

Neighborhood Business Grant Application

To help New York City's small businesses experiencing financial distress due to the impact of COVID-19, Citizens Committee has launched the Neighborhood Business Grant.

Grants of between \$5,000 and \$10,000 will fill gaps in funding by prioritizing businesses owned by people of color, immigrants, and women, which the *New York Times* and others report have weaker access to banking systems and financial support.¹ Proposals that focus on adapting businesses to the challenges of COVID-19 (i.e. delivering orders, fulfilling online requests for products, conducting training and classes online) will also be prioritized. Grants may be made to barber shops, restaurants, food carts, vegetable stands, and other small businesses. Unlike many financial opportunities currently available to small businesses, this program will provide grants rather than loans.

The application is intended to be accessible and short, and will be reviewed on a rolling basis. If you have any questions, please email businessgrants@citizensnyc.org.

Citizens Committee for New York City (CCNYC), a non-profit which was founded to respond to the fiscal crisis of the '70s and has provided instrumental community support after 9/11 and Hurricane Sandy.

PRIORITIES

Preference will be given to businesses that are:

- Owned by people of color, immigrants, or women
- Owned by low- and moderate-income residents
- In need of funding to stay afloat
- Using funding to adapt the business make it operational during or after COVID-19
- Groups that have not received [Small Business Administration Economic Injury Disaster Loan](#) (COVID-19 related), a [Paycheck Protection Program Loan](#), or other loan

ELIGIBILITY REQUIREMENTS

To be eligible for a grant:

- Business must be located in one of New York City's five boroughs
- Demonstrated business revenue decrease of at least 25% due to COVID-19
- Business must employ no more than 10 employees

¹ <https://www.nytimes.com/2020/04/15/us/politics/coronavirus-small-business-program.html#click=https://t.co/TqHcnS7I1W>

BENEFITS OF APPLYING

Applicants will receive:

- Updates on available resources for small businesses
 - Be connected with other grant recipients, allowing you to exchange information and strategies for resilience.
 - Join a network of groups across the city, contributing year-round to improve the quality of life in their neighborhoods.
- Potential 30 minute 1:1 coaching for your small business from business professionals.

APPLICATION

SECTION 1: BASIC INFORMATION

Business Legal Name

Business Primary Address (Location of business) Break out into Street, City, State, Zip
Neighborhood

Borough

Business Website (if any)

Business Social Media (if any)

Facebook

Twitter

Instagram

Other: _____

Business Phone

Primary Contact First Name Primary Contact Last Name

Primary Contact Work Telephone

Primary Contact Work Email

Home Address Break out into Street, City, State, Zip

Secondary Contact First Name Second Contact Last Name

Secondary Contact Work Telephone

Secondary Contact Work Email

SECTION 2: BUSINESS INFORMATION

Brief description of your business, including how the business benefits the neighborhood and its residents (500 word limit)

Business Industry
List of industries

Advertising & Marketing

Art

Construction

Education

Entertainment

Event Production

Fashion

Fitness

Health/Medical services

Hospitality

Legal Services

Media

Music

Nonprofit

Pet Care

Real Estate

Repair

Restaurant

Retail

Sports & Recreation

Technology

Travel & Tourism

Wellness & Beauty

Other

If other, please describe

Year Business Established

Is your business established as an M/WBE business?

Annual Revenue

Average Monthly Payroll

Total Number of Employees

Number of Full-Time Employees

Number of Part-Time Employees

Current business bank account balance

List all business owners with greater than 20% ownership stake.

Are you or any owner of your business an owner of any other businesses or have common management with any other business? If yes, include a listing of all affiliates and describe the relationship.

Is your business a part of a franchise. If yes, please explain

SECTION 3: GRANT REQUEST INFORMATION

How has COVID-19 impacted your business? (300 word limit)

Please explain current state of your business as compared to pre-COVID-19. For example, provide the revenue for the month of June 2019 compared to June 2020. What would happen if your business didn't receive a grant?

Percent revenue decrease March 2020 through June 2020.

Provide two documents that demonstrate decrease in revenue such as: bank statements, transaction level data from banks, profit and loss statements, quarterly sales tax filings, point-of-sales monthly reports or screenshots, or 2019 tax returns if applicable.

How will the business use this grant to adapt in order to sustain or re-open? (300 word limit) For example, hire delivery, make store physical modifications, etc.

Optional: Please upload up to 3 photos that you believe tell your business's story well. If you want to share a video (max. 3 minutes) that includes ways in which your business impacts the community, your personal story as a small business owner in New York City, or anything else you would like to share, please email the video to businessgrants@citizensnyc.org

Monthly Budget and Grant Request

	Current Monthly Cost	How much of the grant will go towards this monthly cost?
Adapt business model to sustain or re-open during COVID-19 (e.g. hire delivery, make store physical modifications) *Grant preference		
Payroll	\$	\$
Rent/Mortgage Interest	\$	\$
Utilities	\$	\$
Other (explain)	\$	\$
TOTAL		

Notes:

Total Amount requested \$_____ (up to \$10,000)

Has your business applied, received, or plan to apply for a Small Business Administration Economic Injury Disaster Loan (COVID-19 related), a Paycheck Protection Program Loan, or any other loans/grants as a result of COVID-19?

If yes, please list requests, including amount you will request/have requested, application status, and -when relevant- amount granted.

If you are not familiar with the loans indicated above, [please visit this website](#) before continuing this application.

SECTION 4: DEMOGRAPHICS

Please indicate the race or ethnicity of the business owner (choose all that apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Ethnicity of business owner (check one)

- Latino/x, Hispanic, or Spanish Origin
- Not Latino/x, Hispanic, or Spanish Origin

If the business owner(s) identifies as LGBTQ+, check all that apply

- Lesbian
- Gay
- Bisexual
- Transgender
- Other

Is the business owned by a senior or elder (at least 65 years of age)?

- Yes
- No

Is the business owned in full or part by a woman?

- Woman Owned
 Part Woman-Owner
 Not Woman Owned

Is the business owner(s) 1st or 2nd generation immigrant or a child of an immigrant?

- Yes
 No

Is the business owner a person with a disability?

- Yes
 No

Other ways you identify yourself (fill in)

How did you hear about the grant?

I certify in good faith that: All the information that I have included in the application (including but not limited to: need for grant and tax/financial documents) are accurate, and that the grant will be used for intended purpose.

THANK YOU FOR FILLING OUT THE APPLICATION

We will notify you of the grant decision by early October.

Please consider following us on Twitter for more resources and information:

@CitizensNYC