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

**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

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

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