



## **Sandoval County American Rescue Plan Act (ARPA) Grant Application Program Overview**

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The Sandoval County Board of Commissioners unanimously approved \$1 million of American Rescue Plan Act (ARPA) funding at the June 17th Commission meeting to extend the county's business continuity grant program. These ARPA funds will be used to address the negative economic impacts caused by the public health emergency, which includes harm to small businesses and non-profits. This will be a continuation of what the CARES Act funding provides for qualifying businesses last year. Grants will first be prioritized to those businesses that did not receive County CARES Act Funds for the full eligible amounts (up to \$20k) requested, due to unavailability of funds.

The County will also work with its partner municipalities to fund those qualified applications they were not able to fully fund due to unavailability of funds. The Sandoval County municipalities that participated in the last CARES Act Continuity Act program included: City of Rio Rancho, Town of Bernalillo, Village of Corrales and the Town of Cuba.

ARPA funds can only be used to reimburse the costs of business interruption caused by required closures or reduced size of operations, provided those costs were not paid by insurance or by another federal, state, or local program.

Once open for new applications, the program will offer one-time grants up to \$20,000 to qualifying small businesses and non-profits to cover costs such as non-owner/employee wages, vendor bills and rent caused and during required closures since March 2020.

Once open for new applications, the program will also be able to qualify applications with requests that exceed the established \$20,000 limit. These applications will be considered "Extraordinary Requests" and will require approval by the Board of Sandoval County Commissioners.

ARPA funds can be offered as grants to local businesses. Grant funds can only be used by pandemic-impacted businesses for eligible expenses. The new grant funds are to support business continuation and will require a new application and proof of current business operations.

Eligible expenses include non-owner payroll, rent or mortgage, insurance, utilities, and marketing expenses spent during closure and/or during reduced operation restrictions. Costs related to business redesign (installing Plexiglas barriers, temporary structures and physical space reconfiguration to mitigate the spread of the virus, the purchases of PPE and web conferencing technology are also eligible expenses).

Sandoval County Small Business Grants are designed to provide financial support for qualified small businesses to reimburse the costs of business interruption caused by required closures and/or reduced operation restrictions.

The County program is intended to help reimburse the significant, temporary loss of revenue to qualified businesses during this pandemic and post-COVID Rescue. The use of the funds to assist businesses in retaining and paying employees remains a program priority objective. Sandoval County has determined these payments are necessary expenditures due to the public health emergency and to support a post-COVID economic rescue.

For more information on other business assistance programs, please visit the Sandoval County Economic Development webpage ([SandovalCountynm.gov](http://SandovalCountynm.gov)) for links to other federal and state programs assisting organizations impacted by the COVID-19 pandemic.

## Eligibility Overview

- Maximum of \$20,000 for qualifying small organizations with a physical location in Sandoval County (2-5 minimum full-time employees, or equivalent part-time employees, including the owner).
- Priority will be given to organizations that did not receive Economic Injury Disaster Loan (EIDL) or Paycheck Protection Program (PPP) funds from the Small Business Administration's (SBA), or small business assistance funds from the State of New Mexico or City of Albuquerque.
- Restaurants, bars, short-term lodging, and other non-essential organizations impacted by the local or state safer-at-home orders are eligible.
- Sandoval County residents who engage in 1099 (consultants/contract employment) are eligible.
- Funds must be used to reimburse costs incurred as a result of required closures, provided those costs are not paid by insurance or by any other federal, state, or local program. Such costs may include employee wages, vendors, rent or other organization expenses.
- A physical place of business located within the boundaries of Sandoval County, New Mexico is required, including for mobile vendors.
- Organizations must receive no more than \$3 million in taxable receipts [per annum].

The application process will open on Tuesday, August 10, 2021 and close on October 30, 2021 or sooner if funds are exhausted. Grantees must submit an application and be prepared to submit up to three reports on the use of Sandoval County American Rescue Plan Act Small Business Grant funds at 90, 180, and 365 days.

### A. Eligibility

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Eligible Organization Type

**[Select from one of the following choices]**

- Food Service Establishment as defined in [N.M. Stat. Ann § 25-1-2](#) or a Public Food Service Establishment
- Bar, Pub or Nightclub
- Short-Term Lodging Establishment or a vacation rental management company
- Place of Public and Private Assembly
- Non-Essential Organization covered by the State of New Mexico's Public Health Order
- Non-Profit
- Sole Proprietorship\*\*
- 1099 Contractor

\*If you selected Non-Essential Organization, please specify. Enter "N/A" if this does not apply.

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\*\*Sole Proprietorship - Do qualify for the Sandoval County Small Business Continuity grants. Understandably, there may be no eligible payroll for reimbursement and the number of employees could be as small as one, including the owner. As sole proprietorship, that criteria alone would not exclude your business from seeking these grant funds for other eligible expenses.

Other eligible COVID-19 connected expenses include:

- Rent
- Scheduled mortgage payments

- Insurance
- Utilities
- Marketing
- Business Redesign to include: Reconfiguring physical space; Installing Plexiglas barriers; Purchasing web-conferencing or other technology to facilitate work-at-home; PPE for employees; Temporary structures to mitigate the spread of Covid-19

**Applicant must check box to confirm that each statement is true for all questions. If any statement is not true, the organization is not eligible.**

- A.1.** Organization suffered from business interruption caused by required closures resulting from the COVID-19 public health emergency.
- A.2.** Organization suffered economic loss (excluding loss covered by insurance or reimbursed by a federal, state, or local program) in an amount in excess of or up to \$20,000 or equal to total grant funds requested in this application from March 1, 2020 to present as a result of business interruption caused by COVID-19.
- A.3.** Organization employed at least no less than two (2) full-time equivalent employees, not including owner, as of February 29, 2020 or applying as a Sole Proprietorship.
- A.4.** Organization's physical place of business is located within the boundaries of an unincorporated area of Sandoval County, New Mexico, or located within an incorporated area of Sandoval County.
- A.5.** Organization has a current Sandoval County or incorporated municipality (within Sandoval County) Business License.
- A.6.** Organization has been operating since at least October 1, 2019.
- A.7.** Organization can demonstrate ongoing operations as of February 29, 2020 through August 2021.
- A.8.** Organization is currently fully operational and following local and state emergency guidelines.
- A.9.** Organization is not a publicly traded company.
- A.10.** Organization does not have current unpaid code enforcement liens and is not operating in violation of any federal, state, or local laws.
- A.11.** No owner, officer, partner, or principal actor of the organization has a felony conviction within the last two years for which he or she is still serving a sentence (including prison, parole, and probation).



**IF YOU DID NOT CHECK A BOX FOR ALL ABOVE QUESTIONS, YOUR ORGANIZATION WILL NOT QUALIFY FOR THE SANDOVAL COUNTY CARES SMALL ORGANIZATION GRANT.**

**B. General Information**

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**Please provide the following information**

**B.1.** Legal Name of Organization (as shown in Line 1 of W-9)

\_\_\_\_\_

**B.2.** DBA (as shown in Line 2 of W-9) [NOT REQUIRED]

\_\_\_\_\_

**B.3.** Principal Business Address and Zip Code

\_\_\_\_\_

**B.4.** Organization's Website Address [NOT REQUIRED]

\_\_\_\_\_

**B.5.** Taxpayer ID (TIN) (if sole proprietorship, enter social security number of sole proprietor) (As shown in Part 1 of W-9)

\_\_\_\_\_

**B.6.** Did your organization receive assistance from the SBA EIDL or PPP, State of New Mexico, and/or City of Rio Rancho, Town of Bernalillo, Village of Corrales or Village of Cuba?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify. If not, type N/A. \_\_\_\_\_

**OWNER OR REPRESENTATIVE CONTACT INFORMATION**

**B.7.** First Name:

\_\_\_\_\_

**B.8.** Last Name:

\_\_\_\_\_

**B.9.** Primary Phone:

\_\_\_\_\_

**B.10.** Primary Email:

\_\_\_\_\_

**B.11.** Organization Phone Number:

\_\_\_\_\_

**B.12.** Year Organization Established:

\_\_\_\_\_

**B.13. Organization Legal Entity Type (as shown in Line 3 of W-9)**

[Select from one of the following choices]

- Individual
- Sole Proprietorship
- Single-owner LLC
- 1099 Contractor
- Corporation (C Corp, S Corp, or Multiple-Owner LLC)
- Partnership
- Non-Profit

**C. Narrative:**

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**C.1** Total Grant Funds Requested [Maximum Request Amount: \$20,000 or Extraordinary Request]

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**C.2** How has your organization been impacted by the COVID-19 pandemic? [300-word maximum]

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**C.3** What were your organization's annual taxable sales or revenues in 2019?

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**C.4** What is your organization's estimated total lost revenue between March 1, 2020 and the present?

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**C.5** How many total full-time equivalent employees does your organization currently employ?

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**C.6** How many total full-time equivalent employees does your organization desire to be able to employ in 2021?

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**C.7** What is your organization's anticipated total annual organization payroll amount for 2021?

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**D. Use of Grant**

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**Please provide the following information**

**D.1.** Will you utilize the Sandoval County American Rescue Plan Act (ARPA) Grant for costs of business interruption caused by required closures?

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**D.2.** Will you utilize the Sandoval County American Rescue Plan Act (ARPA) Grant to assist with payroll/wages (including associated benefits)?

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**D.3.** Will you utilize the Sandoval County American Rescue Plan Act (ARPA) Grant to assist with mortgage/rent?

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**D.4.** Will you utilize the Sandoval County American Rescue Plan Act (ARPA) Grant to assist with vendor payments?

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**D.5.** Will you utilize the Sandoval County American Rescue Plan Act (ARPA) Grant to assist with other needs?

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## E. Required Documentation

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**Application must include all documentation listed below. The application may not be approved if not all required information is provided in a legible form.**

FOR MORE INFORMATION ABOUT REQUIRED DOCUMENTATION, PLEASE REFER TO THE TEXT BELOW.

\*Documents may either be attached digitally to this application form in the spaces indicated for each document type OR they can be submitted to the contact information below, either in physical or digital form. Note: In order for an application to be considered complete, all required documents must be received by Sandoval County Economic Development Department.

### Documentation Checklist

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- W-9 Form\*
  - Active State Organization Registration (Articles of Incorporation)

(Please refer to the text above for document process needed for applicant)\*

- Secretary of State Certificate of Good Standing\*
- Organization Financials (applicable 2018, 2019, 2020 State CRS Reports)\*
- For Non-profits - Tax Return or equivalent\*
- Staffing Documentation for 2019 or 2018 (W-3 Summary, 1096 OR 2019 or 2018 IRS FORM 941)\*
- Updated and Current Property Tax Receipt, if applicable (please refer to the text above for documents needed for applicant) or Copy of Current Lease
- New Mexico Taxation and Revenue CRS Documentation\*
- Additional Documentation (may include printed, signed copy of application by organization owner if online submission is being completed on his/her behalf)
- Current Sandoval County or City/Town Business License\*

\*Required. Failure to provide items marked with \* will result in an incomplete application and such application will not be considered until the absent documents are submitted.

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## **Applicant Certification**

Please read and certify the following information

The application, including attachments, is subject to disclosure under New Mexico's public records law, subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed without any notice to applicant if a public records request is made for such information. The County will not be liable to applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the County in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to [N.M. Stat. Ann. §14-3-7.1](#).

If applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, applicant must include a general description of the information and provide reference to the New Mexico statute or other law exempting such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is exempt and will make disclosure in accordance with applicable law in its sole discretion.

**I certify that I am authorized to submit this application on behalf of the organization, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. Sandoval County is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that a CARES small business grant is awarded pursuant to this application, Sandoval County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud and ensure compliance with federal requirements. Under penalty of perjury, I declare that I have read the foregoing application and that the facts stated in the application are true and correct. I understand that knowingly making a false written declaration is a felony.**

Applicant Name: \_\_\_\_\_  
Applicant Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

For any questions, correspondence, or additional information, please contact the Sandoval County Economic Development department at:

Sandoval County Economic Development Department  
1500 Idalia Road, Building D  
P.O. Box 40  
Bernalillo, NM 87004  
(505) 404-5825  
[ddominguez@sandovalcountynm.gov](mailto:ddominguez@sandovalcountynm.gov)





# Sandoval County Vendor Master Request Form - VMRF

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## Vendor Details & Contact Information

(IRS Form W9 is also required)

**Vendor Name:** \_\_\_\_\_  
(As shown on your income tax return)

**Doing Business As:** \_\_\_\_\_

*\*\*The TIN must match the vendor name on file with the IRS to avoid backup withholding.  
For individuals this may be your social security number.*

**\*\* Federal Tax ID Number** \_\_\_\_\_  
OR  
**Social Security Number** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Remit Address** (If different than above):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Remit Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_

Remit Email address: \_\_\_\_\_

**Sandoval County Accounts Payable Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_