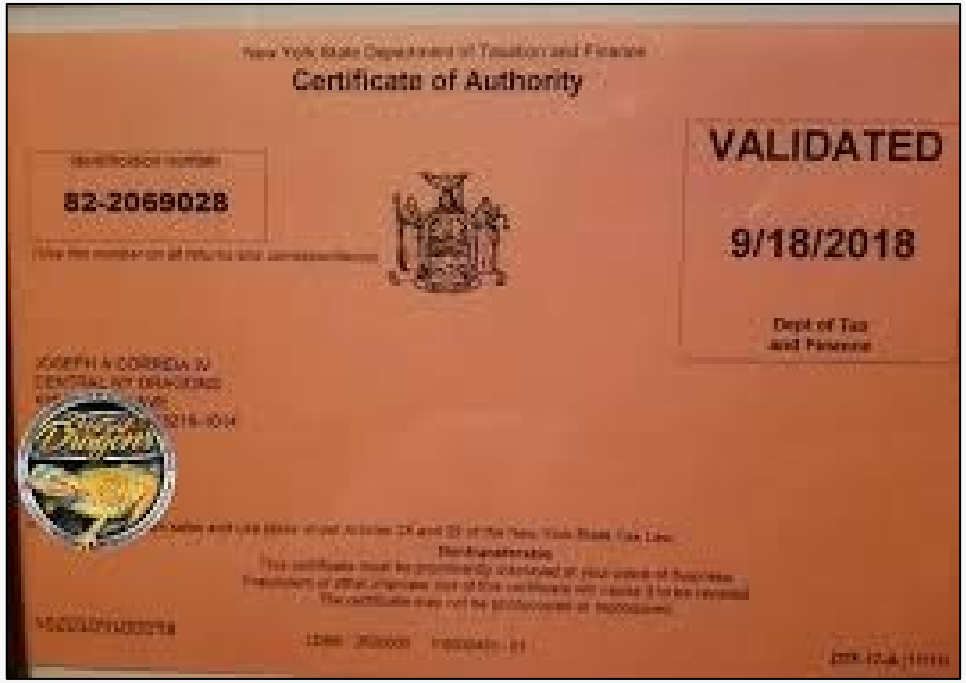
SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is:

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

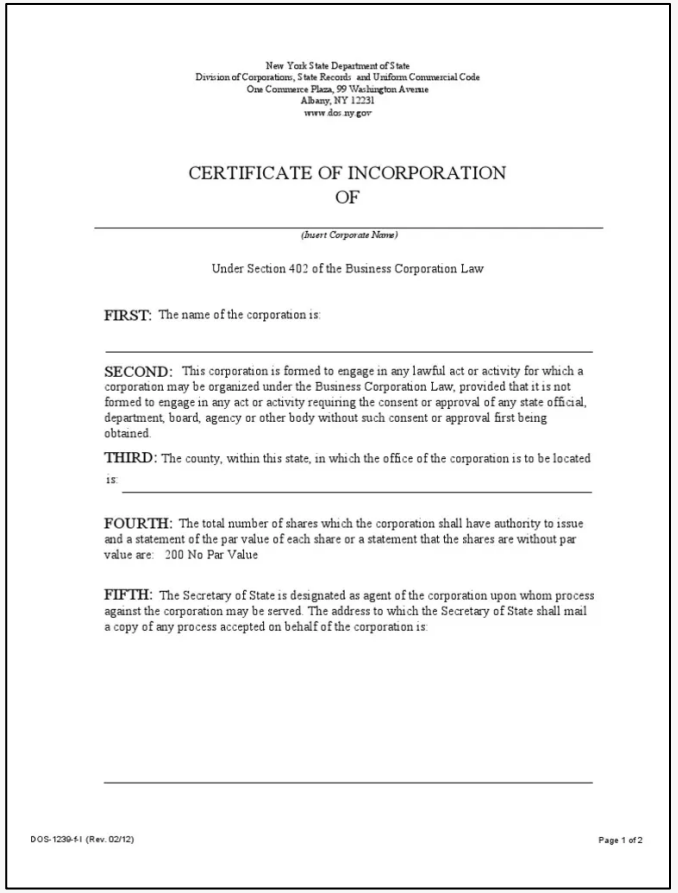
Page 1 of 3

Proof of Business Organization

CERTIFICATE OF AUTHORITY



ARTICLES OF INCORPORATION



New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

CERTIFICATE OF INCORPORATION
OF

(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is:

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

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

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

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

DOS-1239-f-l (Rev. 02/12) Page 1 of 2

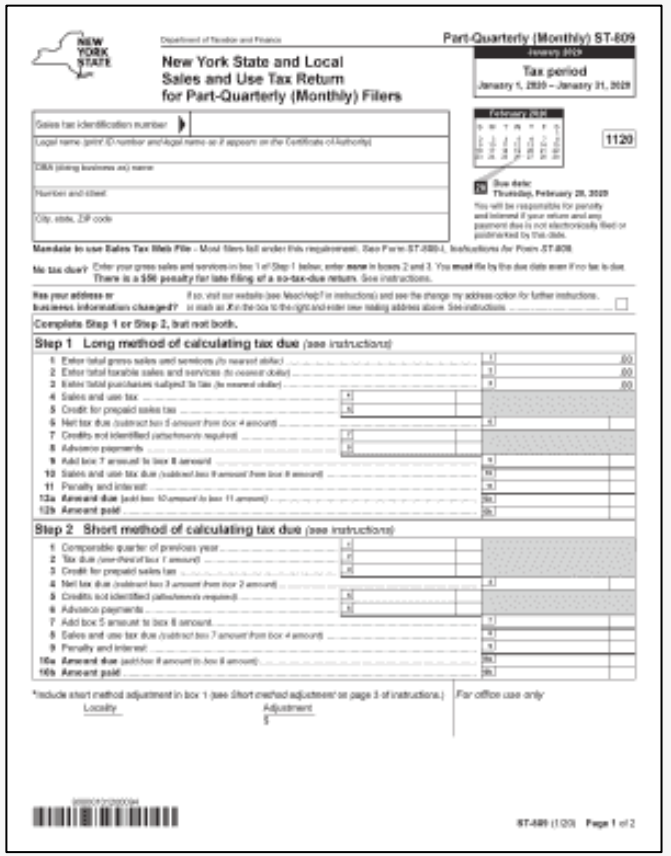
Proof of Business Location and Current Operation

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

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

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

NYS ST-809



Part-Quarterly (Monthly) ST-809

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

Tax period
January 1, 2020 – January 31, 2020

1120

Due date:
Thursday, February 20, 2020

Complete Step 1 or Step 2, but not both.

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

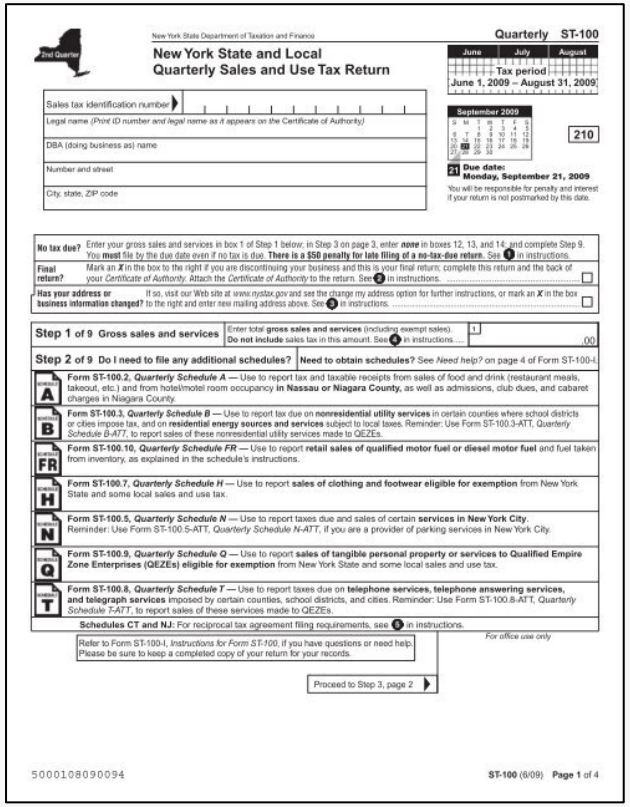
Step 2 Short method of calculating tax due (see instructions)

For office use only

ST-809 (1/20) Page 1 of 2

Proof of Business Organization

ST-100 SALES TAX DOCUMENTATION



New York State Department of Taxation and Finance

Quarterly ST-100

New York State and Local Quarterly Sales and Use Tax Return

2nd Quarter

June | July | August

Tax period

June 1, 2009 – August 31, 2009

Sales tax identification number

Legal name (Print ID number and legal name as it appears on the Certificate of Authority)

DBA (doing business as) name

Number and street

City, state, ZIP code

September 2009

210

21 Due date: Monday, September 21, 2009

You will be responsible for penalty and interest if your return is not postmarked by this date.

No tax due? Enter your gross sales and services in box 1 of Step 1 below; in Step 3 on page 3, enter **none** in boxes 12, 13, and 14; and complete Step 9. You **must** file by the due date even if no tax is due. **There is a $50 penalty for late filing of a no-tax-due return.** See 1 in instructions.

Final return? Mark an X in the box to the right if you are discontinuing your business and this is your final return; complete this return and the back of your *Certificate of Authority*. Attach the *Certificate of Authority* to the return. See 2 in instructions.

Has your address or business information changed? If so, visit our Web site at www.nystax.gov and see the change my address option for further instructions, or mark an X in the box to the right and enter new mailing address above. See 3 in instructions.

Step 1 of 9 Gross sales and services — Enter total **gross sales and services** (including exempt sales). **Do not include** sales tax in this amount. See 4 in instructions. — 1 .00

Step 2 of 9 Do I need to file any additional schedules? — **Need to obtain schedules?** See *Need help?* on page 4 of Form ST-100-I.

- Schedule A — **Form ST-100.2, *Quarterly Schedule A*** — Use to report tax and taxable receipts from sales of food and drink (restaurant meals, takeout, etc.) and from hotel/motel room occupancy **in Nassau or Niagara County**, as well as admissions, club dues, and cabaret charges in Niagara County.
- Schedule B — **Form ST-100.3, *Quarterly Schedule B*** — Use to report tax due on **nonresidential utility services** in certain counties where school districts or cities impose tax, and on **residential energy sources and services** subject to local taxes. Reminder: Use Form ST-100.3-ATT, *Quarterly Schedule B-ATT*, to report sales of these nonresidential utility services made to QEZEs.
- Schedule FR — **Form ST-100.10, *Quarterly Schedule FR*** — Use to report **retail sales of qualified motor fuel or diesel motor fuel** and fuel taken from inventory, as explained in the schedule's instructions.
- Schedule H — **Form ST-100.7, *Quarterly Schedule H*** — Use to report **sales of clothing and footwear eligible for exemption** from New York State and some local sales and use tax.
- Schedule N — **Form ST-100.5, *Quarterly Schedule N*** — Use to report taxes due and sales of certain **services in New York City.** Reminder: Use Form ST-100.5-ATT, *Quarterly Schedule N-ATT*, if you are a provider of parking services in New York City.
- Schedule Q — **Form ST-100.9, *Quarterly Schedule Q*** — Use to report **sales of tangible personal property or services to Qualified Empire Zone Enterprises (QEZEs) eligible for exemption** from New York State and some local sales and use tax.
- Schedule T — **Form ST-100.8, *Quarterly Schedule T*** — Use to report taxes due on **telephone services, telephone answering services, and telegraph services** imposed by certain counties, school districts, and cities. Reminder: Use Form ST-100.8-ATT, *Quarterly Schedule T-ATT*, to report sales of these services made to QEZEs.

Schedules CT and NJ: For reciprocal tax agreement filing requirements, see 5 in instructions.

Refer to Form ST-100-I, *Instructions for Form ST-100*, if you have questions or need help. Please be sure to keep a completed copy of your return for your records.

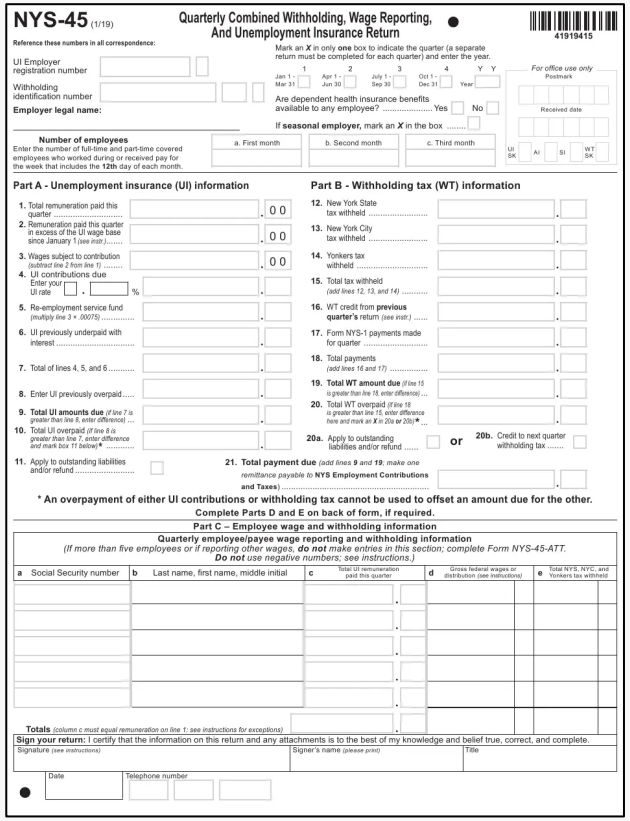
For office use only

Proceed to Step 3, page 2

5000108090094

ST-100 (6/09) Page 1 of 4

MOST RECENTLY SUBMITTED NYS-45 DOCUMENT FOR EMPLOYER FIRMS.



NYS-45 (1/19) — Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

41919415

Reference these numbers in all correspondence:

UI Employer registration number

Withholding identification number

Employer legal name:

Mark an X in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

1 Jan 1 - Mar 31 | 2 Apr 1 - Jun 30 | 3 July 1 - Sep 30 | 4 Oct 1 - Dec 31 | Y Y Year

Are dependent health insurance benefits available to any employee? Yes No

If **seasonal employer,** mark an X in the box

For office use only — Postmark — Received date — UI SK | AI | SI | WT SK

Number of employees — Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the **12th** day of each month.

a. First month	b. Second month	c. Third month

Part A - Unemployment insurance (UI) information

1. Total remuneration paid this quarter .00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 *(see instr.)* .00
3. Wages subject to contribution *(subtract line 2 from line 1)* .00
4. UI contributions due — Enter your UI rate . %
5. Re-employment service fund *(multiply line 3 × .0075)*
6. UI previously underpaid with interest
7. Total of lines 4, 5, and 6
8. Enter UI previously overpaid
9. **Total UI amounts due** *(if line 7 is greater than line 8, enter difference)*
10. Total UI overpaid *(if line 8 is greater than line 7, enter difference and mark box 11 below)* *
11. Apply to outstanding liabilities and/or refund

Part B - Withholding tax (WT) information

12. New York State tax withheld
13. New York City tax withheld
14. Yonkers tax withheld
15. Total tax withheld *(add lines 12, 13, and 14)*
16. WT credit from **previous quarter's** return *(see instr.)*
17. Form NYS-1 payments made for quarter
18. Total payments *(add lines 16 and 17)*
19. **Total WT amount due** *(if line 15 is greater than line 18, enter difference)*
20. Total WT overpaid *(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* *

20a. Apply to outstanding liabilities and/or refund — or — 20b. Credit to next quarter withholding tax

21. **Total payment due** *(add lines 9 and 19; make one remittance payable to* **NYS Employment Contributions and Taxes***)*

* **An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on back of form, if required.**

Part C – Employee wage and withholding information

Quarterly employee/payee wage reporting and withholding information

(If more than five employees or if reporting other wages, ***do not*** *make entries in this section; complete Form NYS-45-ATT.* ***Do not*** *use negative numbers; see instructions.)*

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution *(see instructions)*	e Total NYS, NYC, and Yonkers tax withheld

Totals *(column c must equal remuneration on line 1; see instructions for exceptions)*

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Signature *(see instructions)* | Signer's name *(please print)* | Title

Date | Telephone number

Schedule of Ownership

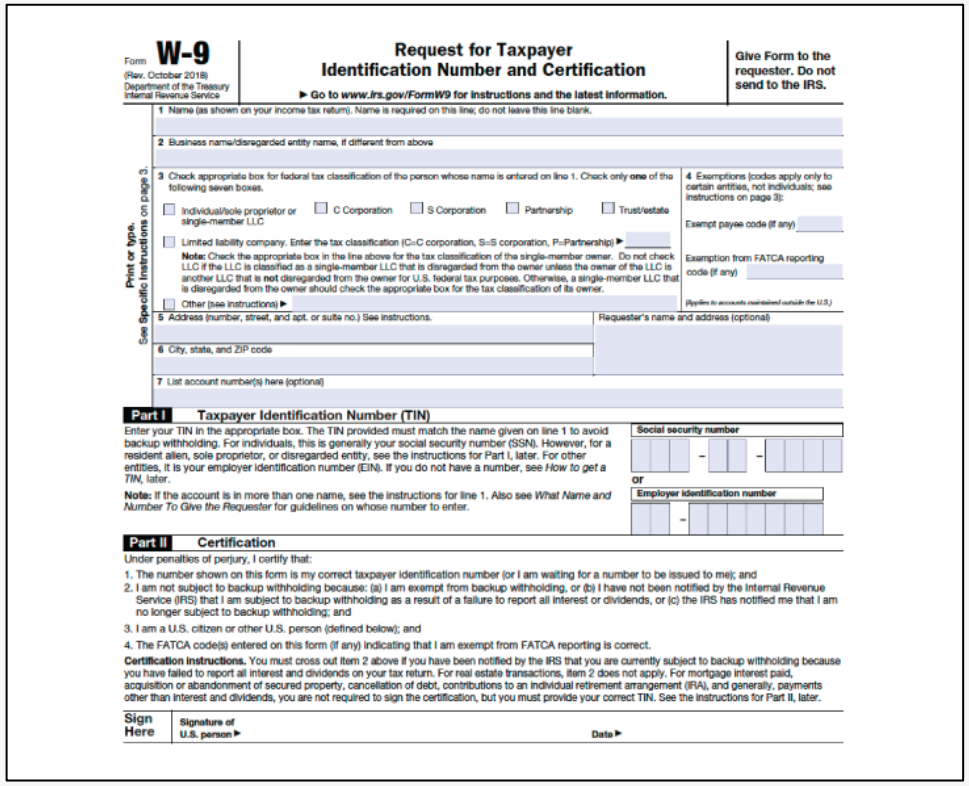
Listing of names, addresses, Social Security numbers (or, for non-US owners, Individual Taxpayer Identification Numbers), phone numbers, e-mails, percentage ownership, and photo ID for any owners with 20% or more ownership of the business.

You can download this form in the Portal or by **CLICKING HERE**.

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

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

W-9



Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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

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

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

Print or type. See Specific Instructions on page 3.

5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II **Certification**

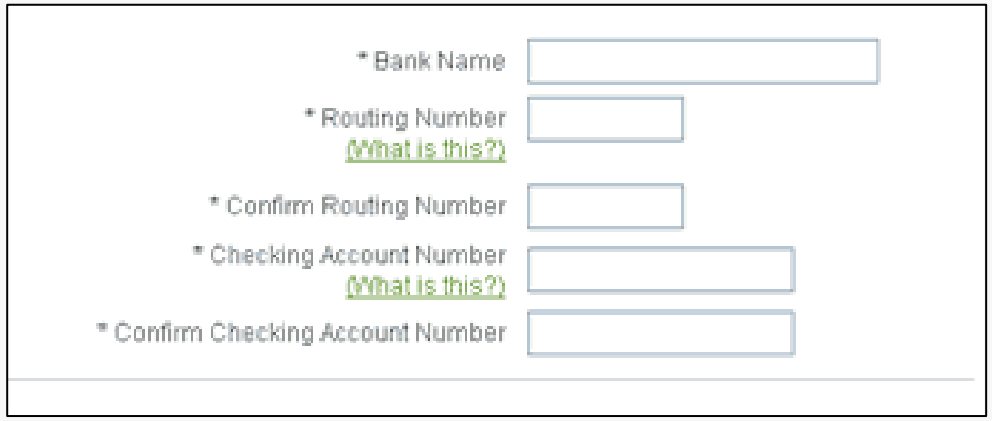
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here **Signature of U.S. person** ▶ **Date** ▶

BANK ACCOUNT INFORMATION



* Bank Name

* Routing Number
(What is this?)

* Confirm Routing Number

* Checking Account Number
(What is this?)

* Confirm Checking Account Number

Tips for Applying

NEW YORK STATE OF OPPORTUNITY | Empire State Development

Powered by lendistry

Tip #1: Use Google Chrome

INSTRUCTIONS

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

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

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

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

1. **Clear Your Cache**: Cached data is information that has been stored from a previously used website or application and is primarily used to make the browsing process faster by auto-populating your information. However, cached data may also include outdated information such as old passwords or information you have previously entered incorrectly. This can create errors in your application and may result in it being flagged for potential fraud.

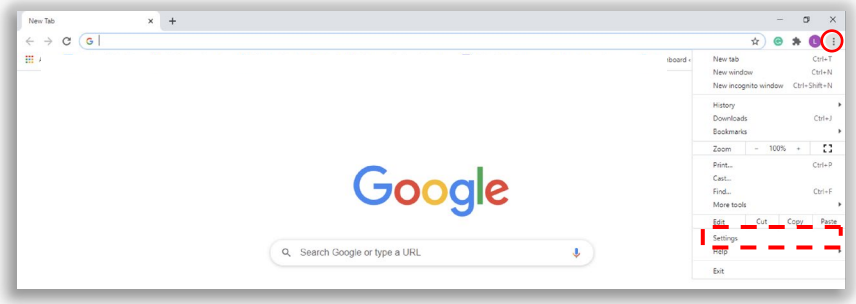
2. **Open incognito mode**: Incognito mode allows you to enter information privately and prevents your data from being remembered or cached.

3. **Disable your pop-up blocker:** Our application includes multiple pop-up messages that are used to confirm the accuracy of the information you provide. You must disable the pop-up blocker on Google Chrome to see these messages.

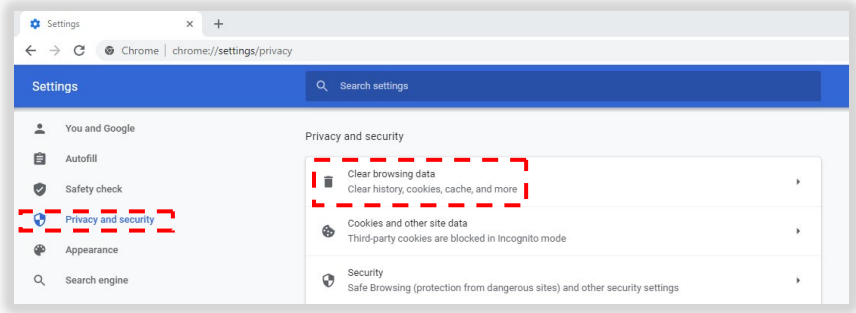
Tip #2: Clear Your Cache

INSTRUCTIONS

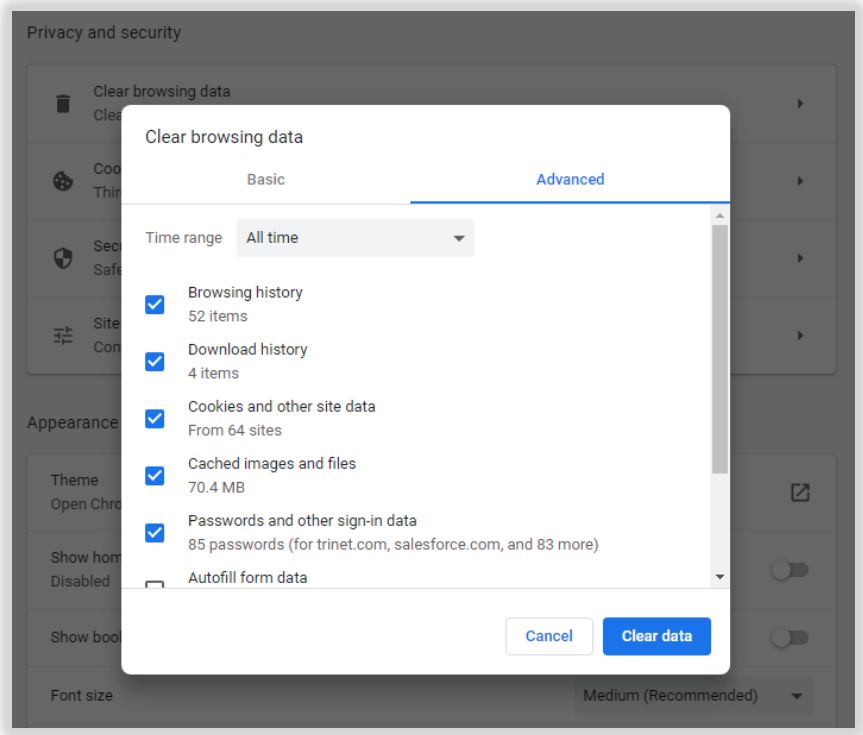
1. Click the three dots in the upper right corner, and then go to "**Settings**"



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



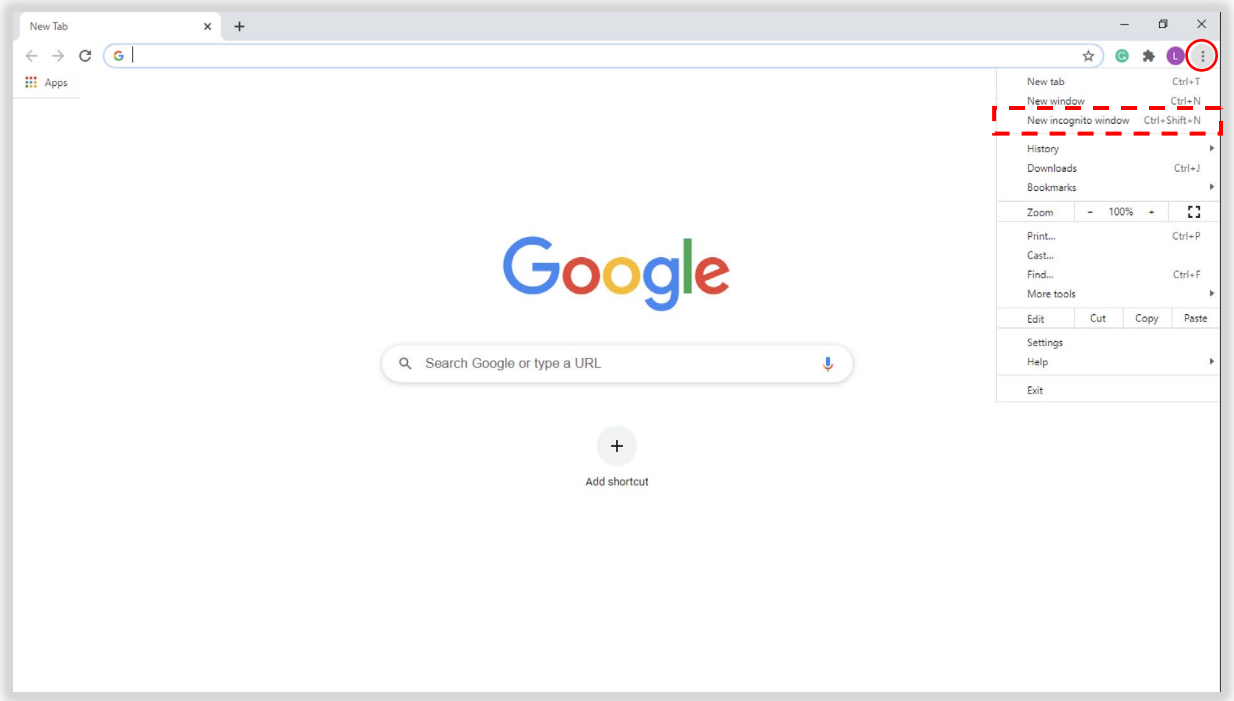
3. Select "**Clear Data**"



Tip #3: Use Incognito Mode

INSTRUCTIONS

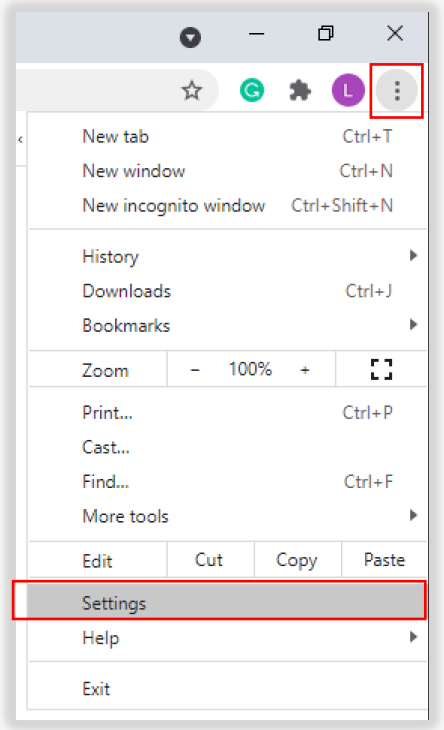
Click the three dots in the upper right corner of your web browser, and then select "**New incognito window.**" Your browser will open a new window.



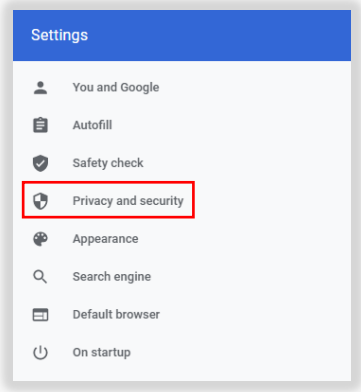
Tip #4: Disable Pop-Up Blocker

INSTRUCTIONS

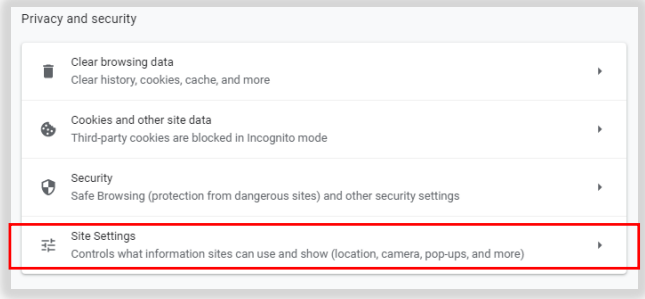
1. On Google Chrome, click the three dots in the upper right corner and then select **“Settings”**



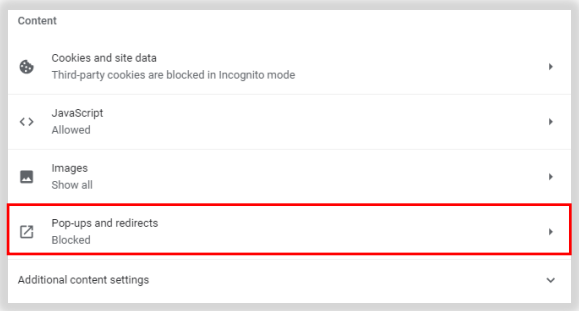
2. Select **“Privacy and Security”**



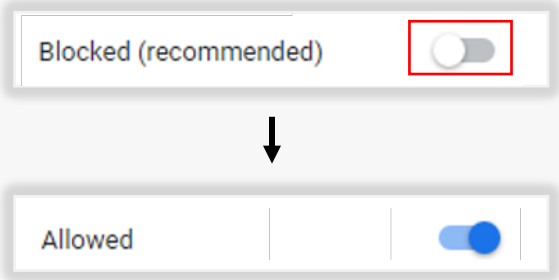
3. Select **“Site Settings”**



4. Select **“Pop-up and Redirects”**



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



Tip #5: Submit All Documents in PDF Format

INSTRUCTIONS

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

Important Notes for Uploading Documents:

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

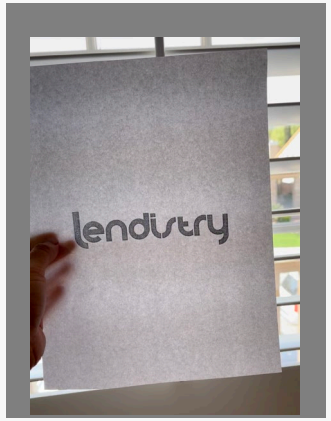
If you do not have a scanner, we recommend using the following free mobile apps:

Genius Scan
Apple | Click Here to Download
Android | Click Here to Download

Adobe Scan
Apple | Click Here to Download
Android | Click Here to Download

CORRECT

INCORRECT



Tip #6: Use a Valid Email Address

INSTRUCTIONS

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

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

Emails beginning with **@info**
Example: info@mycompany.com

Emails ending with **@contact.com** or **@noreply.com**
Example: example@contact.com
Example: example@noreply.com

Tip #7: Translate the Application in Your Preferred Language

INSTRUCTIONS

Our application will be translatable in the following languages:

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

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

The Application

What Information is Needed

NEW YORK STATE OF OPPORTUNITY | Empire State Development

Powered by lendistry

Before You Begin

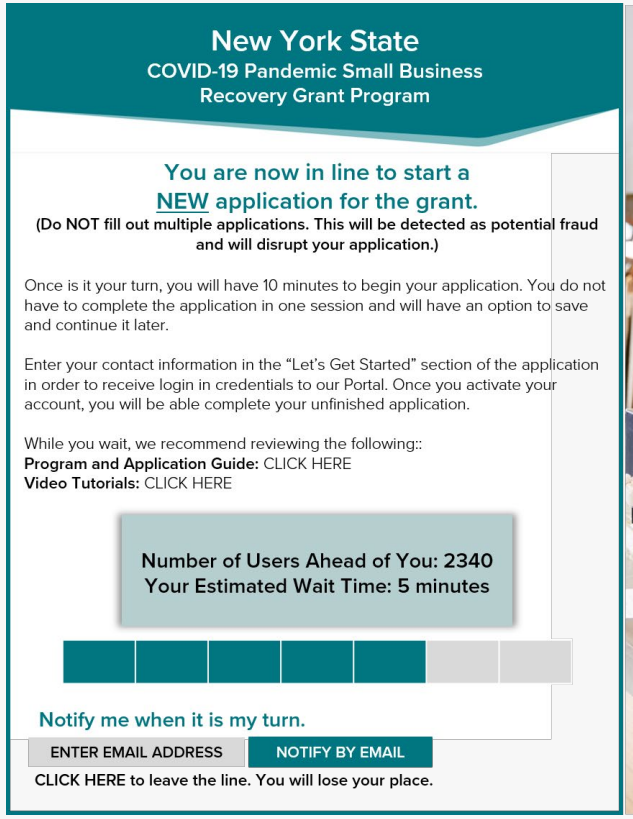
WHAT TO EXPECT

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

Before you begin, you will be queued up in a waiting room to start a NEW application. **(Important Note: Do NOT fill out multiple applications. This will be detected as potential fraud and will disrupt your application.)**

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

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



Section 1: Get Started with Your Application

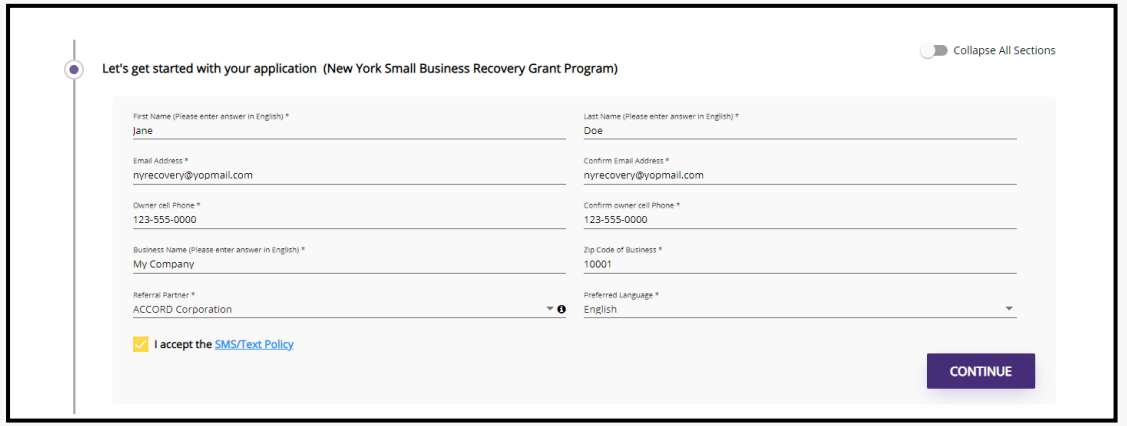
WHAT INFORMATION IS NEEDED?

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

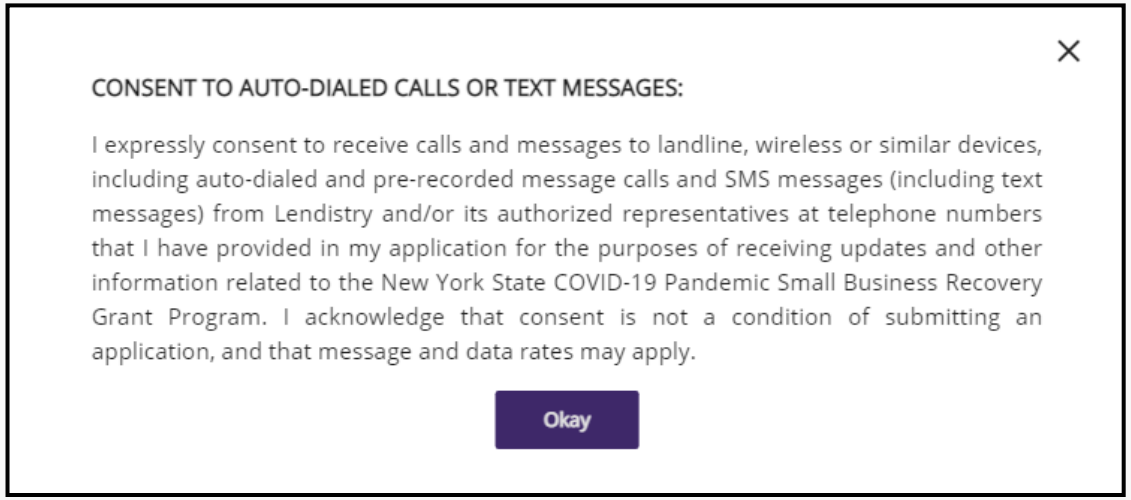
Important Note: Please be sure to use a valid email address in this section. Important updates and further instructions will be sent to the email address that you provide. Refer to “Tips for Applying” for a list of invalid email addresses.

SMS/TEXT POLICY

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



CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:



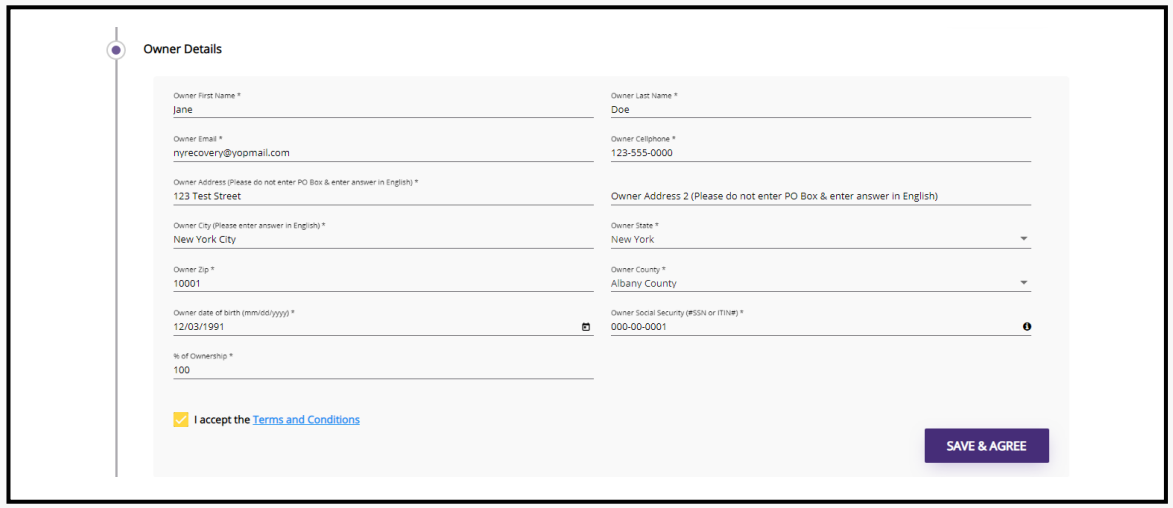
Section 2: Owner Details

WHAT INFORMATION IS NEEDED?

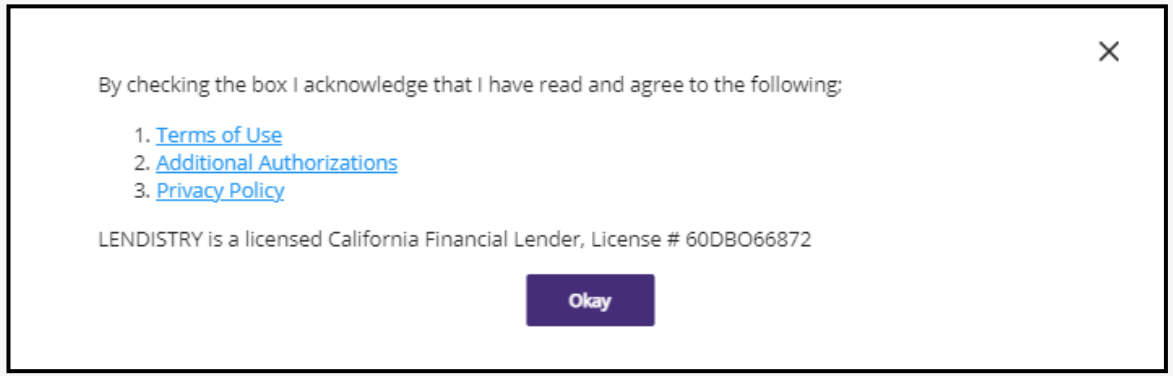
- Owner First Name
- Owner Last Name
- Owner E-mail
- Owner Address, City, State, Zip Code, and County
- Owner Birthday
- Owner Social Security Number (or ITIN)
- % of Ownership

TERMS AND CONDITIONS

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



TERMS AND CONDITIONS



Section 3: Business Information

WHAT INFORMATION IS NEEDED?

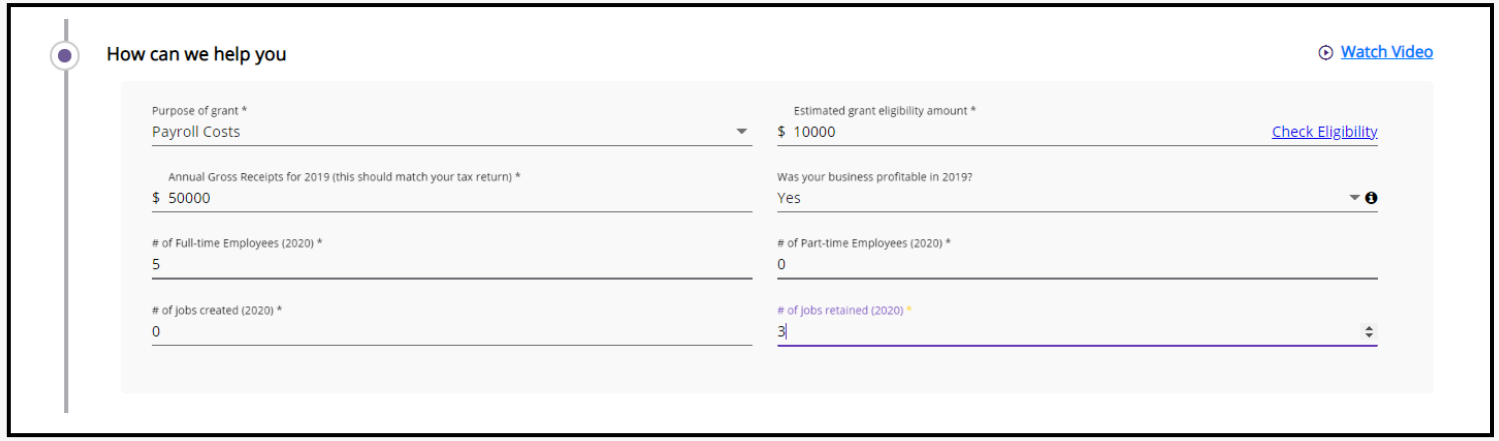
- Business Name
- DBA (if applicable)
  Note: If your business does not have a DBA, type “NONE” in this field.
- Business EIN
- Business Phone Number
- Business Type
- State of Incorporation
- Business Address, City, State, Zip Code, and County
- Business Start Date
- Business Website
  Note: If your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

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)

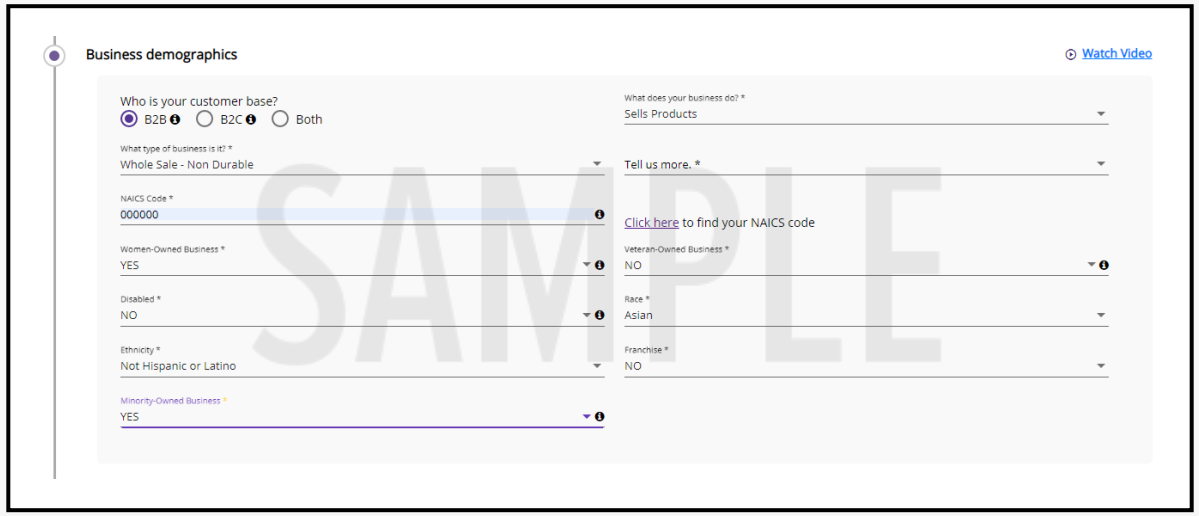
***Business Owners that are paid employees of the business and receive a W-2 must be included in the employee count.**



Section 5: Business Demographics

WHAT INFORMATION IS NEEDED?

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



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

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

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

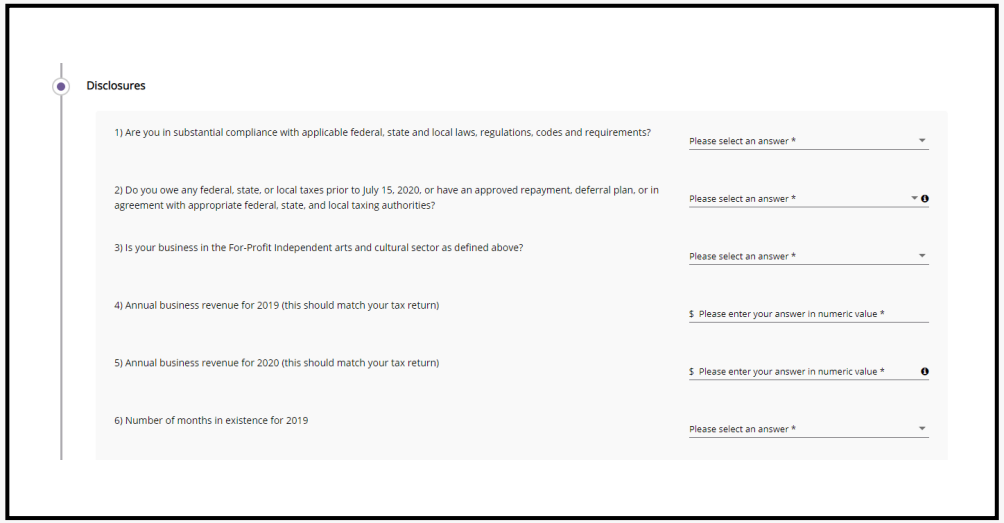
**Individual(s) directly own(s) more than 50% of the ownership interest in the business.

+NYS Certification not required

Section 6: Disclosures

WHAT INFORMATION IS NEEDED?

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



Section 7: Confirmation

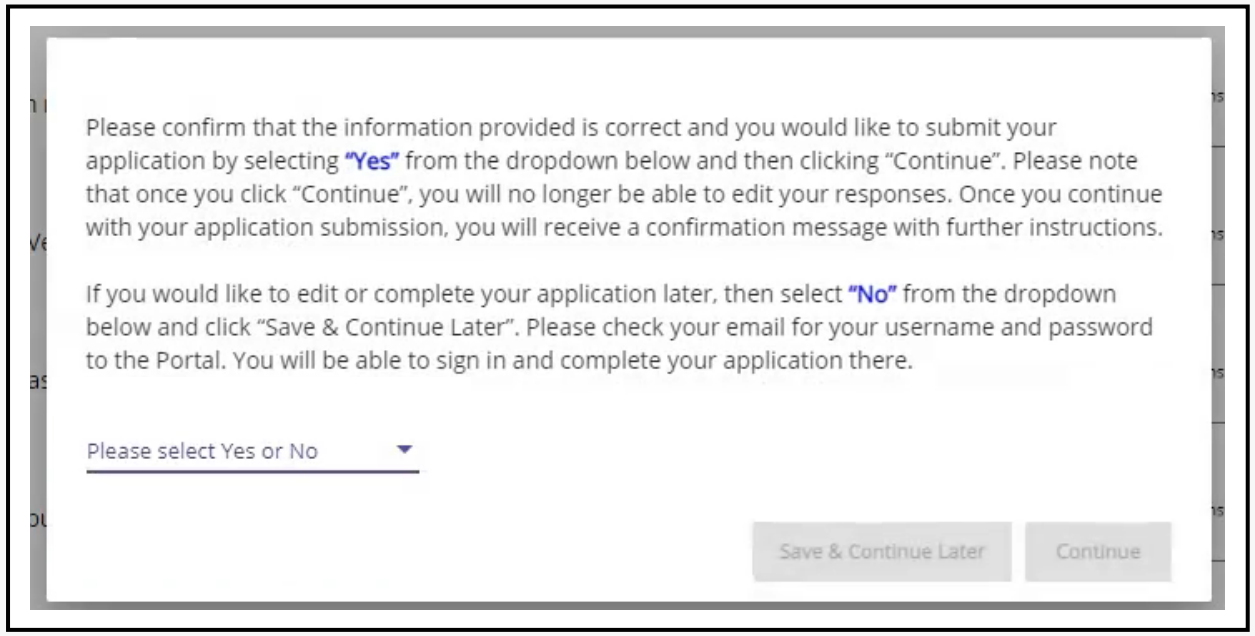
INSTRUCTIONS

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.



All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

Section 8: Confirmation Message

INSTRUCTIONS

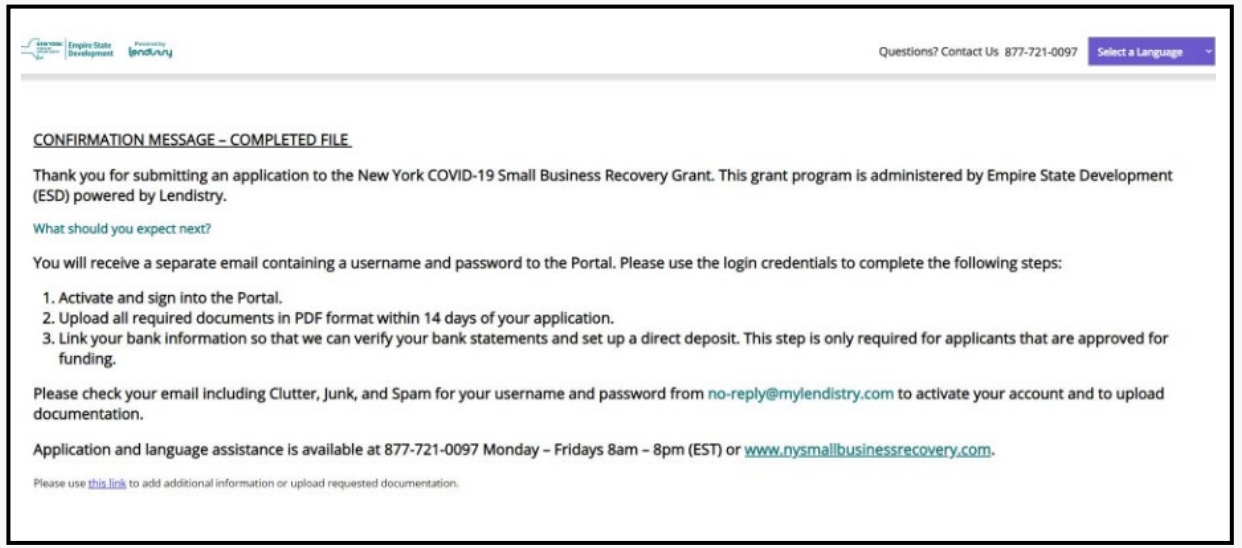
You will receive the following message when your application has been successfully submitted.

WHAT TO EXPECT NEXT

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

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

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



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Questions? Contact Us 877-721-0097 | Select a Language

CONFIRMATION MESSAGE – COMPLETED FILE

Thank you for submitting an application to the New York COVID-19 Small Business Recovery Grant. This grant program is administered by Empire State Development (ESD) powered by Lendistry.

What should you expect next?

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

1. Activate and sign into the Portal.
2. Upload all required documents in PDF format within 14 days of your application.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. This step is only required for applicants that are approved for funding.

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

Application and language assistance is available at 877-721-0097 Monday – Fridays 8am – 8pm (EST) or www.nysmallbusinessrecovery.com.

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

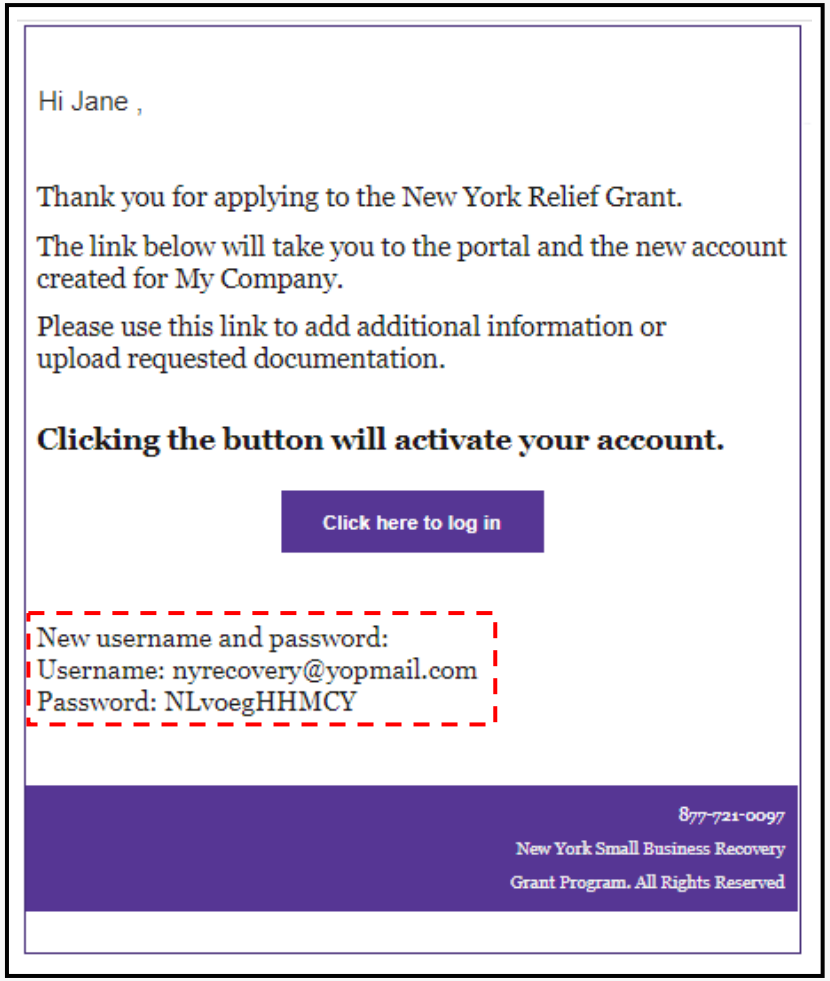
Section 9: Find Your Username and Password

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

Application Statuses in the Portal

(What They Mean and What You Should Do)

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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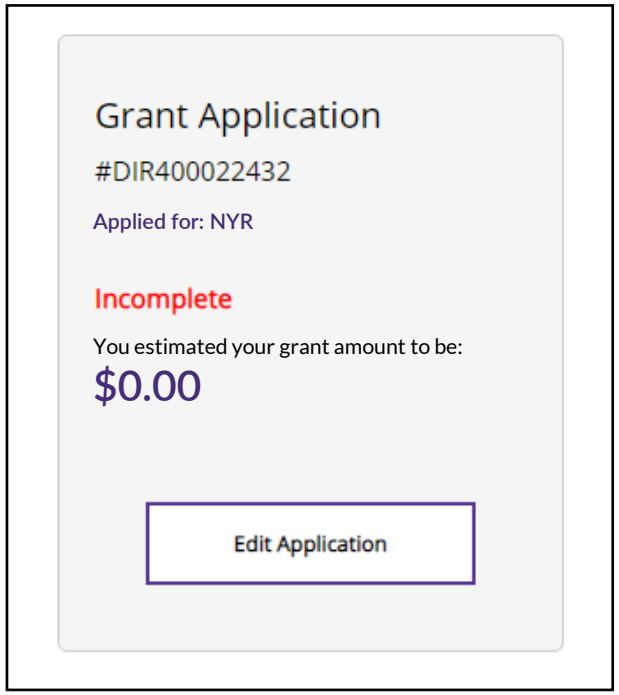
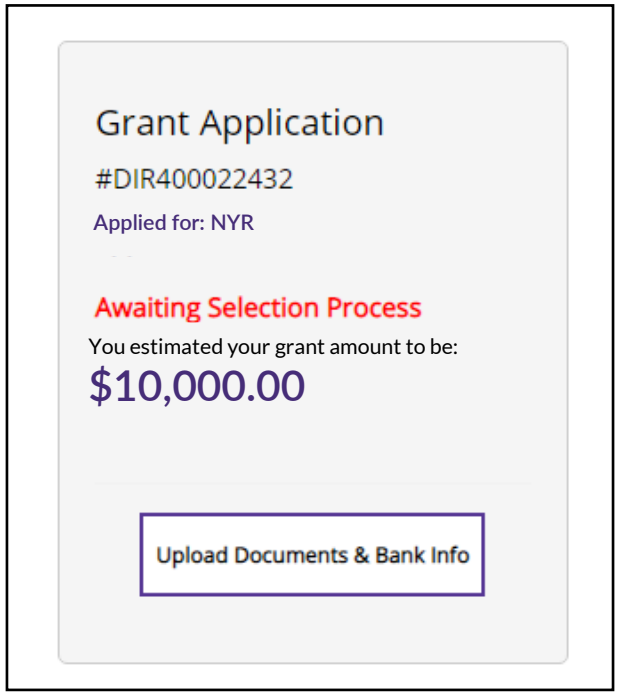
How to Find the Status of Your Application in the Portal



INCOMPLETE

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

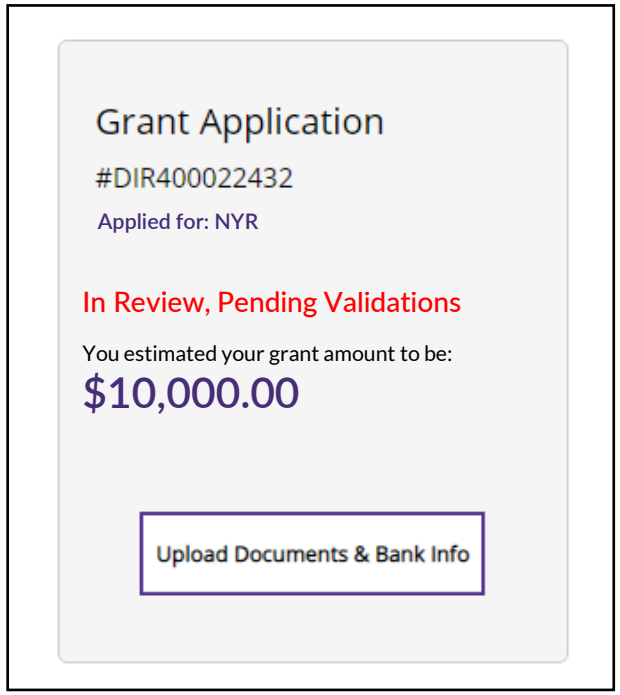
What you should do: Sign into the Portal and complete all fields in the application. You must submit a finished application in order to be considered for the grant.



AWAITING SELECTION PROCESS

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

What you should do: Check your email for notification about your selection decision. Upload all required documents in PDF format. You will be either selected or not selected to move forward in the application process.

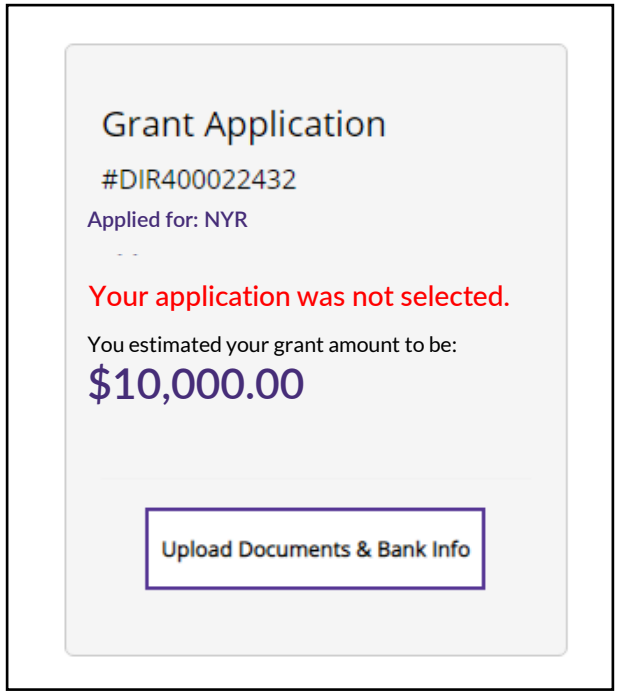


IN REVIEW, PENDING VALIDATIONS

What it means: You meet the program's minimum eligibility requirements and have been **selected to move forward in the application process**. Being selected does not guarantee funding. Lendistry will email or call you with updates about your application.

What you should do: Monitor for contact from Lendistry. Complete any request from them in a timely manner.

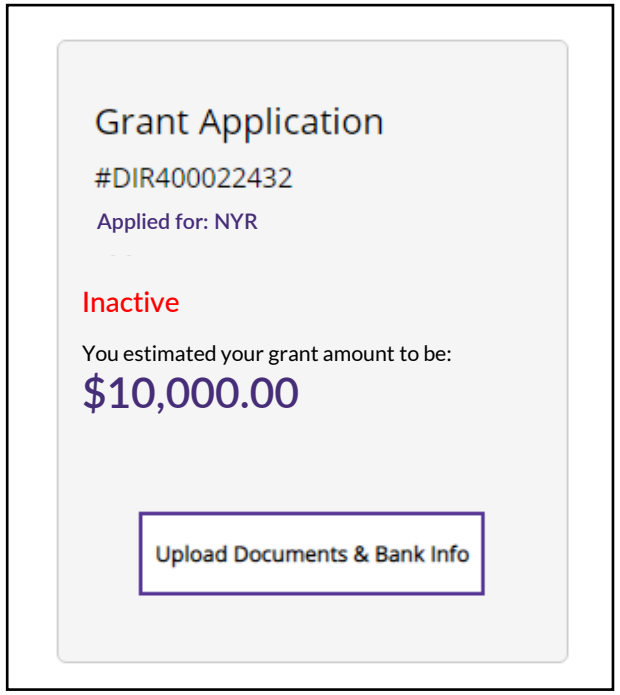
How to Find the Status of Your Application in the Portal



NOT SELECTED

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

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



INACTIVE

What it means: You have started an application but have failed to complete it and upload all required documents within 60 days. Your application has been deemed inactive and will no longer be reviewed.

What you should do: If you would like to continue with the application process, please reach out to the Call Center to reactivate your application.

Uploading Documents

How to Upload Documents in the Portal

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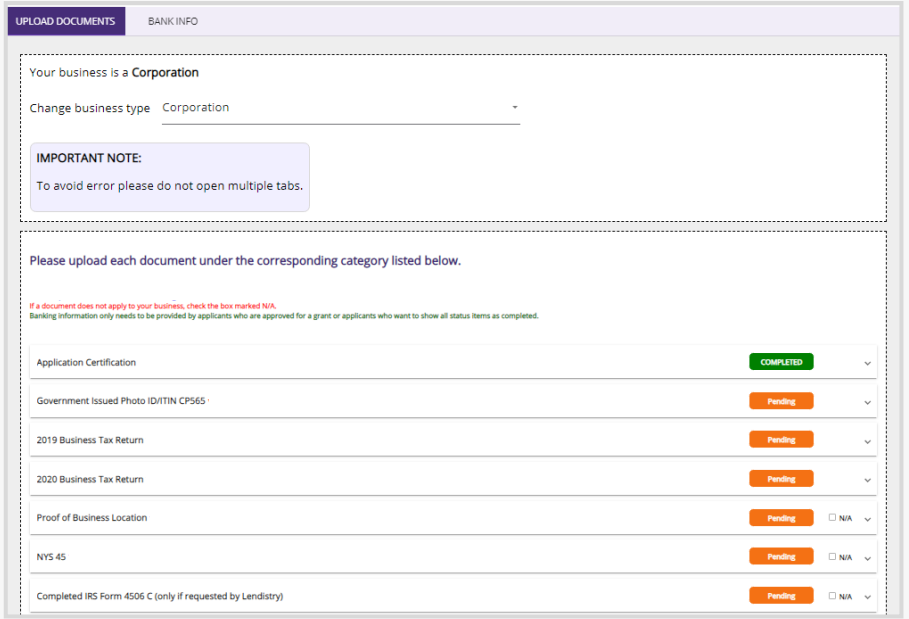
The Portal At-a-Glance

IMPORTANT NOTES

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

- 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.

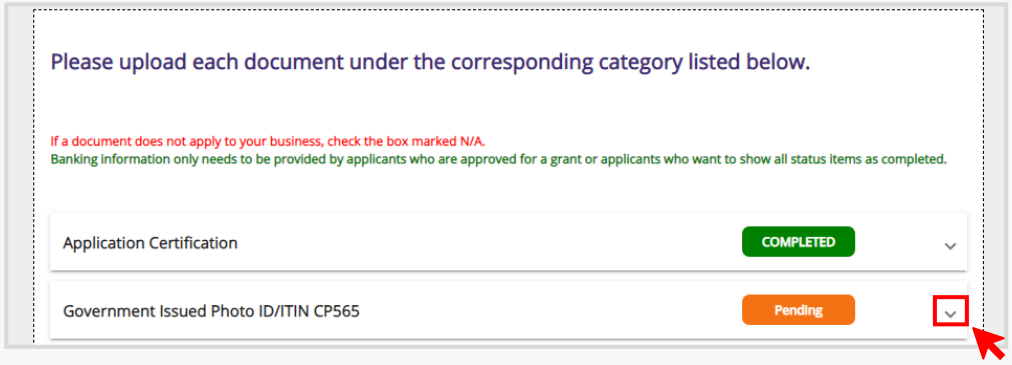


All applicants are encouraged to get their required documentation uploaded within 14 days from applying. **Failure to complete an application and upload all required documents within 60 days will deem an application inactive.**

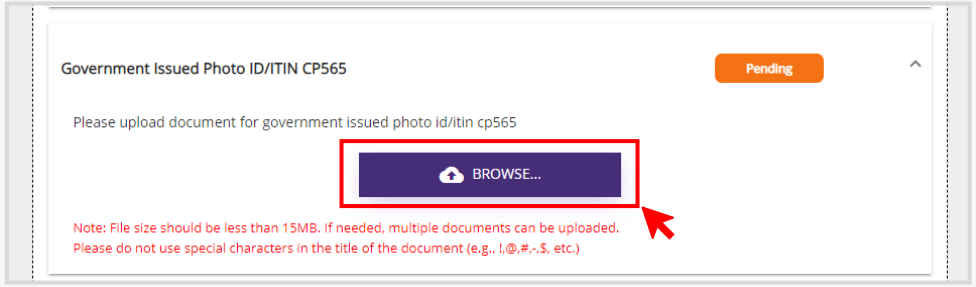
How to Upload Documents in the Portal

INSTRUCTIONS

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

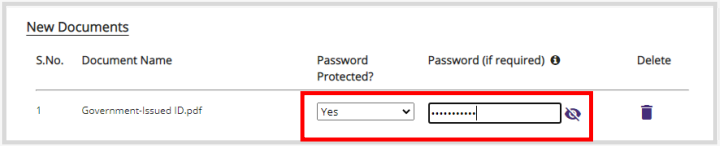


STEP 2: Click “Browse” to locate the file on your device. ALL documents must be upload as a PDF.

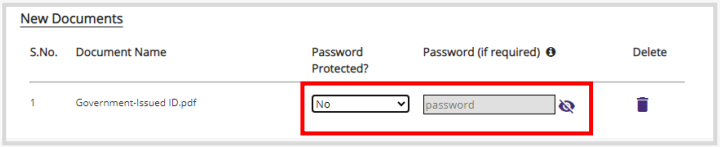


STEP 3:

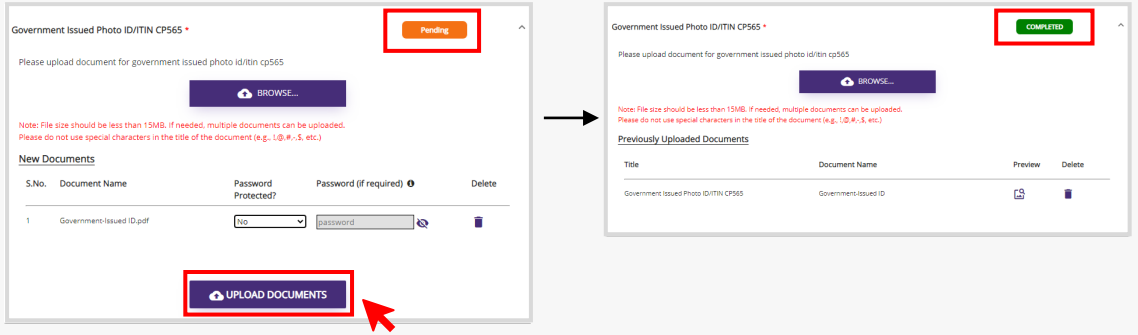
- If your document is password protected, select **YES** from the drop-down menu and enter in the password.



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



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



Applicant Certification

How to Download and Complete the Form

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Application Certification

WHAT IS THE APPLICATION CERTIFICATION?

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

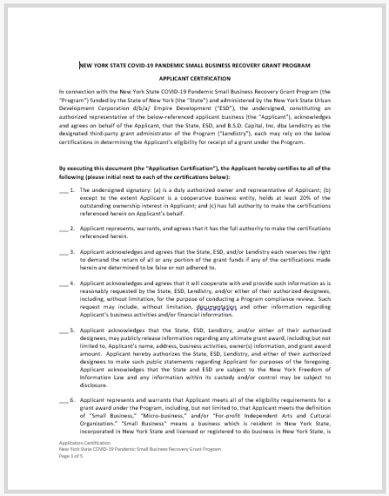
The Application Certification will be available in electronic form for you to download and complete. A signed Application Certification is a required document in this grant process and will need to be uploaded to the Portal.

You can complete the Application Certification in two ways:

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

CLICK HERE to download or print the Application Certification.

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


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 Urban Development Corporation d/b/a/ Empire Development ("ESD"), 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. dba Lendistry as the designated third-party grant administrator of the Program ("Lendistry"), 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 cooperative business entity, holds at least 20% 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.

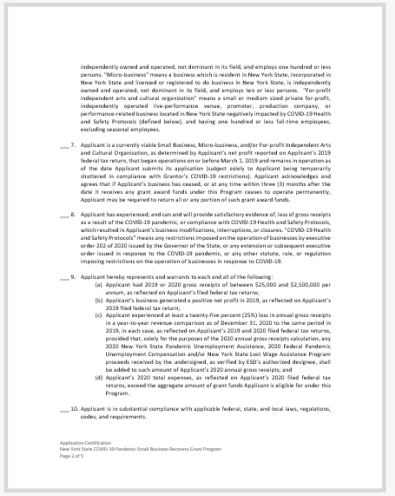
___ 3. Applicant acknowledges and agrees that the State, ESD, and/or Lendistry each reserves the right to demand the return of all or any portion of the grant funds if any of the certifications made herein are determined to be false or not adhered to.

___ 4. Applicant acknowledges and agrees that it will cooperate with and provide such information as is reasonably requested by the State, ESD, Lendistry, 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, gggggggggg and other information regarding Applicant's business activities and/or financial information.

___ 5. Applicant acknowledges that the State, ESD, Lendistry, and/or either of their authorized designees, may publicly release information regarding any ultimate grant award, including but not limited to, Applicant's name, address, business activities, owner(s) information, and grant award amount. Applicant hereby authorizes the State, ESD, Lendistry, and either of their authorized designees to make such public statements regarding Applicant for purposes of the foregoing. Applicant acknowledges that the State and ESD are subject to the New York Freedom of Information Law and any information within its custody and/or 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, is incorporated in New York State and licensed or registered to do business in New York State, is

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 1 of 5


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 live-performance venue, promoter, production company, or performance-related business located in New York State negatively impacted by COVID-19 Health and Safety Protocols (defined below), and having one hundred or less full-time employees, excluding seasonal employees.

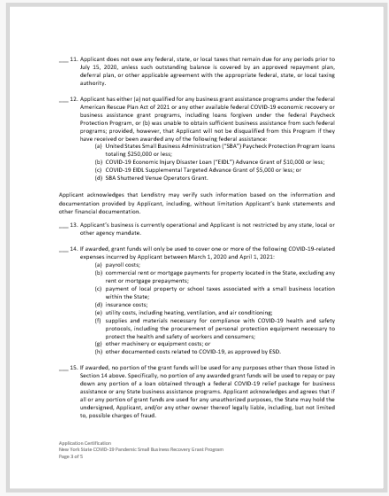
___ 7. Applicant is a currently viable Small Business, Micro-business, and/or For-profit Independent Arts and Cultural Organization, as determined by Applicant's net profit reported on Applicant's 2019 federal tax return, that began operations on or before March 1, 2019 and remains in operation as of the date Applicant submits its application (subject solely to Applicant being temporarily shuttered in compliance with Grantor's COVID-19 restrictions). Applicant acknowledges and agrees that if Applicant's business has ceased, or at any time within three (3) 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 such grant award funds.

___ 8. Applicant has experienced, and can 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 modifications, 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 $2,500,000 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 return;
(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, provided that, solely for the purposes of the 2020 annual gross receipts calculation, any 2020 New York State Pandemic Unemployment Assistance, 2020 Federal Pandemic Unemployment Compensation and/or New York State Lost Wage Assistance Program proceeds received by the undersigned, as verified by ESD's authorized designee, shall be added to such amount of Applicant's 2020 annual gross receipts; 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.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 2 of 5


___ 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, deferral plan, or other applicable agreement with the appropriate federal, state, or local taxing authority.

___ 12. Applicant has either (a) not qualified for any 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 (b) was unable to obtain sufficient business assistance from such federal programs; provided, however, 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 $250,000 or less;
(b) COVID-19 Economic Injury Disaster Loan ("EIDL") Advance Grant of $10,000 or less;
(c) COVID-19 EIDL Supplemental Targeted Advance Grant of $5,000 or less; or
(d) SBA Shuttered Venue Operators Grant.

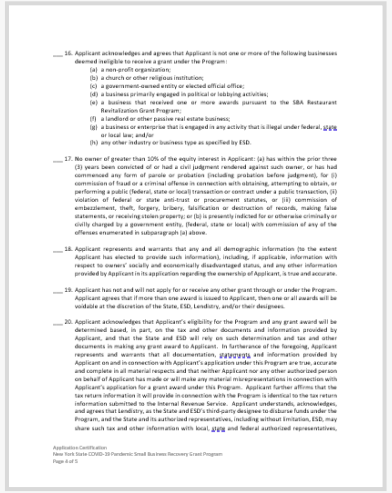
Applicant acknowledges that Lendistry may verify such information based on the information and documentation provided by Applicant, including, without limitation Applicant's bank statements and other financial documentation.

___ 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 school 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 consumers;
(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 programs. 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 legally liable, including, but not limited to, possible charges of fraud.

Application Certification
New York State COVID-19 Pandemic Small Business Recovery Grant Program
Page 3 of 5


___ 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;
(e) a business that received one or more awards pursuant to the SBA Restaurant Revitalization Grant Program;
(f) a landlord or other passive real estate business;
(g) a business or enterprise that is engaged in any activity that is illegal under federal, ggg or local law; and/or
(h) any other industry or business type as specified by ESD.

___ 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, (ii) violation of federal or state anti-trust or procurement statutes, or (iii) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (b) is presently indicted for or otherwise criminally 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 owners' socially 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, Lendistry, 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 determination and tax and other documents in making any grant award to Applicant. In furtherance of the foregoing, Applicant represents and warrants that all documentation, ggggggg, 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 Lendistry, as the State and ESD's third-party designee 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, ggg and federal authorized representatives,

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New York State COVID-19 Pandemic Small Business Recovery Grant Program
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including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 21. Applicant acknowledges that the State, ESD, and Lendistry are relying on these certifications regarding the use of potential funds, business eligibility, owner information and financial information for both the Applicant and its owner(s). Applicant makes these certifications in good faith, ggg and agrees the Applicant's business activity.

___ 22. Applicant certifies and agrees: (a) that all representations, warranties, certifications, and acknowledgements contained in this Application Certification are true and correct; and (b) that Applicant has complied and will comply with all of the requirements of this Program. In the event the State, ESD, and/or Lendistry demand the return of all or any portion of any grant funds received by Applicant, Applicant will be responsible for all costs and expenses incurred by the State, ESD, and/or Lendistry with respect to the collection of the return of such grant funds including, without limitation, attorneys' fees.

Signature _____ Date _____

Printed Name _____ Title _____

Applicant Business Name _____ EIN #/SSN #/ITIN #

Applicant Business Address _____

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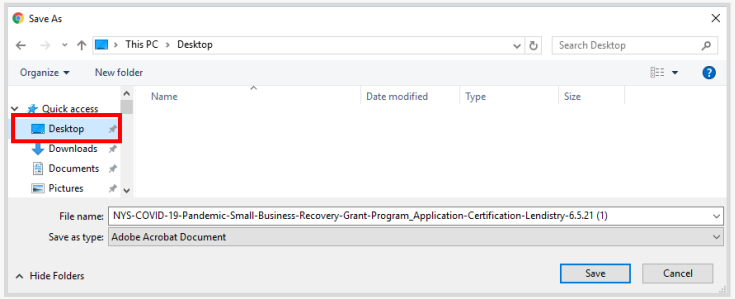
Download and Complete the Application Certification Electronically

INSTRUCTIONS

STEP 1: CLICK HERE to view the Application Certification.

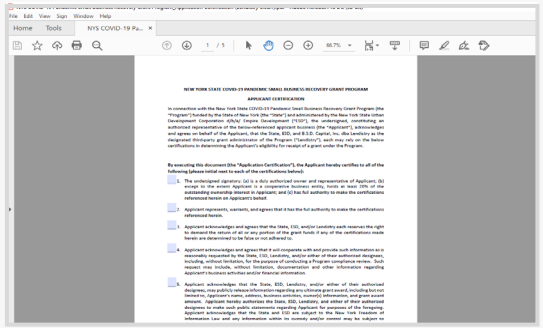
STEP 2: Click the ⬇ icon to download the Application Certification on your computer.

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.

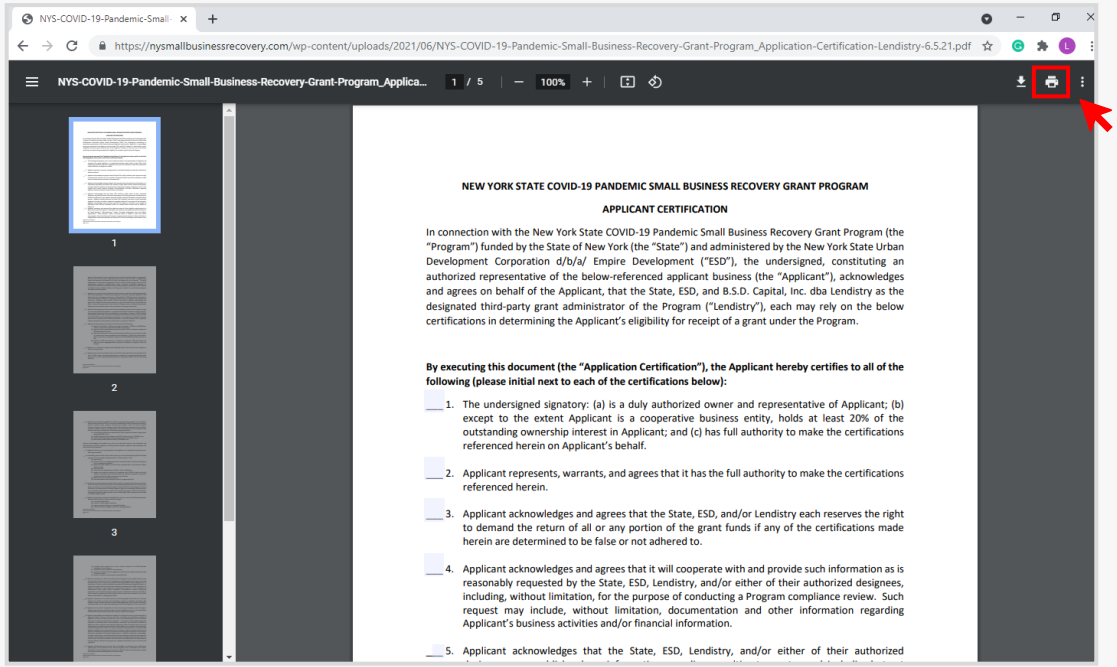
STEP 7: Upload the completed Application Certification to the Portal.

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.

Linking Your Bank Information

(Required only if you are approved for grant funding)

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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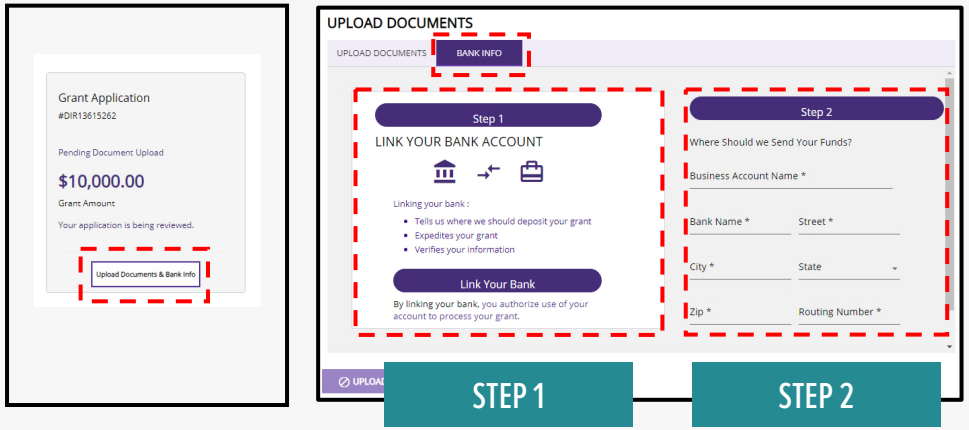
How to Link Your Bank Information in the Portal

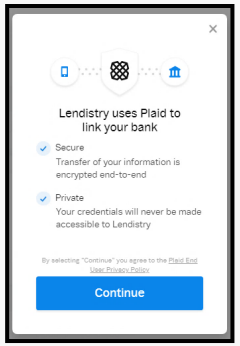
Lendistry uses a third-party technology (Plaid) to set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry's Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies.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

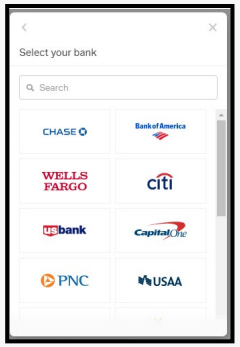
HOW TO VERIFY YOUR BANK ACCOUNT IN LENDISTRY'S PORTAL VIA PLAID

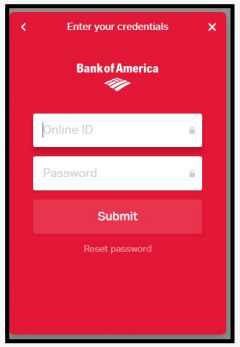


STEP 1

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







STEP 2

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

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

Business Bank Account

- **Moving forward with your application to final approval requires you to have a business bank account for the deposit of grant funds.**
  - The business bank account must match the business name listed in your application and bank statements.
  - If your business is a sole proprietorship, the bank account **must still be a business bank account** and match your name or DBA.

- **The usage of a personal bank account for your business bank account is unacceptable. There are no exceptions.**
  - Applicants are highly encouraged to open a business bank account if they do not have one in order to meet program requirements.

- An application cannot proceed with processing without a business bank account and may put it at risk of being unqualified.

WHAT TO DO IF YOU DO NOT HAVE A BUSINESS BANK ACCOUNT

If you do not have a Business Bank Account, we encourage you to open one in order to meet the requirements of the program. Please engage with your local bank or confer with a trusted financial advisor to open an account. The following financial institutions have indicated a willingness to work with applicants to this program. This list is not meant to be all-inclusive, nor is it intended to be an endorsement of any of the financial institutions referenced.

1. Ponce Bank Locations
2. Spring Bank Locations
3. Carver Bank Locations
4. CDFI Credit Unions
   - Alternatives Federal Credit Union Locations
   - Brooklyn Cooperation Federal Credit Union Locations
   - Lower East Side Peoples Federal Credit Union Locations
   - Neighborhood Trust Federal Credit Union Location
   - Syracuse Cooperative Federal Credit Union Locations
   - New Covenant Dominion Federal Credit Union Location
5. Independent Bankers Association Locations

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