纽约州

新冠肺炎疫情小型企业纾困拨款计划

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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计划与申请指南

（修订日期 2022 年 07 月 22 日）

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计划概述

简介

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

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

拨款金额

拨款金额将根据企业 2019 年的年度总收入计算*：

年度总收入 (2019)	拨款金额
$25,000-$49,999	每家企业 $5,000
$50,000-$99,999	每家企业 $10,000
$100,000-$2,500,000	总收入的 10% （最多 $50,000）

*关于如何确定“总收入”，请参见幻灯片 5。

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

计划概述

定义

1. “**小型企业**”是指常驻纽约州，在纽约州注册成立或在纽约州获得营业执照或经过注册后营业，自主所有和经营，在其领域不占主导地位且员工人数**不超过一百人**的企业。

2. “**微型企业**”是指常驻纽约州，在纽约州注册成立或在纽约州获得营业执照或经过注册后营业，自主所有和经营，在其领域不占主导地位且员工人数**不超过十人**的企业。

3. “**营利性独立艺术和文化团体**”是指纽约州受《新冠肺炎健康与安全协议》负面影响的营利性中小型私营、独立经营的现场演出场所、推广公司、制作公司或与演出相关的企业，企业全职员工人数**不超过一百人**（**不包括季节性雇员**）。符合此项定义的合资格组织可能包括但不限于建筑、舞蹈、设计、电影、音乐、戏剧、歌剧、媒体、文学、博物馆活动、视觉艺术、民间艺术和铸造等领域的企业。

4. 《**新冠肺炎健康与安全协议**》是指根据 2020 年州长发布的第 202 号行政命令，或为应对新冠肺炎疫情而发布的任何延期或后续行政命令，或为应对新冠肺炎疫情而对企业经营施加的任何其他法规、规则或限制。

计划概述

符合条件的小型企业资格

- 小型企业、微型企业和营利性独立艺术和文化团体（统称为“符合条件的申请人”）目前必须可生存，已于 2019 年 3 月 1 日或之前开始经营，并自申请之日起继续营业（可因新冠肺炎限制而关闭）。
  - “生存能力”将根据申请人在 2019 年是否产生正净利润来确定，以申请人在 2019 年联邦纳税申报表上报告的净利润（见下文）为佐证。

- 根据规定，符合条件的申请人需出示因新冠肺炎疫情或遵守《新冠肺炎健康与安全协议》而发生的业务变更、中断或关闭所导致的总收入损失。

计划概述

符合条件的小型企业资格（续）

- 小型企业和微型企业必须满足以下要求：
  1. 根据申请人提交的联邦纳税申报单，其 2019 年或 2020 年的年总收入在 $25,000 至 $2,500,000 之间。
     - IRS 1120 表或 1065 表第 1a 行；
     - IRS 1040 表附表 C 第 1 行；或
     - IRS 1040 表附表 F 第 1a 行和 第 2 行的总和
  2. 根据申请人提交的 2019 年和 2020 年联邦纳税申报单，证明截至 2020 年 12 月 31 日，年度总收入与 2019 年同期相比至少减少了百分之二十五 (25%)，每个申报单在计算时均包含了经纽约州劳工部核实的任何 2020 年疫情失业援助 (PUA)、联邦疫情失业补偿和/或工资损失援助计划。
     - 根据 2019 年联邦纳税申报表上的 IRS 1120 表或 1065 表第 1a 行、IRS 1040 表附表 C 第 1 行或 IRS 1040 表附表 F 第 1a 行和第 2 行的总和和 2020 年联邦纳税申报表上的 IRS 1120 表或 1065 表第 1a 行、IRS 1040 附表 C 的第 1 行或IRS 1040 表附表 F 第 1a 行和第 2 行的总和之间的差额计算损失（每种情况均为同一期间）。计算值必须显示同比下降了 25%。2019 年实行部分纳税年度的企业将根据 2020 年的可比月份数计算出 25% 的损失。

如何计算损失百分比（示例）

未收到疫情失业援助的损失百分比计算（示例）

2019 年的年度总收入 = $1,000,000
2020 年的年度总收入 = $750,000
损失总百分比：25%

结果：有资格获得拨款

收到疫情失业援助后的损失百分比计算（示例）

2019 年的年度总收入 = $1,000,000
2020 年的年度总收入 = $750,000
2020 年收到的疫情失业援助 = $10,000
2020 年的年度总收入 + 2020 年疫情失业援助 = $760,000
损失总百分比：24%

结果：没有资格获得拨款

计划概述

符合条件的小型企业资格（续）

4. 证明 2020 年营业收入申报表上的总费用大于拨款金额。
   - 总费用计算和建议拨款额将基于申请人提交的 2020 年联邦纳税申报表中报告的业务费用

5. 严格遵守适用的联邦、州和地方法律、法规、规范和要求。

6. 在 2020 年 7 月 15 日之前，未拖欠任何联邦、州或地方税款，但有经批准的还款计划、延期计划或与适当的联邦、州和地方税务机构达成的其他适用协议的除外。

7. 没有资格参与联邦《2021 年美国救援方案法》的企业拨款援助计划，或任何其他可行的联邦新冠肺炎经济复苏或企业援助拨款计划，包括根据联邦工资保障计划免除的贷款，或者无法从此类联邦计划中获得足够的企业援助。*

*符合资格的申请人可能已经获得或被授予以下联邦援助：

- 总额不超过 $250,000 的工资保障计划贷款
- 不超过 $10,000 的新冠肺炎经济伤害灾难预付补助金
- 不超过 $5,000 的新冠肺炎经济伤害灾难追加补助金
- 小商业管理局 (SBA) 关闭场所业主资助金

计划概述

附加信息

- 符合条件的申请人必须提供纽约州认可的证据，证明该符合条件的申请人正在开展经营，并且不受任何州、地方或其他机构强制执行的限制。
- 由于资金有限且预期申请数量较多，因此业务类型、地理位置和所属行业可能会影响获得拨款的机会。
- 我们将优先考虑在社会和经济上处于劣势的企业主，包括但不限于残障人士、伤残退伍军人和退伍军人开办的企业，或根据最新普查数据，在 2020 年 3 月 1 日之前位于贫困社区的企业。
- 所有申请人应在申请后的 14 天内上传必备材料。如果在 60 天内没有完成申请并上传所有必备文件，则视为无效申请。

计划概述

不符合条件的企业

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

计划概述

资金的合格使用

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

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

资金的不当使用

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

计划概述

必备材料

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

   备注：必须提交完整的 2019 年和 2020 年联邦纳税申报表

2. 已填妥的 IRS 4506-C 表（如果 Lendistry 要求提供）

3. 经营地点和目前经营情况证明（**必须提供以下选项中的两 (2) 项**）：
   - 目前租赁合约
   - 水电费账单
   - 目前企业银行对账单
   - 目前企业抵押贷款单
   - 企业信用卡对账单
   - 专业保险单
   - 付款处理对账单
   - NYS ST-809 或 ST-100 销售税征收文件

计划概述

必备材料（续）

4. 所有权明细表（不适用于独资企业）：拥有企业 20% 及以上所有权的全部所有者的姓名、地址、社会安全号码（对于非美国所有者，则为个人纳税人识别号）、电话号码、电子邮件、所有权百分比和身份证明：
   - 要完成拨款申请，所有者/申请人必须为拥有 20% 及以上所有权的所有者，并提供姓名、地址、社会安全号码或非美国所有者的个人纳税人识别号、电话号码、电子邮件、所有权百分比和身份证明。
   - 为完成拨款发放，申请人必须提交拥有企业 20% 及以上所有权的全部所有者的所有权信息明细表：姓名、地址、社会安全号码或非美国所有者的个人纳税人识别号、电话号码、电子邮件、所有权百分比和身份证明。
   - 非美国所有者须通过 IRS CP565 表验证个人纳税人识别号。

5. 员工人数证明：最近提交的雇主公司 NYS-45 文件。

6. 企业组织证明（**仅提供以下选项中的一 (1) 项**）：
   - 当前营业执照
   - 当前经营许可证
   - 组织证书
   - 别称证书 (DBA)
   - 纽约州授权证书
   - 公司章程
   - 纽约州市政当局颁发的显示在纽约州经营的授权文件。

7. 用于资金分配：IRS W-9 表和银行账户信息。

必备材料

示例

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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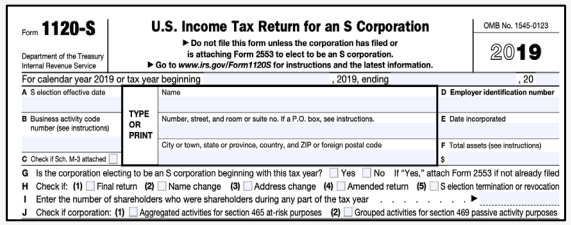
总收入损失或其他经济困难的证明

企业和有限责任公司
IRS 1120-S 表



Form **1120-S** — **U.S. Income Tax Return for an S Corporation**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0123

2019

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

A S election effective date

TYPE OR PRINT

Name

B Business activity code number (see instructions)

Number, street, and room or suite no. If a P.O. box, see instructions.

C Check if Sch. M-3 attached

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)

$

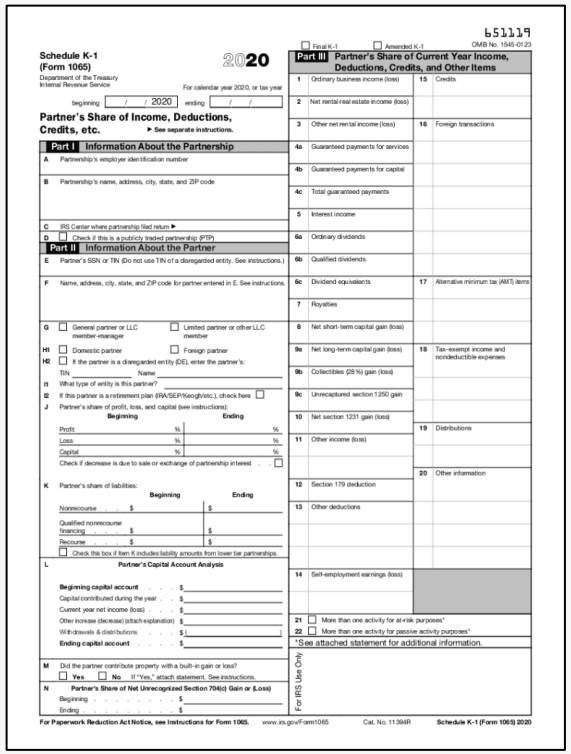
G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

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

合伙企业
1065 表附表 K-1



Schedule K-1 (Form 1065) — 2020

Department of the Treasury
Internal Revenue Service

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

651119

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

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)		

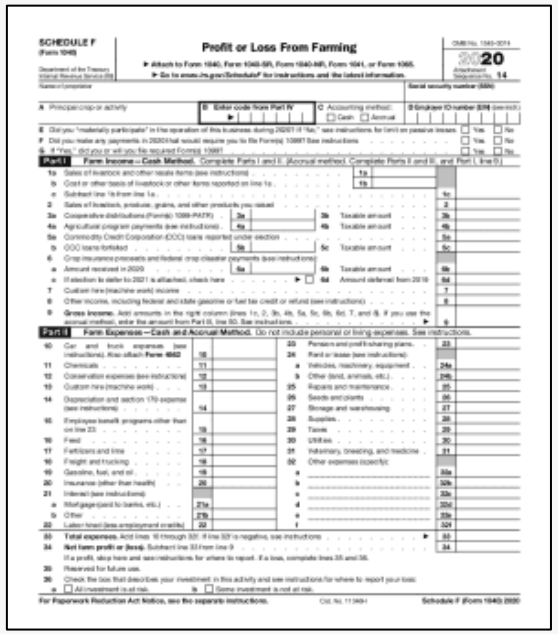
21 ☐ More than one activity for at-risk purposes*
22 ☐ More than one activity for passive activity purposes*

*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

独资企业（农业企业）
1040 表附表 F



SCHEDULE F (Form 1040) — **Profit or Loss From Farming**

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.

OMB No. 1545-0074

2020

Attachment Sequence No. 14

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
		29	Taxes
16	Feed	30	Utilities
17	Fertilizers and lime	31	Veterinary, breeding, and medicine
18	Freight and trucking	32	Other expenses (specify):
19	Gasoline, fuel, and oil	32a	a
20	Insurance (other than health)	32b	b
21	Interest (see instructions):	32c	c
a	Mortgage (paid to banks, etc.)	32d	d
b	Other	32e	e
22	Labor hired (less employment credits)	32f	f
33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions	33	
34	**Net farm profit or (loss).** Subtract line 33 from line 9	34	

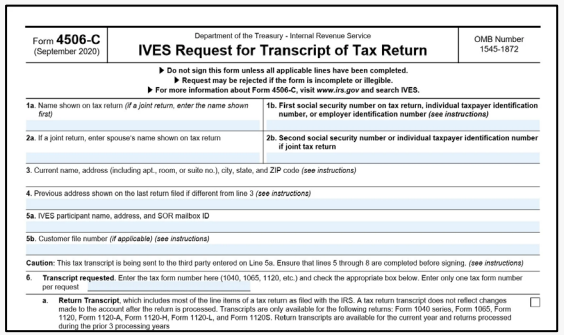
If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

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

已填妥的 4506-C（仅在 Lendistry 要求时提供）



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)*

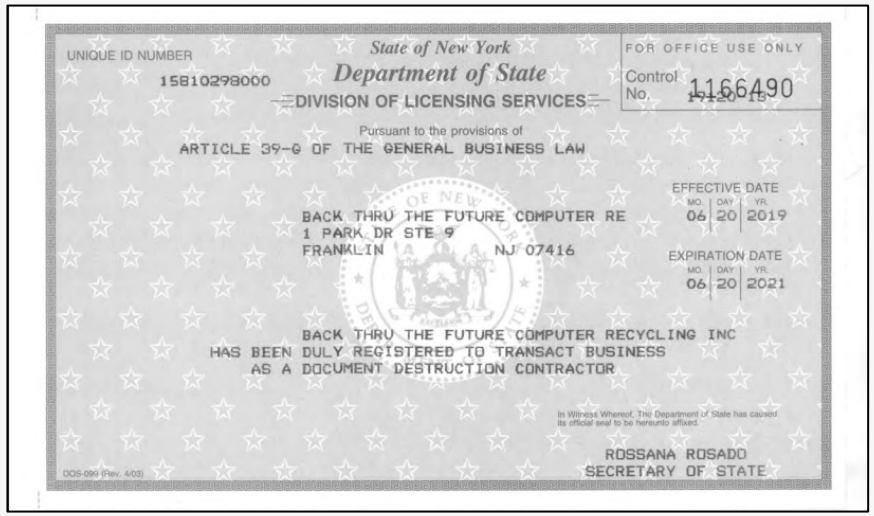
Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. *(see instructions)*

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. ☐

企业组织证明

当前营业执照


UNIQUE ID NUMBER
15810298000

State of New York
Department of State
DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY
Control No. 1166490

Pursuant to the provisions of
ARTICLE 39-G OF THE GENERAL BUSINESS LAW

BACK THRU THE FUTURE COMPUTER RE
1 PARK DR STE 9
FRANKLIN NJ 07416

EFFECTIVE DATE
MO. 06 DAY 20 YR. 2019

EXPIRATION DATE
MO. 06 DAY 20 YR. 2021

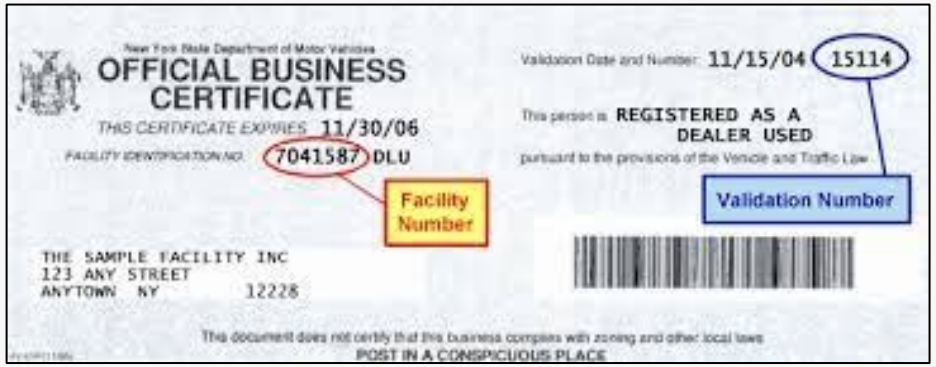
BACK THRU THE FUTURE COMPUTER RECYCLING INC
HAS BEEN DULY REGISTERED TO TRANSACT BUSINESS
AS A DOCUMENT DESTRUCTION CONTRACTOR

In Witness Whereof, The Department of State has caused its official seal to be hereunto affixed.

ROSSANA ROSADO
SECRETARY OF STATE

DOS-099 (Rev. 4/03)

当前经营许可证


New York State Department of Motor Vehicles

OFFICIAL BUSINESS CERTIFICATE

THIS CERTIFICATE EXPIRES 11/30/06

FACILITY IDENTIFICATION NO. 7041587 DLU

Facility Number

Validation Date and Number: 11/15/04 15114

This person is REGISTERED AS A DEALER USED

pursuant to the provisions of the Vehicle and Traffic Law

Validation Number

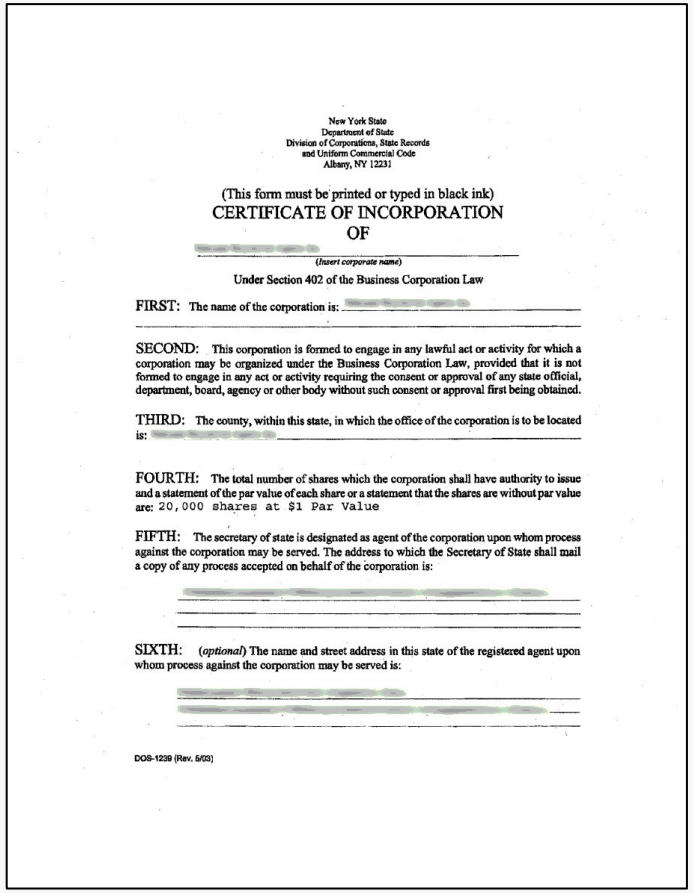
THE SAMPLE FACILITY INC
123 ANY STREET
ANYTOWN NY 12228

This document does not certify that this business complies with zoning and other local laws

POST IN A CONSPICUOUS PLACE

企业组织证明

企业证书



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:

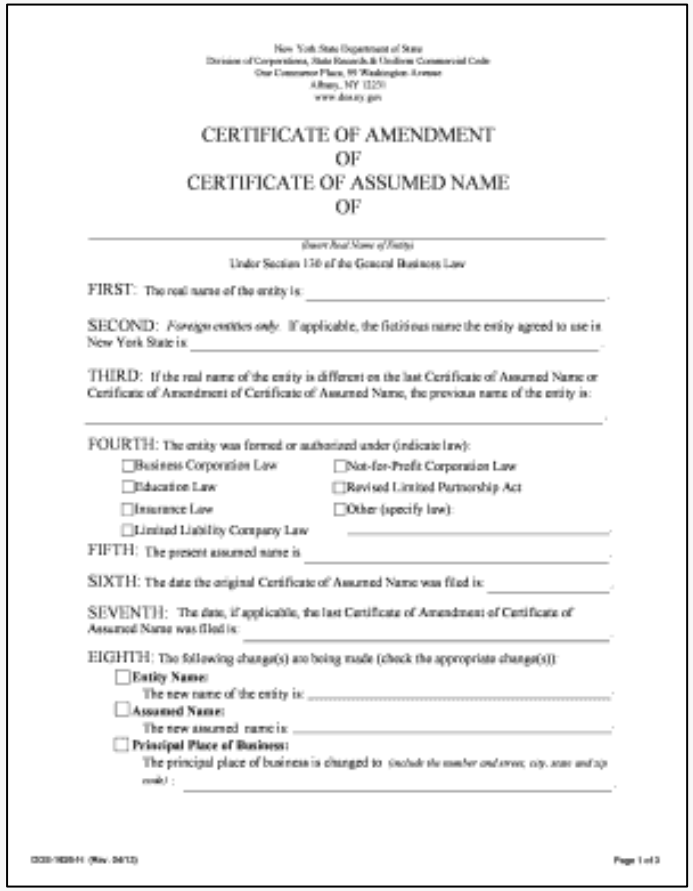
[redacted]

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)

别称证书 (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:

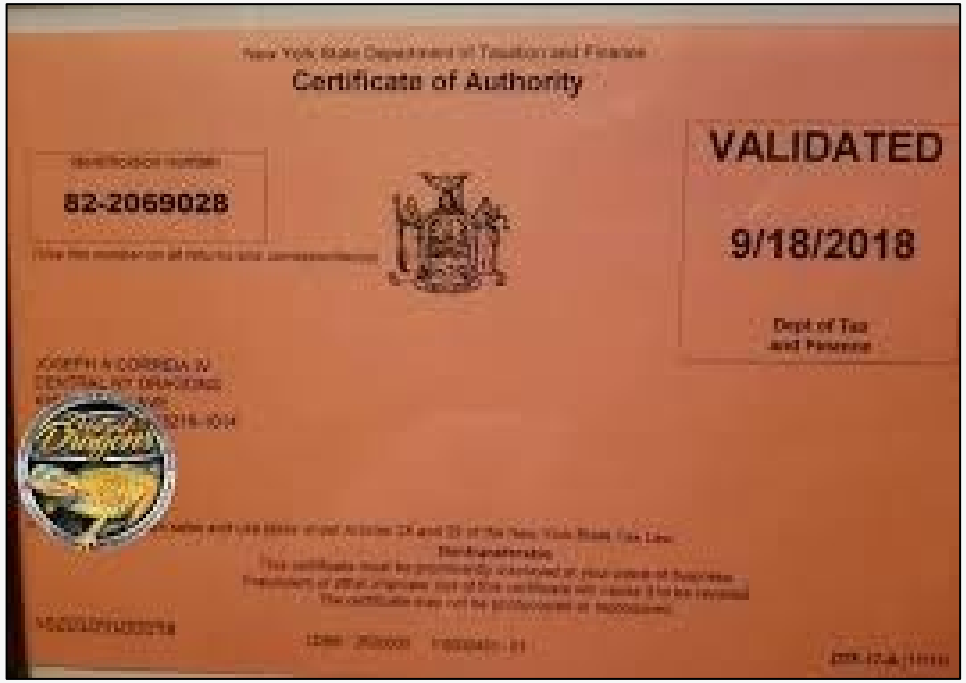
SEVENTH: The date, if applicable, the last Certificate of Amendment of Certificate of Assumed Name was filed is:

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*):

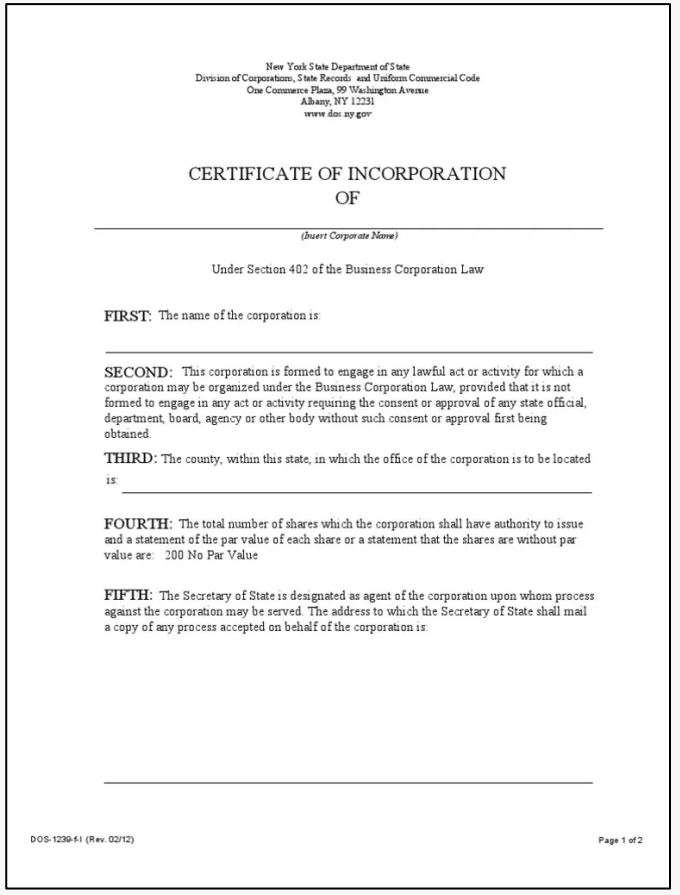
(DOS-1025-H (Rev. 04/12)) Page 1 of 3

企业组织证明

授权证书



公司章程



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

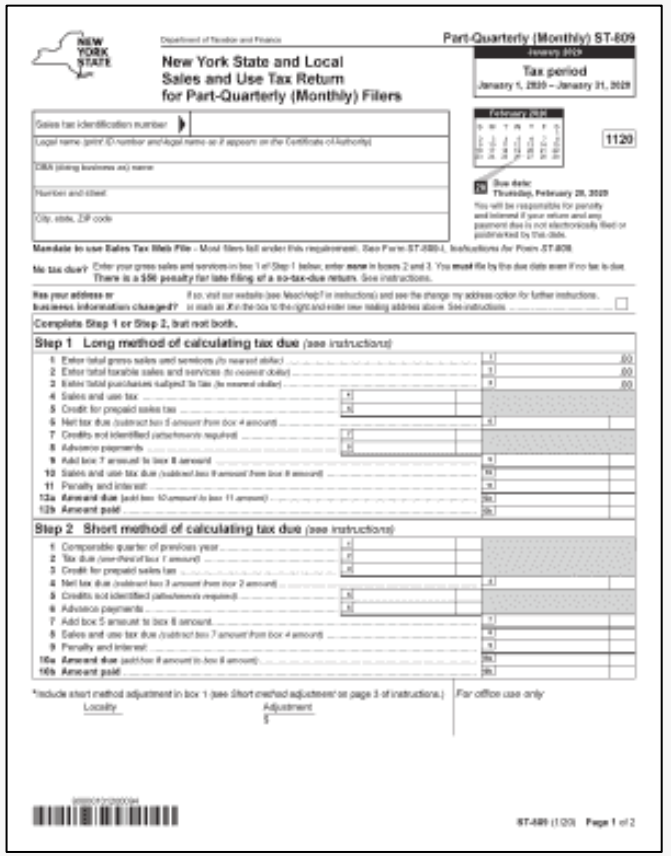
经营地点和目前经营情况证明

申请人必须提供以下任意**两** (2) 项材料以证明经营地点和目前经营情况：

- 目前租赁合约
- 水电费账单
- 目前企业银行对账单
- 目前企业抵押贷款单
- 企业信用卡对账单
- 专业保险单
- 付款处理对账单
- NYS ST-809 或 ST-100 销售税征收文件

重要提示：上述所列材料中，月财务报表必须是自提交申请之日起的最近 30 天内，其他文件应为签署或记录的最新版本。

NYS ST-809



NEW YORK STATE OF OPPORTUNITY | Empire State Development

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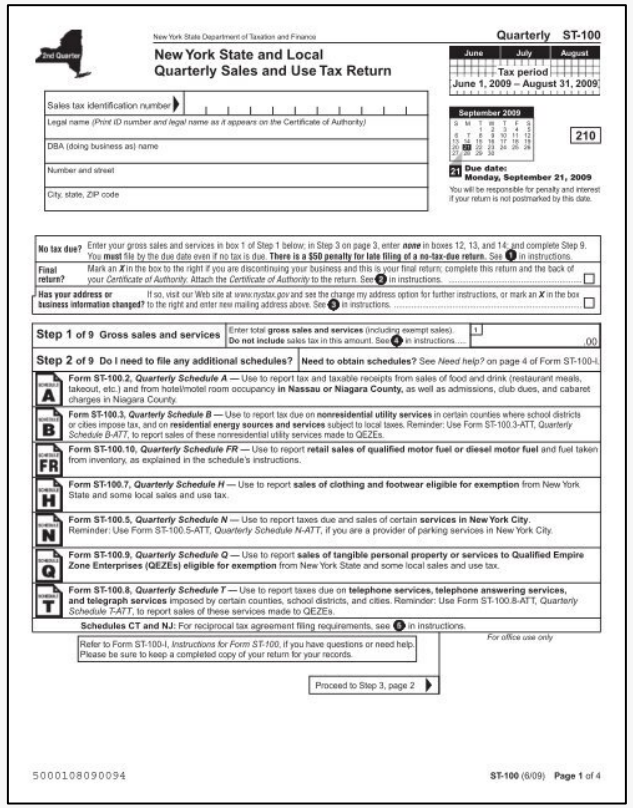
企业组织证明

ST-100 销售税文件



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.

For office use only

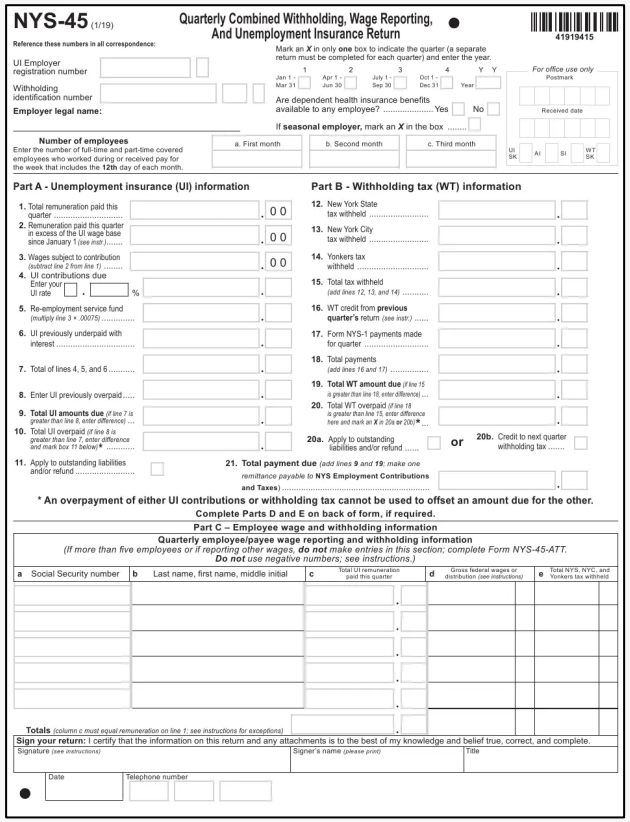
Refer to Form ST-100-I, *Instructions for Form ST-100*, if you have questions or need help. Please be sure to keep a completed copy of your return for your records.

Proceed to Step 3, page 2

5000108090094

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

最近提交的雇主公司 NYS-45 文件。



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 | Year Y Y

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 15 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

所有权明细表

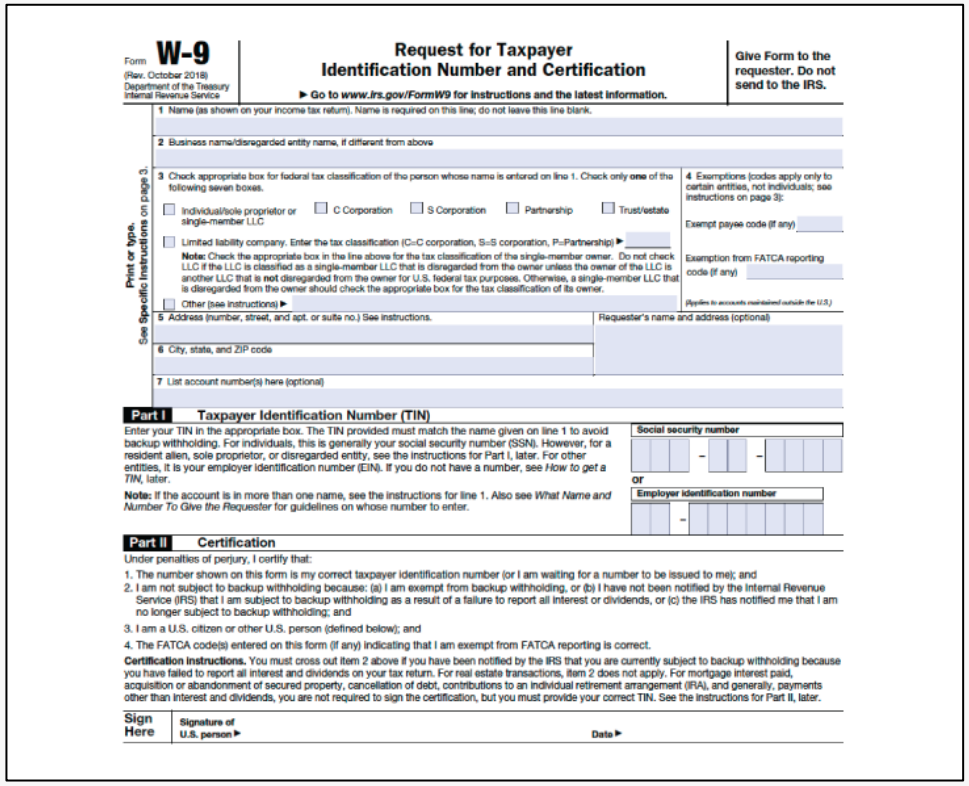
拥有企业 20% 及以上所有权的全部所有者的姓名、地址、社保号码（对于非美国所有者，则为个人纳税识别号）、电话号码、电子邮件、所有权百分比和带照片的身份证件。

您可以在门户中或点击此处下载此表。

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%

资金分配所需的材料（仅适用于获批拨款的符合条件的申请人）

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**

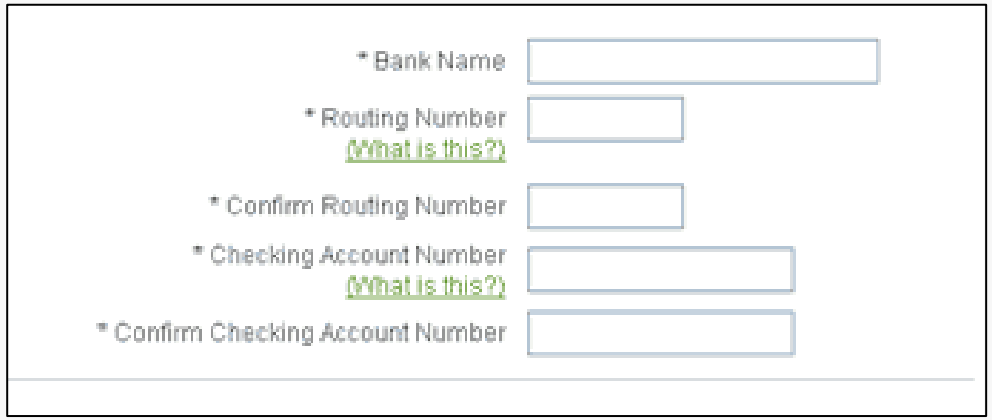
Under penalties of perjury, I certify that:

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 ▶

银行账户信息



* Bank Name

* Routing Number
(What is this?)

* Confirm Routing Number

* Checking Account Number
(What is this?)

* Confirm Checking Account Number

申请提示

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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提示 1：使用 Google Chrome 浏览器

说明

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

其他浏览器可能不支持我们的界面，并可能导致您的申请出错。

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

开始申请前，请在 Google Chrome 浏览器上执行以下操作：

1. **清除缓存**：缓存数据是根据以往使用网站或申请中存储的信息，主要用于通过自动填充信息来加快浏览过程。但是，缓存数据也可能包含过时信息，例如旧密码或之前输入错误的信息等。这可能会在您的申请中引入错误，并可能导致该申请被标记为潜在欺诈。

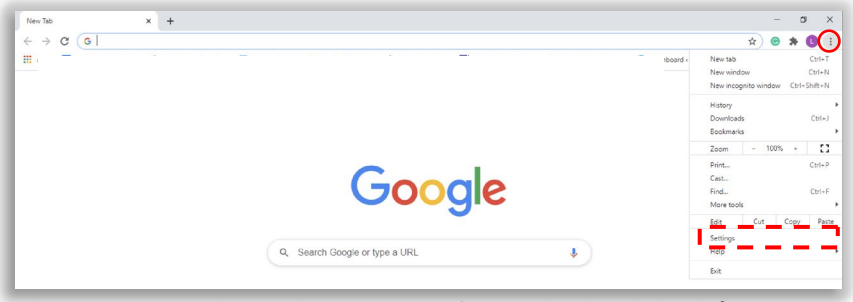
2. **启用无痕模式**：无痕模式允许您已私密形式输入信息，并防止您的数据被记住或缓存。

3. **禁用弹出窗口阻止程序**：我们的申请具有多条弹出消息，用于确认您提供的信息是否准确。您必须在 Google Chrome 浏览器上禁用弹出窗口拦截器才能看到这些消息。

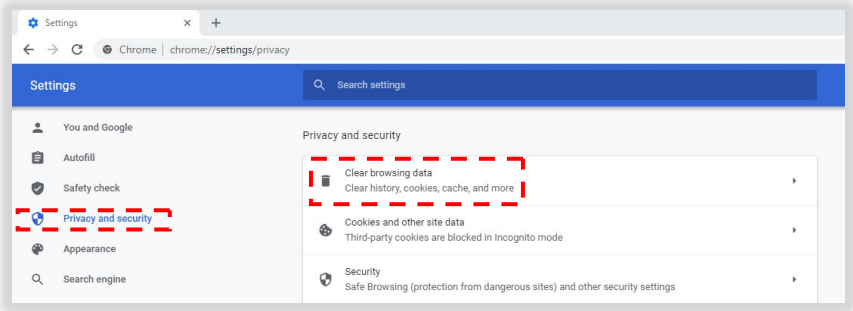
提示 2：清除缓存

说明

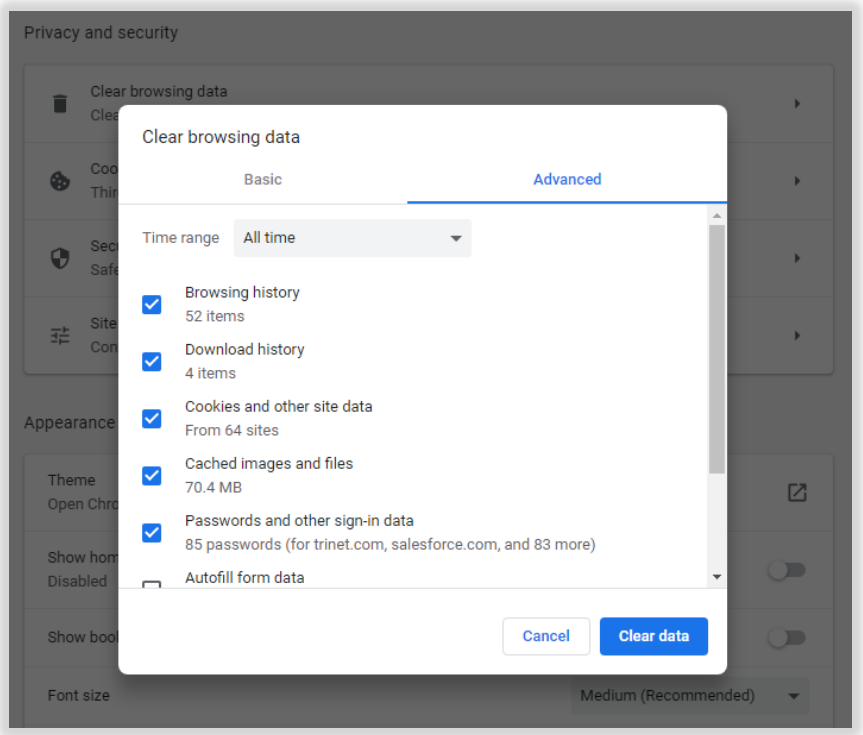
1. 点击右上角的三个点，然后转到“设置”。



2. 转到“隐私设置和安全性”，然后选择“清除浏览数据”。



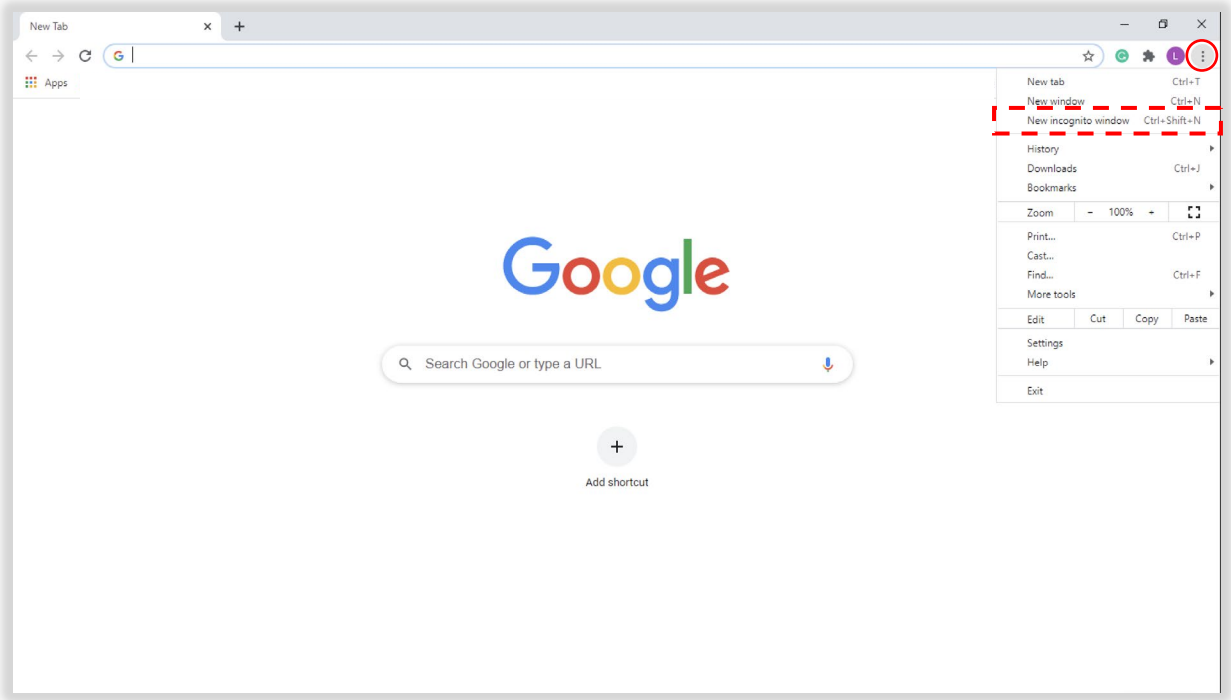
3. 选择“清除数据”。



提示 3：使用无痕模式

说明

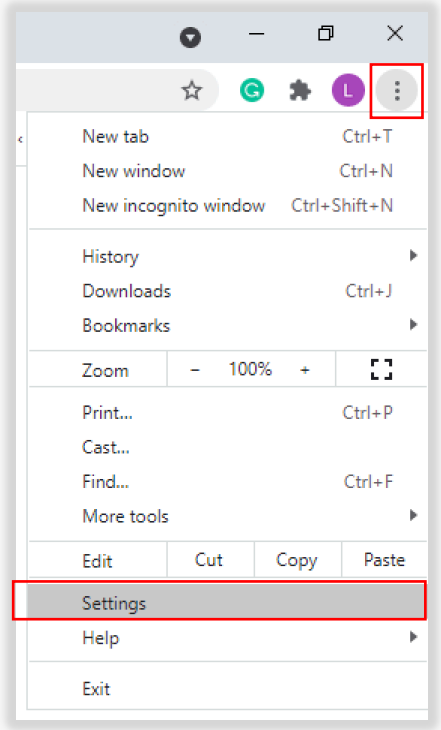
点击浏览器右上角的三个点，然后选择“**打开新的无痕窗口**”。您的浏览器将打开一个新窗口。



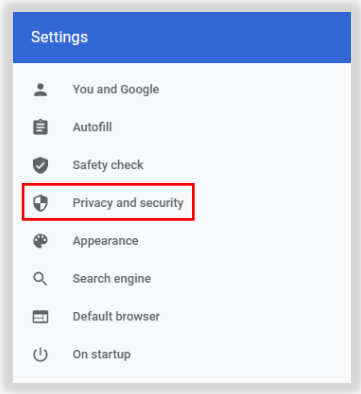
提示 4：禁用弹出窗口阻止程序

说明

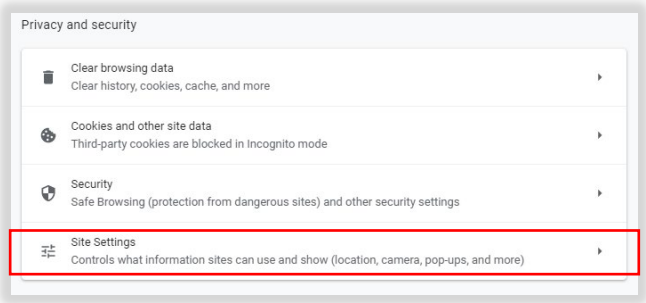
1. 在 Google Chrome 浏览器中，点击右上角的三个点，然后选择“设置”。



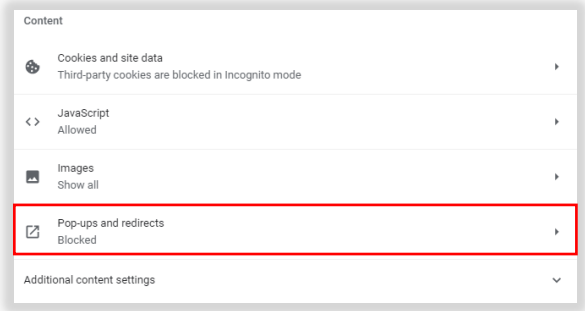
2. 选择“隐私设置和安全性”。



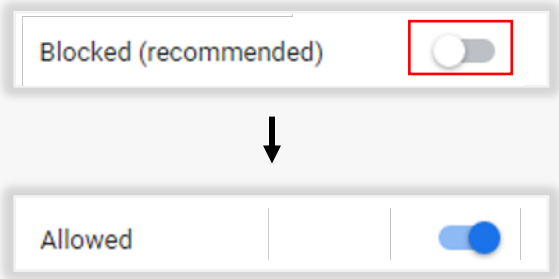
3. 选择“网站设置”。



4. 选择“弹出式窗口和重定向”。



5. 点击按钮，使其变为蓝色，此时，状态将从“已阻止”变为“允许”。



提示 5：以 PDF 格式提交所有文件

说明

电子表格必须清晰、排列整齐，不含干扰性背景。

关于上传文件的重要提示：

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

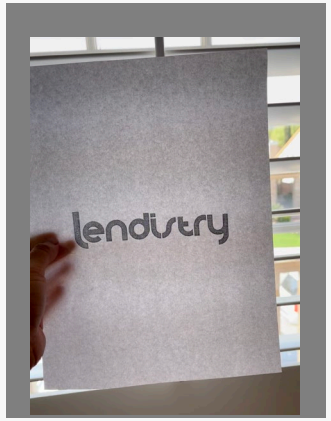
如果您没有扫描仪，我们建议您使用以下免费移动应用程序：

Genius Scan
Apple | 点击此处下载
Android | 点击此处下载

Adobe Scan
Apple | 点击此处下载
Android | 点击此处下载

正确

错误



提示 6：使用有效的电子邮件地址

说明

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

重要提示 - 我们的系统无法接受或识别以下电子邮件地址：

以 @info
开头的电子邮件例如：info@mycompany.com

以 @contact.com 或者 @noreply.com 结尾的电子邮件
例如：example@contact.com
例如：example@noreply.com

提示 7：将申请表翻译成您偏好的语言

说明

我们的申请表将被翻译成以下语言：

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

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

申请

需要哪些信息

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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开始之前

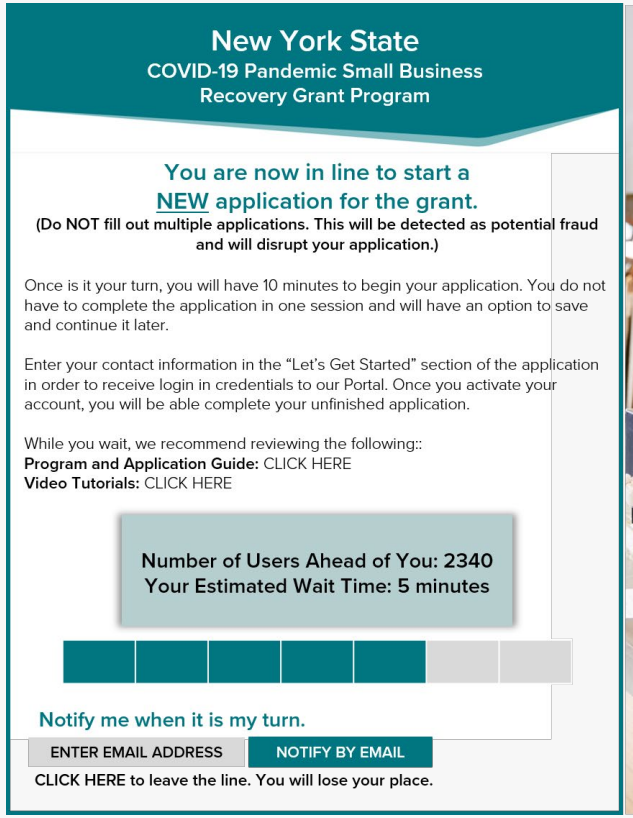
注意事项

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

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

您无须在一次会话中完成申请表，可以选择保存并在以后继续完成。

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



第一部分：开始申请

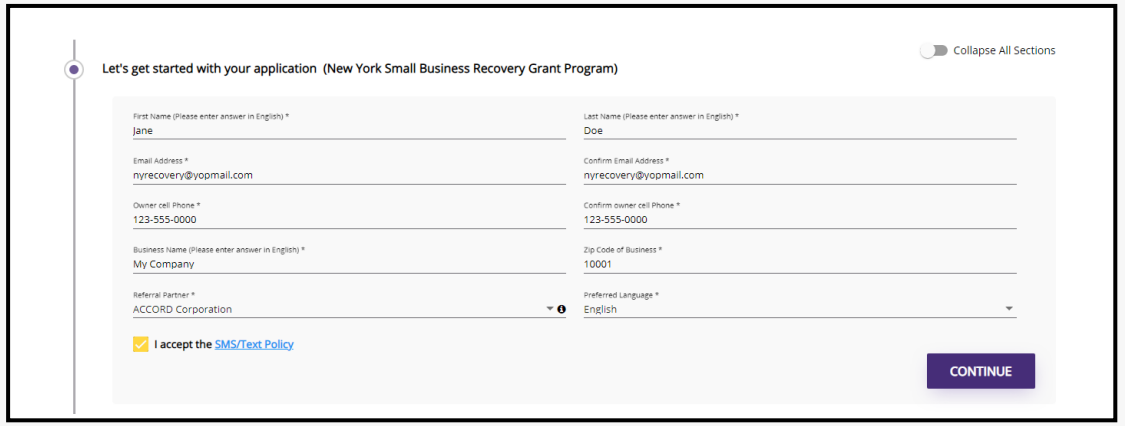
需要哪些信息？

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

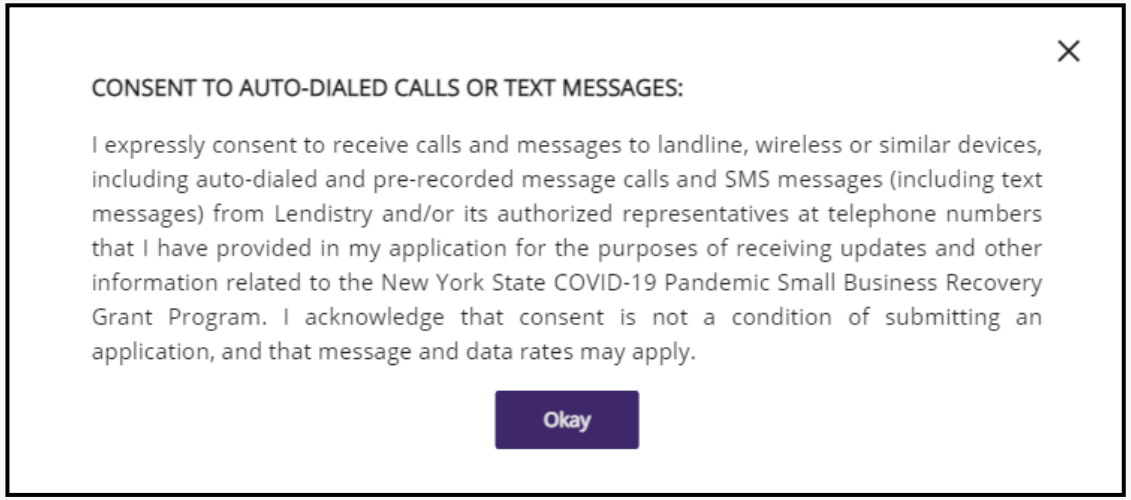
重要提示：请务必在本部分使用有效的电子邮件地址。重要更新和更多说明将发送到您提供的电子邮件地址。请参阅“申请提示”了解无效的电子邮件地址列表。

手机短信政策

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



同意自动拨打电话或手机短信：



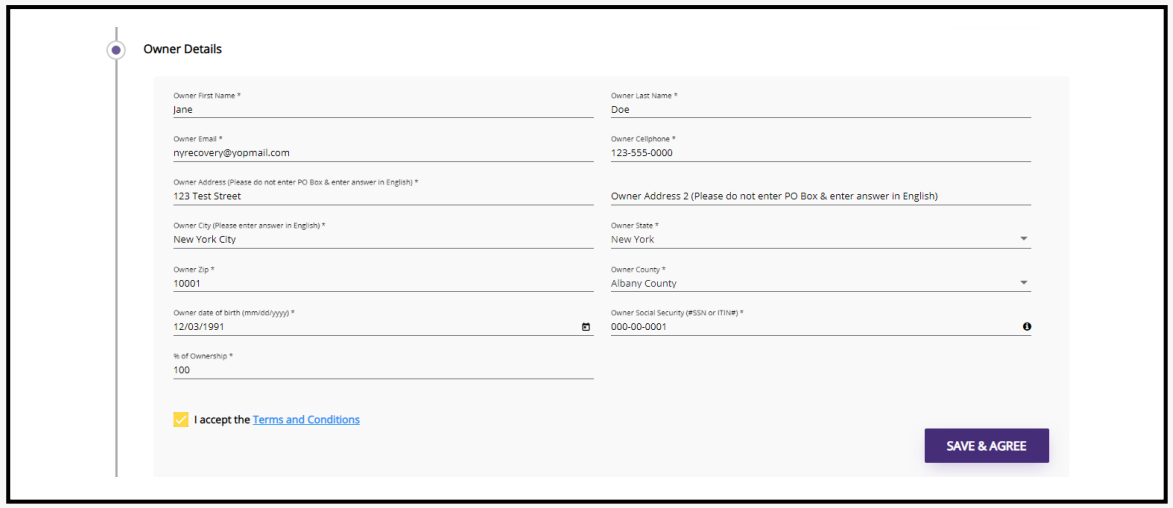
第二部分：所有者详细信息。

需要哪些信息？

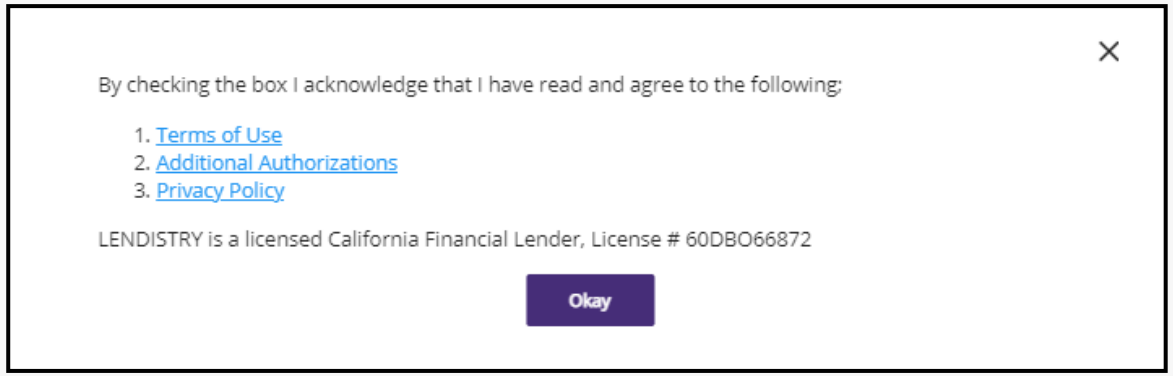
- 所有者名字
- 所有者姓氏
- 所有者电子邮箱
- 所有者地址、城市、州、邮政编码、县
- 所有者生日
- 所有者社会安全号码（或 ITIN）
- 所有权百分比

条款和条件

勾选复选框，表示您已阅读并同意条款和条件。您必须同意才能继续填写拨款申请。



条款和条件



第三部分：企业信息

需要哪些信息？

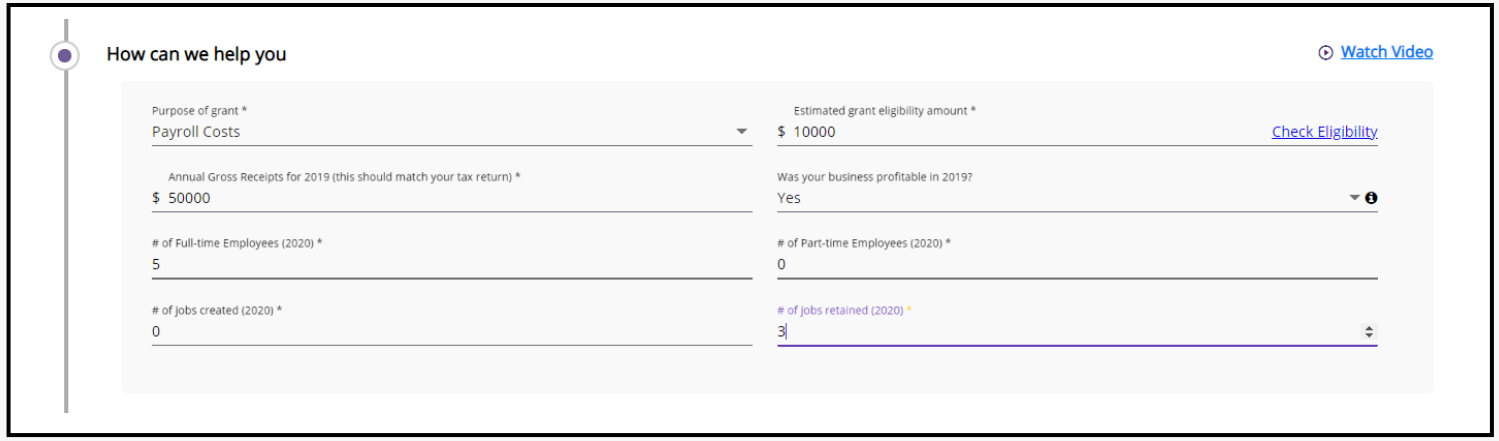
- 企业名称
- 注册经营别称（简称 DBA，如适用）
  注意：如果您的企业没有注册经营别称 (DBA)，请在此字段中输入“NONE”（无）。
- 企业雇主识别号 (EIN)
- 企业电话号码
- 企业类型
- 注册状态
- 企业地址、城市、州、邮政编码、县
- 企业成立日期
- 企业网站
  注意：如果您的企业没有网站，请在此字段中输入“none.com”。

第四部分：我们如何能够帮助您？

需要哪些信息？

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

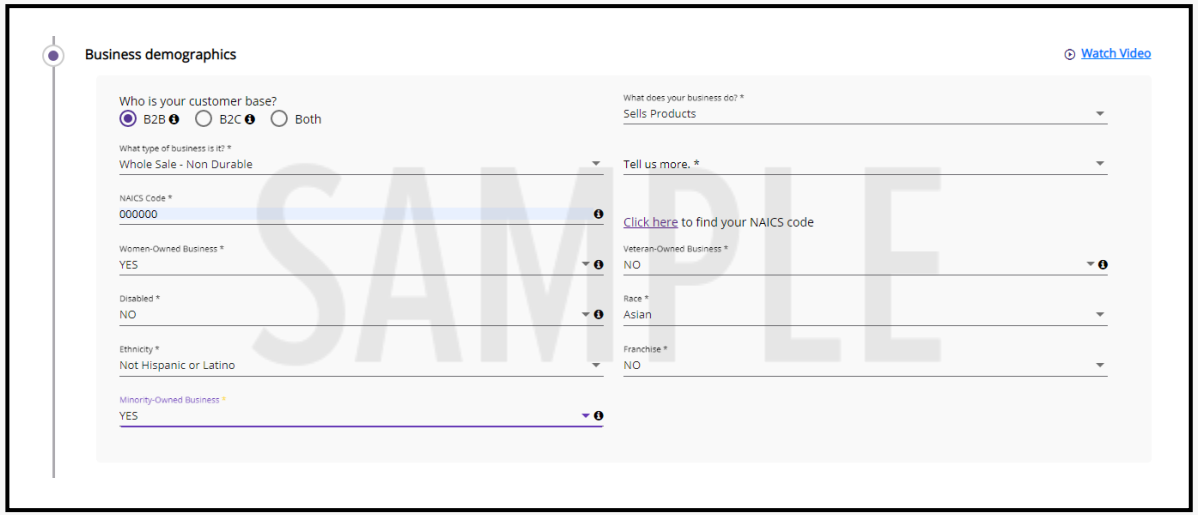
***若企业主是企业的带薪雇员且收到 W-2，则企业主必须包含在员工总数中。**



第五部分：企业统计信息

需要哪些信息？

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



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

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

如需查找您的 NAICS 代码，请转至 www.naics.com。

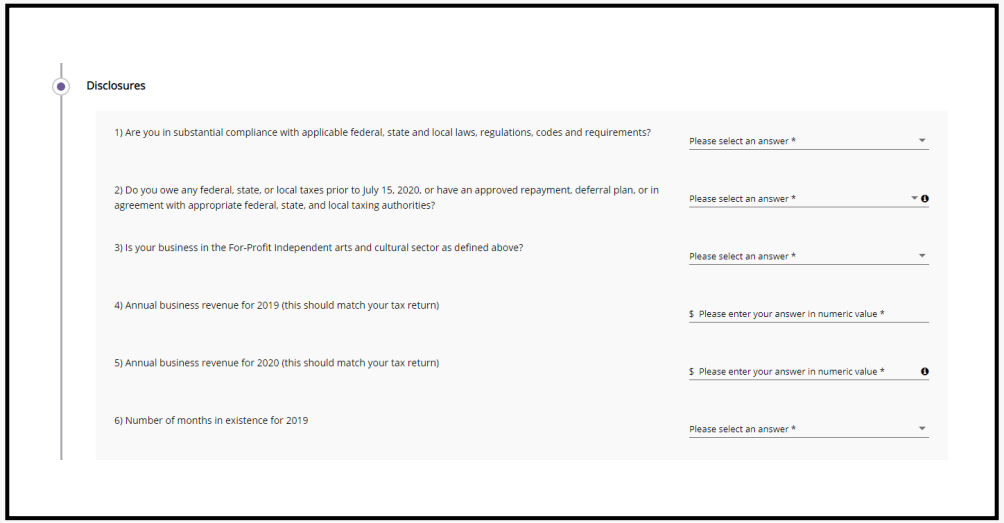
**个人直接拥有企业 50% 以上的所有权权益。

+不需要纽约州的证明

第六部分：披露

需要哪些信息？

1. 截至申请日期，您的企业是否已开业并运营？
2. 您的企业是否为营利性企业？
3. 您是否严格遵守适用的联邦、州和地方法律、法规、规范和要求？
4. 在 2020 年 7 月 15 日之前，您是否拖欠任何联邦、州或地方税费，并且没有批准的还款、延期计划，也没有与适当的联邦、州和地方税收当局达成协议。
5. 您的企业是否属于上述定义的营利性独立艺术和文化组织？（如果回答“是”，请继续回答申请表中的附加问题）
6. 您的企业是否为伤残退伍军人所有的企业？
7. 您的企业是以工人合作社的形式成立的吗？
8. 小型企业中超过 50% 所有权是否为社会和经济弱势群体拥有，其中可能包括少数族裔或女性拥有的、伤残退伍军人或退伍军人拥有的企业，或在 2020 年 3 月 1 日之前经济陷入困境的社区企业（根据美国人口普查数据）？
9. 2019 年的年度总收入？（此金额应与您的纳税申报表一致）
10. 2020 年的年度总收入？（此金额应与您的纳税申报表一致）
11. 贵公司在 2019 年运营了几个月？
12. 在新冠肺炎疫情期间，您的企业是否收到了与新冠肺炎相关的任何紧急资金？
13. 您是否获得了纽约州技术支持提供商的任何帮助或支持？
14. 您是否获得了企业援助中心 (EAC) 的任何帮助或支持？
15. 您是否获得了社区发展金融机构 (CDFI) 的任何帮助或支持？
16. 您是否获得了商会的任何帮助或支持？
17. 您是否获得了小型企业发展中心 (SBDC) 的任何帮助或支持？
18. 您的企业目前是否需要技术援助支持或帮助？
19. 您的企业目前是否需要贷款？



第七部分：确认

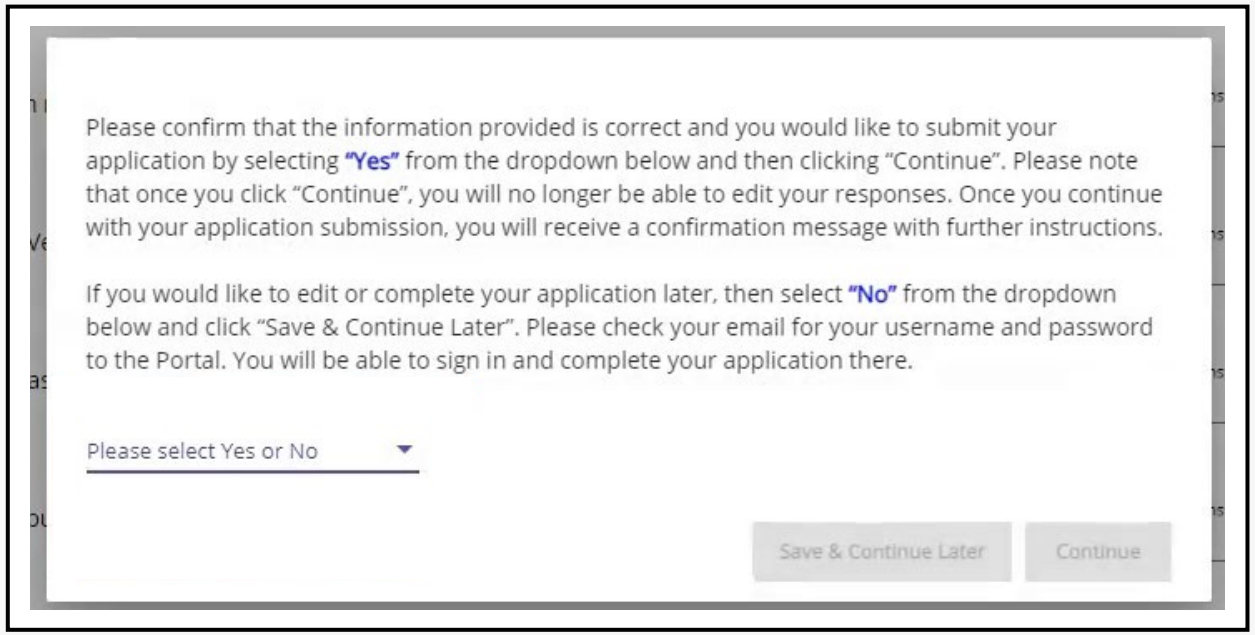
说明

在申请过程的最后，您有两个选择：

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

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

如果未出现此确认消息，请确保已在 Web 浏览器上禁用弹出窗口阻止程序。



所有申请人应在申请后的 14 天内上传必备材料。如果在 60 天内没有完成申请并上传所有必备文件，则视为无效申请。

第八部分：确认消息

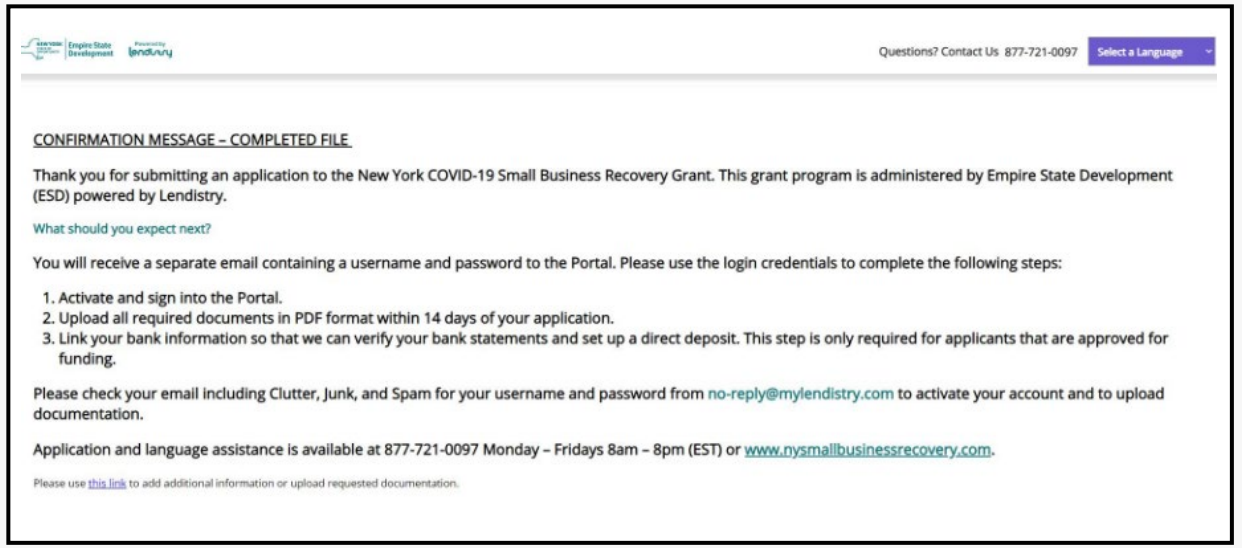
说明

成功提交申请后，您将收到以下消息。

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

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

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



Empire State Development | Powered by lendistry

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.

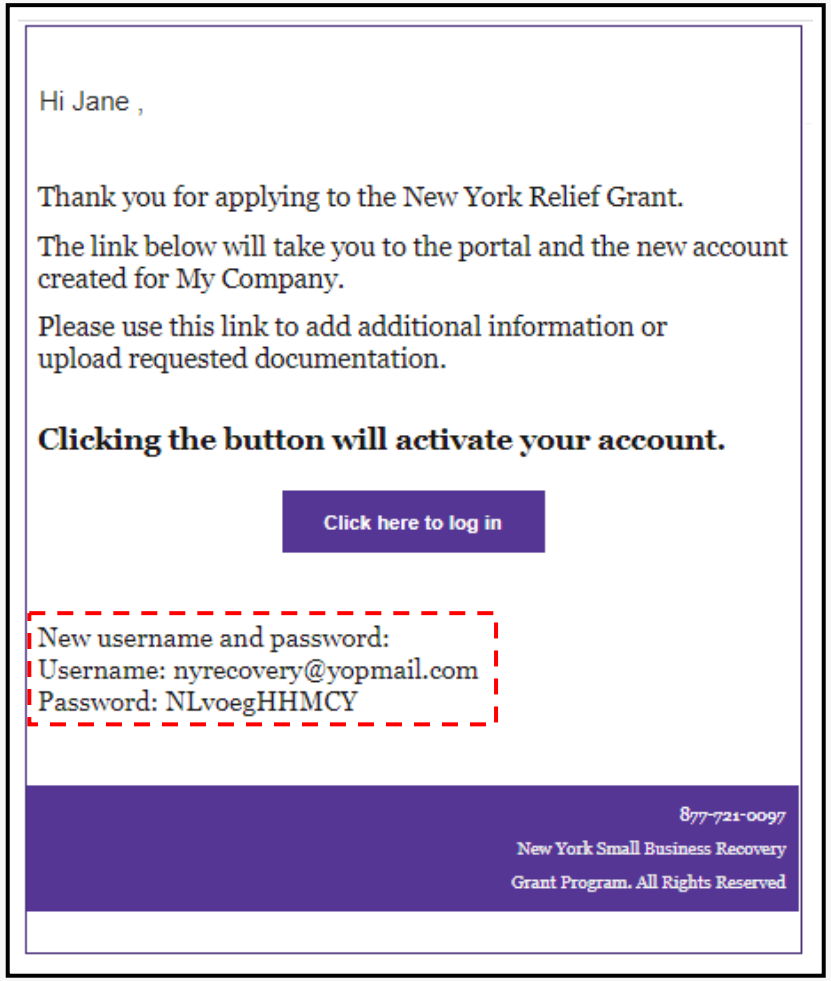
第九部分：查找用户名和密码

说明

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

   如果未在收件箱中看到该电子邮件，请检查您的垃圾邮件文件夹。

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


Hi Jane ,

Thank you for applying to the New York Relief Grant.

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

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

Clicking the button will activate your account.

Click here to log in

New username and password:
Username: nyrecovery@yopmail.com
Password: NLvoegHHMCY

877-721-0097
New York Small Business Recovery
Grant Program. All Rights Reserved

门户中的申请状态

（不同状态的具体含义，以及您应该怎么做）

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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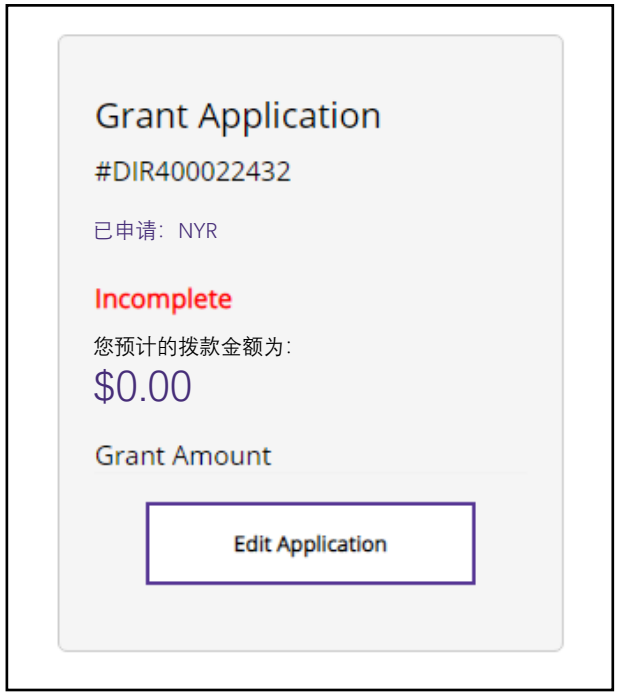
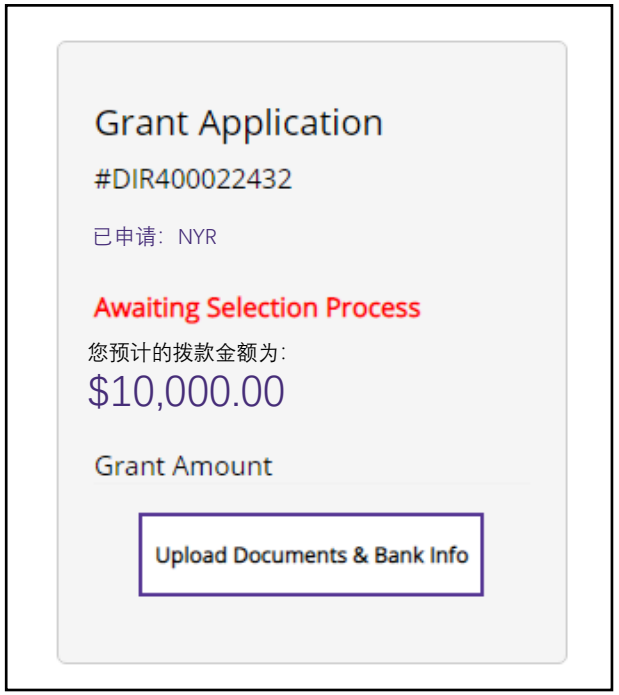
如何在门户中查找申请状态



未完成

具体含义：您已开始在线申请，但尚未完成。

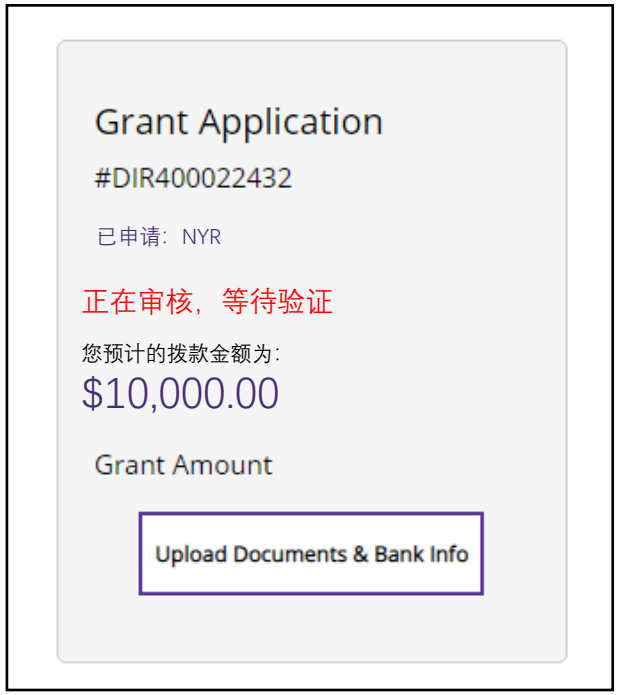
您应该怎么做：登录门户并填写申请表中的所有字段。您必须提交填妥的在线申请表，才能获得初步审核资格。



等待入选流程

具体含义：您已提交填妥的申请表，目前正在等待审核您的资格。

您应该怎么做：检查您的电子邮件，获取有关您是否进入候选区的决定通知。以 PDF 格式上传所有所需文件。您的状态可能会是“已被选中”或“未被选中”，申请流程的后续步骤将以这些状态为依据。

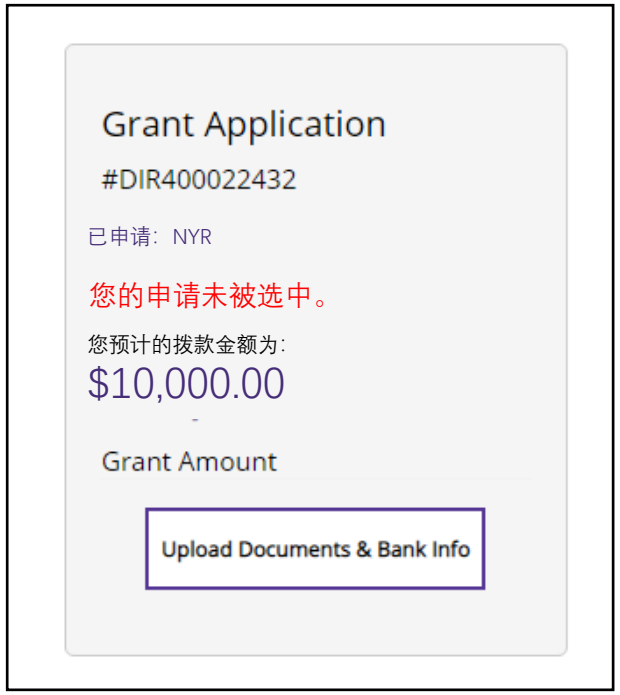


正在审核，等待验证

具体含义：您满足本计划的最低资格要求，并且已被选中**进入申请流程的后续步骤**。被选中并不代表一定会获得拨款。Lendistry 会通过电子邮件或电话告知您申请的最新消息。

您应该怎么做：密切留意来自 Lendistry 的联络。请及时提交他们要求的任何材料。

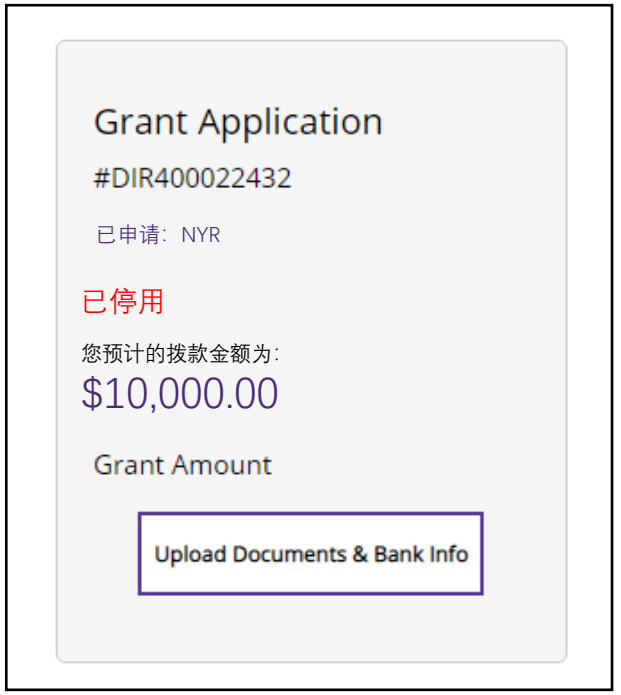
如何在门户中查找申请状态



未
选中

具体含义：您不满足本计划的最低资格要求，您不符合申请条件。

您应该怎么做：如果您认为自己被判定为不符合申请条件系错误所致，请联系我们的呼叫中心获取帮助。



已停用

具体含义：您已启动一项申请，但未能在 60 天内完成并上传所有必要材料。您的申请已被视为无效并且不会再进行任何审核。

您应该怎么做：如果您希望继续申请，请联系呼叫中心，重新启用您的申请。

上传文件

如何在门户中上传文件

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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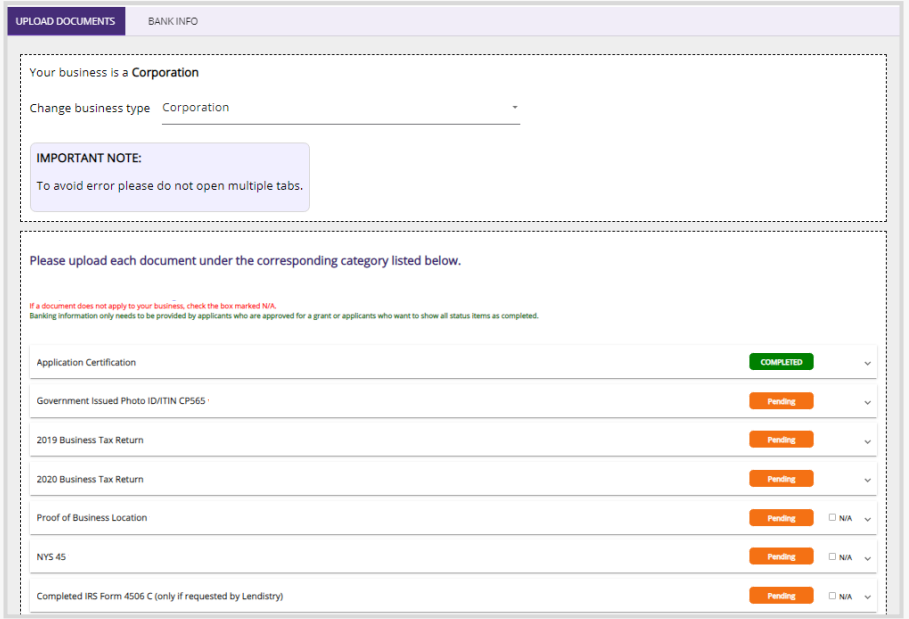
门户概览

重要提示

在开始之前，请查看以下注意事项，以确保正确上传您的文件：

- 只有在获得拨款的情况下才需要提供银行信息。
- 如果文件不适用于您的企业，请选择“N/A”（不适用）。
- 所有文件必须以 PDF 格式提交。PDF 文件必须小于 15MB。多页的文件应做为一 (1) 个 PDF 文件提交。
- 不要在文件名中包含特殊字符（例如 ~!@#$%^&*()_+）。我们的门户无法识别特殊字符。
- 如果您的文件受密码保护，您将需要在门户中输入密码。

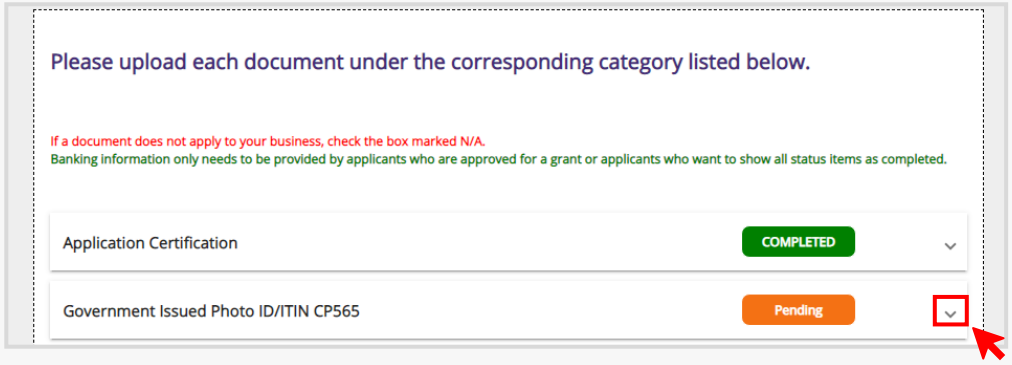


所有申请人应在申请后的 14 天内上传必备材料。如果在 60 天内没有完成申请并上传所有必备文件，则视为无效申请。

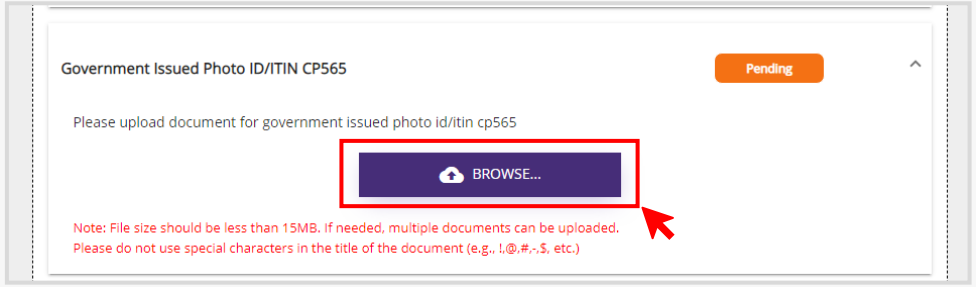
如何在门户中上传文件

说明

第 1 步：选择一个文件类型，然后点击向下箭头展开所在文件夹。

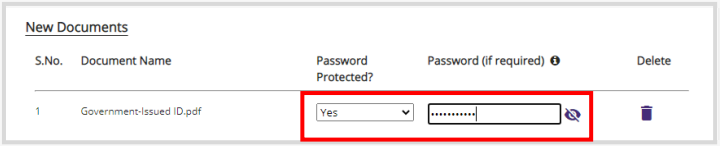


第 2 步：单击“Browse”（浏览），在您的设备上找到文件。所有文件必须以 PDF 格式上传。

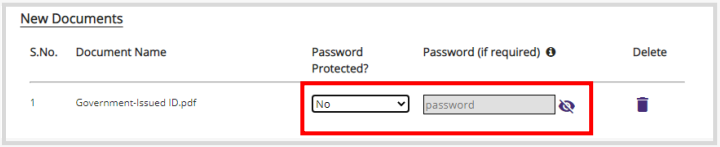


第 3 步：

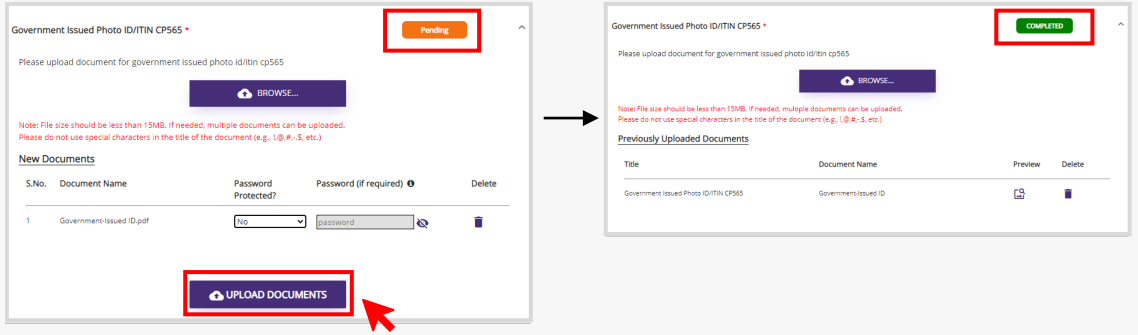
- 如果您的文件有密码保护，请从下拉菜单中选择“YES”（是），然后输入密码。



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



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



申请人认证

如何下载和填写表格

NEW YORK STATE OF OPPORTUNITY | Empire State Development

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申请认证

什么是申请认证?

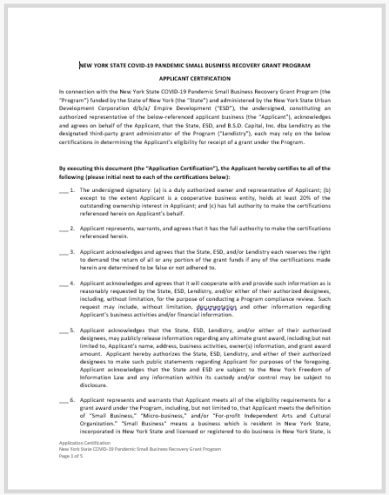
作为申请流程的一部分，您需要通过签署一份申请证明来自我证明信息的准确性。

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

您可以通过以下两种方式完成申请认证：
1. 下载并签署电子证明，或
2. 打印并手动填写表格。

点击此处下载或打印申请认证。

填写完申请认证后，将其上传到门户。


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, gtgtgtgtgtgtg 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
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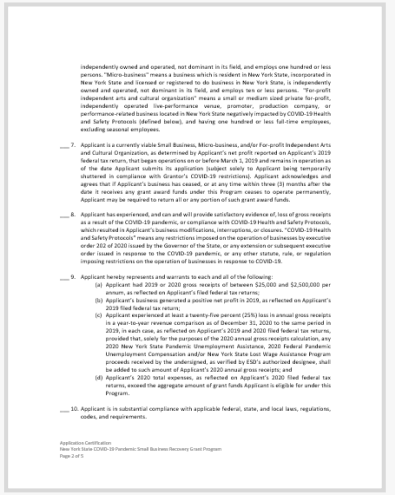
independently owned and operated, not dominant in its field, and employs one hundred or less persons. "Micro-business" means a business which is resident in New York State, incorporated in New York State and licensed or registered to do business in New York State, is independently owned and operated, 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
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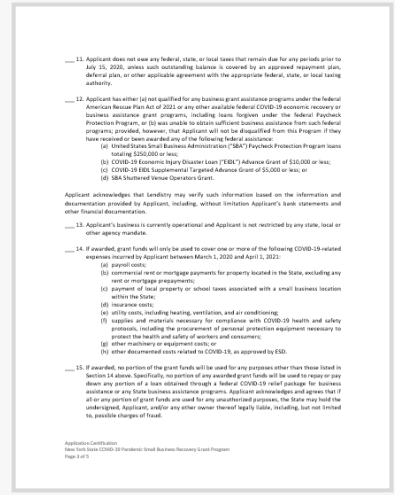
___ 11. Applicant does not owe any federal, state, or local taxes that remain due for any periods prior to July 15, 2020, unless such outstanding balance is covered by an approved repayment plan, deferral plan, or other applicable agreement with the appropriate federal, state, or local taxing authority.

___ 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
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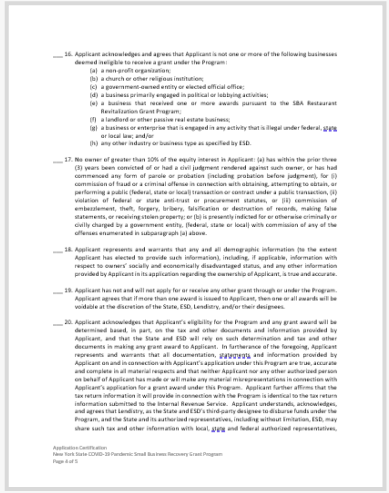
___ 16. Applicant acknowledges and agrees that Applicant is not one or more of the following businesses deemed ineligible to receive a grant under the Program:
(a) a non-profit organization;
(b) a church or other religious institution;
(c) a government-owned entity or elected official office;
(d) a business 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, gtgtg 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, gtgtgtgtg, 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, gtgtg and federal authorized representatives,

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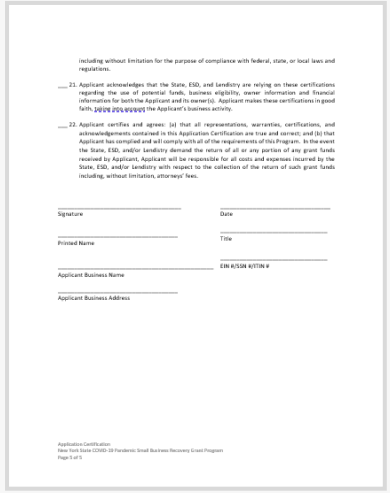

including, without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 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, gtgtgt and gtgtgtgtg 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 _____

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

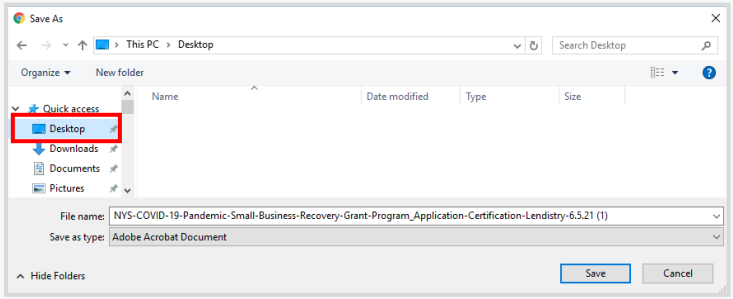
下载并填写电子申请认证

说明

第 1 步：点击此处查看申请认证。

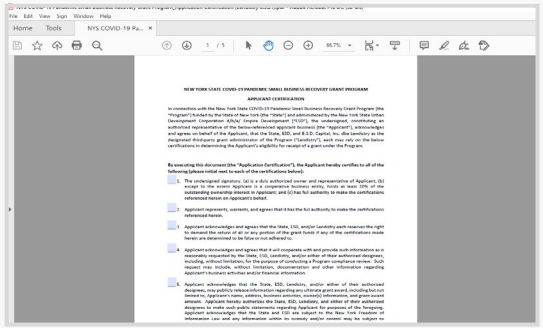
第 2 步：点击 ⬇ 图标将申请认证下载到您的电脑。

第 3 步：将认证保存在您的电脑桌面。



第 4 步：转到桌面，找到申请认证并从直接打开文件。

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



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

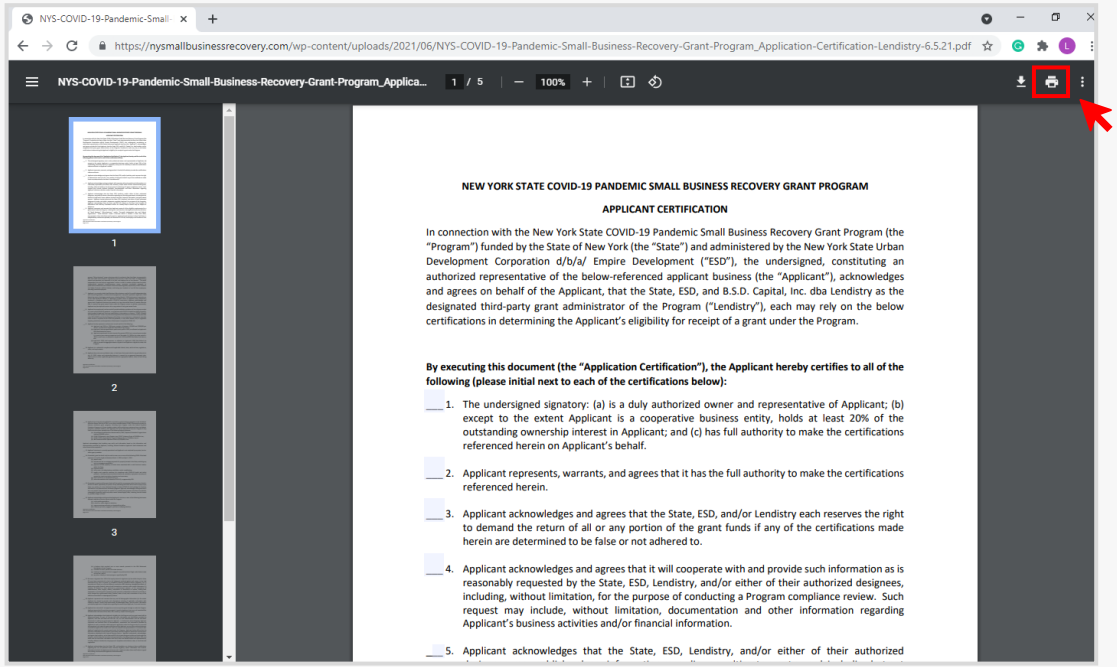
第 7 步：将填写好的申请认证上传到门户。

打印并手动填写申请认证

说明

第 1 步：点击此处查看申请认证。

第 2 步：点击打印机图标，打印申请认证。



第 3 步：请用深色钢笔填写申请认证，字迹要清晰。

第 4 步：扫描已填写好的申请认证并将其上传到门户。

关联您的银行信息

（仅当您获得拨款批准时才需要）

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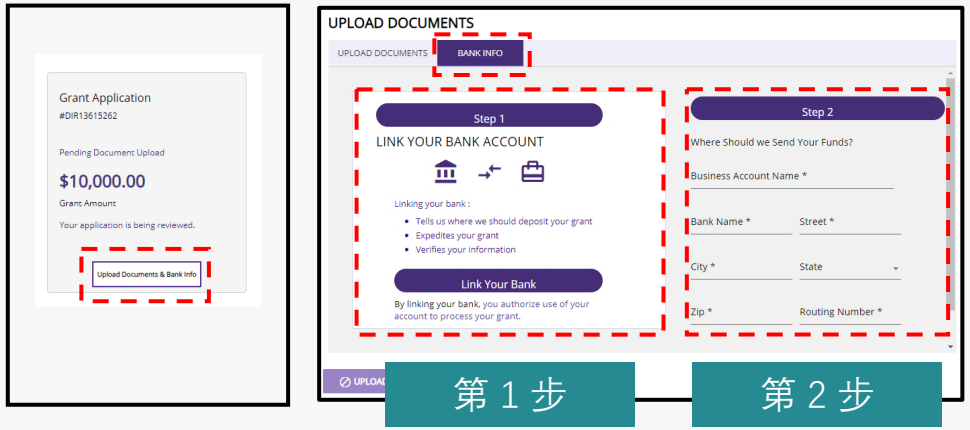
如何在门户中关联您的银行信息

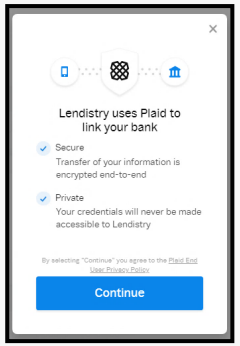
Lendistry 使用第三方技术 (Plaid)，将来自美国任何银行或信用合作社的账户连接到类似 Lendistry 门户的应用程序，从而实现 ACH 转账。未经您的允许，第三方不会共享您的个人信息，也不会将其出售或出租给外部公司。在 Plaid 上（或通过 Plaid）使用个人信息应遵守 Plaid 的最终用户隐私政策 (https://plaid.com/legal/#end-user-privacy-policy)。Lendistry 通过这项技术来验证和审核您的银行对账单。首选这种银行验证方法，但是可能不被接受，包括您的银行机构无法通过提供商获得服务。这种情况下，您可以使用其他方法来验证您的银行账户。

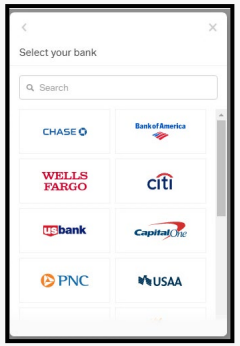
如何通过 PLAID 在 LENTISTRY 门户中验证银行账户

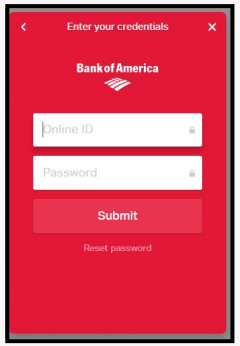


第 1 步

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







第 2 步

无论采用什么验证方法，都必须完成此步骤。

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

商业银行账户

- 您的申请到了最终批准环节，需要您提供商业银行账户接收拨款资金。
  - 商业银行账户必须与您的申请表和银行对账单中所列的商业名称相符。
  - 如果您的企业是独资企业，则银行账户必须仍为企业银行账户，并且与您的姓名或 DBA 一致。

- 不可使用个人银行账户作为您的商业银行账户。本规定无例外情况。
  - 如果申请人没有商业银行账户，我们强烈建议申请人开设一个商业银行账户，以满足本计划的要求。

- 如果没有商业银行账户，则无法继续处理申请，并且存在申请被判定为不符合资格的风险。

如果您没有商业银行账户，您该怎么做

如果您没有商业银行账户，我们建议您开设一个商业银行账户，以满足本计划的要求。请与您当地的银行联系，或与您信任的金融顾问协商，以开设账户。以下金融机构已表示愿意与计划申请人合作。此名单未包含所有机构，也不表示对所提及的任何金融机构的认可。

1. Ponce Bank 地址
2. Spring Bank 地址
3. Carver Bank 地址
4. **社区发展金融机构** (CDFI) **信用社**
   - Alternatives Federal Credit Union 地址
   - Brooklyn Cooperation Federal Credit Union 地址
   - Lower East Side Peoples Federal Credit Union 地址
   - Neighborhood Trust Federal Credit Union 地址
   - Syracuse Cooperative Federal Credit Union 地址
   - New Covenant Dominion Federal Credit Union 地址
5. **独立银行家协会** (Independent Bankers Association) 地址

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