Small Business Emergency Assistance Grant Phase 3
Sample Application
Small Business Emergency Assistance
Grant Phase 3 - Sample Application

Interested business owners will need to pre-register to receive an application.

Pre-registration will be open from

Monday, October 19th - Tuesday, October 27th

Pre-registered applicants will need to return to complete an application based on the following schedule:

Restaurants – 9:00 a.m. on Thursday, October 29, 2020
Micro businesses – 9:00 a.m. on Friday, October 30, 2020
All other businesses (excluding restaurants and micro businesses) – 9:00 am on Monday, November 2, 2020

Application will be available at https://cv.business.nj.gov.
Small Business Emergency Assistance Grant Phase 3
Sample Application | COVID Impact

COVID Impact
Has your business had a negative revenue impact as a result of Covid?

Yes

As of TODAY, what is the estimated revenue loss as a result of your business closure, reduction in?

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Sample Application | Duplication of Benefit Affidavit

COVID-19 Assistance - Duplication of Benefit Affidavit

This affidavit must be completed by all businesses that are applying for, been awarded and/or receiving any assistance funded by the Phase 3 Small Business Assistance Programs being offered by the New Jersey Economic Development Authority (NJEDA). The information within this affidavit will provide the NJEDA with vital information for processing the application required by the Stafford Act Section 316 on Duplication of Benefits. You are an authorized Signer (Owner, CEO, or similar level of officer) for this entity. I hereby state and certify to the United States Federal Government and to NJEDA as follows:

Have you applied for any other Covid-19 Assistance (NJEDA Grant and/or Loan Program, the Small Business Administration Paycheck Protection Program, SBA EIDL, SBA EIDL, other State or Local Municipality, or Insurance)?

Yes

If "Yes", what programs have you applied for?

☐ NJEDA Small Business Emergency Grant Assistance Phase 2
☐ CARES Act Funding From Local County
☐ New Jersey Housing and Mortgage Finance Covid-19 Landlord Grant
☐ New Jersey Redevelopment Authority Small Business Lease Emergency Assistance Grant Program
☐ Insurance Proceeds
☐ Other

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Sample Application | Certification of Need/Use of Funds

Certification of Need/Use of Funds

- Was your entity deemed Essential Business as defined in Governor Murphy’s Executive Order?
- Have you been able to remain open or reopen since March 9, 2020?
- After receiving the potential total duplicative funding listed on the Duplication of Benefits Affidavit, does your company still have a financial need?
- Revised after receiving the potential total duplicative funding listed on the Duplication of Benefits Affidavit, does your company still have a financial need?
- How much additional funding is needed for your business?
- Revised How much additional funding is needed for your business?

If approved, what would your business use these funds for (check all that apply)?
- Payroll
- Rent
- Mortgage
- Inventory
- Supplies
- Other Working Capital Expenses
- None of the Above

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### Religious Affiliation

- **Are you affiliated with a religious organization, faith, or religion?**

- **Revised Are you affiliated with a religious organization, faith, or religion?**

- **Will you pay for personal protective equipment (PPE) with the entire amount of the Grant Funds?**

- **Are you a school?**

- **Will the Grant Funds pay for any costs associated with or related to academic instruction?**

- **Does the curriculum include religious instruction?**

- **Will the Grant Funds pay for any costs associated with religious instruction?**

- **Is the religious instruction mandatory (that is, all students must enroll in the class or course that comprises the religious instruction to attain the degree, certificate, diploma, etc. given as a result of completing the school’s required curriculum)?**

- **Are students permitted to opt out at their own discretion of any religious instruction?**
Small Business Emergency Assistance Grant Phase 3
Sample Application | Religious Affiliation

Will any of the Grant Funds pay for costs of activities, services, or programs or supplies, materials, equipment, or other items used in activities, services, or programs?

Are any of the activities or services paid in whole or in part by the Grant Funds customarily associated with the practice of religion or religious initiatives, including, but not limited to, worship or prayer services, religious classes, or performance of any other ceremonies (such as weddings or funerals)?

Will any of the activities or services paid in whole or in part by the Grant Funds occur in any existing or proposed new areas used or that is used solely for prayer, worship, religion classes, or other religious activity (such as weddings or funerals)?

Is access or admission for the activities or services paid in part or in whole by the Grant Funds restricted or limited based on any of the following: religious affiliation, creed, ancestry, marital status, disability, gender, national or ethnic origin, race, color, affectual or sexual orientation, sex, or gender identity or expression?

Will your organization pay for any employee salaries with the Grant Funds?

Are any of the employees for whom salaries will be paid with the Grant Funds a religious minister or clergy (for example, priest, pastor, rabbi, imam, or monks)?

Are any of these employees required to be of the same religious faith as your organization or required to be of any religious belief, status, or affiliation for their employment?

Are any of these employees hired, selected, or accepted with restrictions based on religious affiliation, creed, ancestry, marital status, disability, gender, national or ethnic origin, race, color, affectual or sexual orientation, sex, or gender identity or expression?

Do any of these employees engage or participate in activities customarily associated with the practice of religion as a part of their regular duties?
Will your organization pay with all or some of the Grant Funds any costs associated with or related to any existing or proposed new areas used or that is used solely for prayer, worship, religion classes, or other religious activity (such as weddings or funerals)?

Will your organization pay any other costs not included in sections 2-6 above with all or some of the Grant Funds?
Small Business Emergency Assistance Grant Phase 3
Sample Application | Lobbying
## Additional Information

Applicants are required to answer the following background questions pertaining to the commission of certain actions that can lead to disbarment or disqualification from program eligibility. For purposes of answering these questions, the term "applicant" refers to the entity seeking financial assistance. **NOTE:** The answers to the Legal Questionnaire in NJEDA’s application provide information that NJEDA must assess to decide whether or not to disqualify an applicant. As provided by Executive Order 114 (Byrne 1979) and NJEDA’s regulations, an affirmative answer does not automatically disqualify an applicant. Additionally, NJEDA must consider all relevant mitigating factors in determining the seriousness of any matter listed in response to the questionnaire.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>Have you ever been convicted and/or found guilty and/or pled guilty and/or found liable and/or paid a fine or otherwise paid to settle any allegations made by the government in any court? (other than minor traffic offenses)</td>
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<tr>
<td>Have you ever been denied a license or permit required to engage in your business or profession or has any such license or permit or been suspended or revoked by any government?</td>
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<td>Have you ever been suspended, debarred, disqualified, denied a classification rating or prequalification or otherwise been declared not responsible to bid or submit a form of prequalification or to perform work on any public contract subcontract?</td>
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<td>Have you ever violated the terms of a public agreement or transaction so seriously as to affect the integrity of an agency program?</td>
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<tr>
<td>Have you ever had an injunction, order or lien entered against you in favor of any governmental agency including but not limited to judgments or liens based on taxes assessed or fines and penalties imposed by any government agency?</td>
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<tr>
<td>Have you ever been indicted for or otherwise criminally or civilly charged by a government business with the commission of a violation of law?</td>
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Privacy Act Statement Release Waiver

This statement is provided in compliance with the provisions of the Federal Privacy Act of 1974 (5 U.S.C. § 552a, note) (53 P.L. 579 (1974)), which requires agencies to inform persons when confidential information is requested. The Economic Development Authority ("EDA") requests your authorization to receive information from your New Jersey Gross Income, Corporation Business Tax, and Sales and Use Tax returns with the principal intention to provide EDA with the ability to confirm eligibility for financial grants under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). P.L. 116-136 (2020) as authorized by New Jersey law, to confirm grant eligibility for aid administered by EDA pursuant to N.J.S.A. 34:18-5(j). Disclosure of your confidential Gross Income, Corporation Business or Sales and Use Tax returns and return information, including your taxpayer identification number (i.e., TIN and/or SSN), is voluntary to confirm grant eligibility. Declining to do so could result in a delay in the review of your application, and additional information from you may be required. By signing the waiver below, you consent and agree to such disclosure and use as set forth above, and waive all claims, whether known now or in the future, related thereto.

☐ I, an agent for this entity, hereby request, pursuant to N.J.S.A. 54:50-9(a), the Disclosure Officer of the New Jersey Division of Taxation to disclose information from the Gross Income, Corporation Business or Sales and Use Tax returns for this entity for the years 2018, 2019, and 2020 to the Economic Development Authority ("EDA") to verify grant eligibility for CARES Act grants administered by EDA pursuant to N.J.S.A. 34:18-5(j). I authorize the Division to accept photocopies of this Authorization. This Authorization shall remain in effect for ninety days from the date of signature. I certify that to my knowledge, I personally caused or have the authority to cause the requested returns to be filed with the New Jersey Division of Taxation. I am aware that any person violating N.J.S.A. 54:50-4 by divulging, disclosing or misusing information found in the records of the Director is guilty of a crime of the fourth degree. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.
Certification of Application

The Authority reserves the right to require additional clarifying or explanatory information from the applicant (Applicant) regarding the answers given. If, at any time prior to final action or approval on this application, or, at any time between the date of such action and the execution of a grant agreement with the Authority, the Applicant should become aware of any facts that materially alter or change such answers, or render any of them incorrect, the Applicant shall have a duty to immediately report such facts to the Authority in writing. Eligibility of financial assistance by the New Jersey Economic Development Authority (NJEDA) is determined by the information presented in this application. Any changes in the status of the proposed project from the facts presented herein could disqualify the project. Original Signed Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds. I, THE UNCORRUPTED, BINDING OATH UPON MY OATH STATE:

☐ 1. I understand that if such information is voluntarily false, I am subject to criminal prosecution under N.J.S.A. 32:24-2 and civil action by the EDA which may at its option terminate its financial assistance.

☐ 2. I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a check of its records, or records to which it has access, and to release the results of said research to the NJEDA.

☐ 3. I certify that the firm will make a good faith effort not to foreclose or lay off any individuals from the time of application through six months after the end of the declared state of emergency. If I have already foreclosed or laid off workers, I must make a good-faith effort to re-hire those workers as soon as possible.

☐ 4. I certify that the firm has not been directly impacted by the COVID-19 declared state of emergency (e.g., the company has not been temporarily shut down, has not been required to lay off or freeze operations, has not been materially impacted by employees who cannot work due to the outbreak, or has not had contracts or supply chains that have materially been disrupted and therefore slowed firm-level production).

☐ 5. I certify that the firm has a material financial need that cannot be overcome without the grant of emergency relief funds at this time (e.g., does not have significant cash reserves that can support the firm during this period of economic disruption).

☐ 6. I certify that the firm is currently operational and in compliance with all applicable law including, but not limited to, Executive Orders related to COVID-19.

☐ 7. I certify that the firm is in good standing with the State of New Jersey’s Department of Taxation, Division of Taxation (e.g., the firm has filed all mandatory Annual Reports and is current on all obligations). Should the firm have a reporting deficiency or an outstanding obligation to the Division of Taxation, the NJEDA or the Division may seek repayment of the grant.

☐ 8. I certify that the firm is fully and properly registered with the State of New Jersey. Should the firm not be properly registered with the NJEDA or the Division of Taxation, the firm may seek repayment of the grant.

☐ 9. I authorize the EDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested grant with the EDA.

☐ 10. I acknowledge and understand that Title 18 United States Code Section 1028 (a) makes it a violation of federal law for a person to knowingly and willfully falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (d) requires a fine, imprisonment for not more than five years, or both, which may be added to any violation of this Section.

☐ 11. I authorize that an electronic signature of this Application and any Approval Letter or Grant Agreement shall be a binding on the parties.