



CRITERIA TO BE EMPLOYED FOR HUDSON COUNTY SMALL BUSINESS GRANT PROGRAM FOR THE MUNICIPALITIES OF BAYONNE, EAST NEWARK, GUTTENBERG, HARRISON, NORTH BERGEN, SECAUCUS, UNION CITY, WEEHAWKEN AND WEST NEW YORK PURSUANT TO THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

I. ELIGIBLE BUSINESSES

To be eligible for a grant the business must be located in Hudson County within the municipalities of Bayonne, East Newark, Guttenberg, Harrison, North Bergen, Secaucus, Union City, Weehawken and West New York. An eligible business shall be defined as a business owned by an individual, a partnership, a corporation or a limited liability company. A business can be mobile or located in a home provided it is located within Hudson County or in the case of municipal grants within the municipality issuing the grant award.

The business must be a for-profit entity in order to be eligible for a grant.

A business cannot have more than 25 full-time equivalent employees per week (not more than 1,000 hours) per week as of March 15, 2020 regardless of the number of business locations.

II. MAXIMUM AMOUNT OF GRANT

No business shall receive a grant in excess of a total amount of \$20,000, however, at the option of the grantor, the grantee may receive a grant in a lesser amount in order to maximize the number of grant recipients.

III. PURPOSE OF GRANT

The grant shall be used to reimburse an eligible business for costs and expenses associated with the COVID-19 Pandemic ("COVID-19) resulting from business closure, partial closure or business interruption.

The grant may be used to pay for expenses and/or reimbursements relating to employee salaries; mortgage payments; business loan payments; equipment leases or finance payments; and utility payments ("Eligible Expenses").

IV. PERIOD OF TIME COVERED BY THE GRANT

The grant may be used to pay for Eligible Expenses incurred or anticipated to be incurred during the period commencing on March 15, 2020 and ending on August 31, 2020.

V. EMPLOYEE SALARIES

Use of grant funds for employee salaries may include salary paid to the owner or principal of the owner of the business applicant.

VI. NON-PERMISSIBLE USE OF GRANT FUNDS (DUPLICATION OF BENEFITS)

No grant application can be submitted for nor can grant funds be used to pay for any of the Eligible Expenses which are or have been the subject of any insurance claims or claims made with any other source, whether governmental or private, and for which a reimbursement payment is actually received.

VII. CERTIFICATION IN SUPPORT OF A GRANT APPLICATION

The individual owner of a business applicant or the principal in any business entity which submits a grant application must certify under oath to the truth of the accuracy of any statement or representation contained in a grant application or a document submitted in support of a grant application.

The grant applicant must specifically certify to the following:

the applicant is currently registered as a business with the New Jersey Department of Treasury, Division of Taxation

the nature or type of business of the applicant

the applicant has not applied for benefits or reimbursements for the Eligible Expenses from any other source for which a reimbursement payment has been received

the business of the applicant is open at the time of the grant application and the applicant will use its best efforts to continue its business and not layoff its employees through August 31, 2020.

the applicant has been adversely impacted by COVID-19 resulting in a reduction of its business operations whether due to a partial closure, a complete closure or a change in the manner of doing business

the business has a material financial need caused by COVID-19 that cannot be overcome without the benefit of the grant award

VIII. DOCUMENTS NEEDED TO SUPPORT A GRANT APPLICATION

Any grant application submitted must contain the following documents relative to Eligible Expenses depending upon the use to which the grant funds are to be used:

Employee Salaries – copy of last Form WR-30 filed with the State of New Jersey

Sole proprietor salary – copy of last filed federal income tax return or proof of owner draws

Salary of principal of entity owner – copy of last filed federal Form K-1

Lease payments – copy of the signed lease

Mortgage/Business loans – copy of signed mortgage note and/or business loan note

Utilities – copies of any bills

Equipment lease/finance payment – copy of monthly statement or lease/financing agreement

Any grant application must contain evidence of the tax i.d. number for the business owner

Any grant application which is made by an entity must include a copy of the filed certificate of formation of the entity

Any grant applicant must submit evidence it was in business as of March 15, 2020. Satisfactory evidence shall be leases, utility bills evidencing operations or bills for supplies or other business necessities which disclose that the business was in operation as of March 15, 2020.

IX. AMOUNT OF THE GRANT AWARD AND MANNER OF PAYMENT OF THE GRANT AWARD

Subject to Section II above, no grant award can exceed \$20,000. The amount of the grant award shall be determined by considering the following criteria:

- (i) The grant applicant shall receive \$2,000 per employee for any employee who was an employee of the applicant (including an owner employee) as of March 15, 2020 and whom the applicant certifies shall be in the employ of the grant applicant through August 31, 2020. The purpose of this payment is to serve as a working capital contribution to the applicant and as financial assistance to allow the applicant to remain open for business.
- (ii) An amount equal to the difference between \$20,000 and amount calculated pursuant to section (i) above which shall be used to pay for documented COVID-19 Expenses incurred or anticipated to be incurred for the period commencing on March 15, 2020 and ending on August 31, 2020 conditioned upon the applicant certifying that it shall use its best efforts to remain in business through August 31, 2020.

The grant award as calculated pursuant to sections (i) and (ii) above shall be paid in full at the time the grant is approved.

X. FAILURE TO USE FUNDS PROPERLY

Any business who files a fraudulent grant application or misuses grant funds will be obligated to return any funds improperly received plus interest at the rate of 1% per annum.



COUNTY OF HUDSON

**CARES Act Small Business Grant Application
THOMAS A. DE GISE, COUNTY EXECUTIVE
& THE BOARD OF CHOSEN FREEHOLDERS**

CONTACT INFORMATION

Name: _____

Home Address: _____

City: _____

Zip Code: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

BUSINESS INFORMATION

Legal Business Name: _____

Business Address: _____

City: _____

Zip Code: _____

Tax ID Number: _____

NAICS Code (if known): _____

Industry: _____

Main Product or Service: _____

GRANT CRITERIA

1. Is your business based in Hudson County? YES OR NO
2. What municipality is your business located in? _____
3. Were you open and operating as of March 15th, 2020? YES OR NO
4. Does your business have 25 or fewer full-time equivalents (FTEs)? YES OR NO
5. Is your business a non-profit entity? YES OR NO

CERTIFICATIONS

I certify that the following statements are true:

- the applicant is currently registered as a business with the New Jersey Department of Treasury, Division of Taxation.
- the applicant has not applied for benefits or reimbursements for the Eligible Expenses from any other source for which a reimbursement payment has been received.
- the business of the applicant is open at the time of the grant application and the applicant will use its best efforts to continue its business and not layoff its employees through August 31, 2020.
- the applicant has been adversely impacted by COVID-19 resulting in a reduction of its business operations whether due to a partial closure, a complete closure or a change in the manner of doing business.
- the business has a material financial need caused by COVID-19 that cannot be overcome without the benefit of the grant award.
- the applicant agrees and understands that any funds contained within a grant award that represent a payment for an expense or obligation owed to a third party must be used to make payment to the third party for the obligation or expense. The applicant further certifies that any request for reimbursement for an expense or obligation previously paid by the applicant to a third party is an expense or obligation actually paid by the applicant to the third party.

I certify that all statements above are true to the best of my knowledge

X _____

COVID-19 IMPACT

1a. Have you received any federal or state funding (i.e. PPP, EIDL, EDA)? YES OR NO

1b. If yes, list the loan/grant, amount and date received:

Loan/Grant Type	Date Received	Amount Received
		\$
		\$
		\$

BUSINESS DETAIL

1a. Is your business a home-based business? YES OR NO

1b. If yes, what percentage of your home is for business use? _____

2. List Officers and Ownership Percentages:

Officer	Ownership Percentage (%)

GRANT REQUEST

	Mar 15 th - 31st 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Total
Employee Salaries	\$	\$	\$	\$	\$	\$	\$
Salary of Principal	\$	\$	\$	\$	\$	\$	\$
Monthly Rent (if Tenant)	\$	\$	\$	\$	\$	\$	\$
Monthly Mortgage (if Owner) *Business Portion	\$	\$	\$	\$	\$	\$	\$
Utilities - Gas/Electric	\$	\$	\$	\$	\$	\$	\$
Utilities - Water/Sewer	\$	\$	\$	\$	\$	\$	\$
Equipment Leases/Financing	\$	\$	\$	\$	\$	\$	\$
Business Loan Payment	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

*Business Mortgage - Home Based Businesses include only business portion of the monthly mortgage

Total Grant Amount Requested (Cannot exceed \$20,000): \$ _____

DOCUMENTATION

Please attach all relevant forms with your application:

- Form W-9 ***Required for all applicants**
 - Business Registration Certificate
 - Certificate of Formation
 - Employee Salaries – Copy of last Form WR-30 filed with the State of New Jersey
 - Salary of Principal – Copy of last Form 1040 or Form K-1
 - Lease Payments – Copy of the signed lease
 - Mortgage Payments – Copy of signed mortgage note
 - If you are a home-based business, you must provide a federal tax return, including Form 8829, that shows the percentage of your home used for business
 - Water/Sewer Bill – Copies of water and sewer bills for March through August (anticipated) 2020
 - Gas/Electric Bill- Copies of gas and electric bills for March through August (anticipated) 2020
 - Equipment Lease/Finance Payment – Copy of monthly statement or lease/financing agreement
 - Business Loan Payment – Loan agreement with terms from financial institution
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LEGAL CERTIFICATION OF APPLICANT

I, _____, certify to the following: All the statements and information provided in this application are accurate and truthful. I agree to be bound by the terms and conditions contained in this application. I am aware that my application may be denied if any of the information that I provided is inaccurate. I am also aware that if any of the information or statements made by me are willfully false that I am subject to punishment by law and reimbursement of funds with interest at 1% per annum. By applying for this grant, I agree to make any other documents reasonably required by the County, or by audit, available as requested.

X _____

**For any questions, please call 1-800-608-5176 or email
HudsonCountyCares@nwfinancial.com.**