



## THE CITY OF ARTESIA NEW MEXICO

511 W. TEXAS AVENUE (575) 746-3593 MAYOR  
PO Box 1310 (575) 746-2122 CITY CLERK  
ARTESIA, NM 88211-1310 (575) 746-3886 FAX

### CARES RELIEF ACT SMALL BUSINESS GRANT

September 17, 2020

The City of Artesia has been awarded funds to provide eligible businesses grants (**these funds do not have to be repaid**) to reimburse necessary expenses incurred due to the public health emergency with respect to the Coronavirus Disease 2019(COVID-19).

If you can answer yes to the following questions, you may be eligible for a grant under this program:

1. Were you in business as of March 1, 2019?
2. Did you have less than 50 employees on March 1, 2020?
3. Was your net taxable income less than \$2,000,000 for the last tax year?
4. Do you have a City business registration/license?
5. Is your business located within the city limits of Artesia/(If not, you may be able to apply with Eddy County.)
6. Are you current on your taxes with the Taxation and Revenue Department?
7. Is your business headquarters located in New Mexico?

Reimbursement expenses may be made for the items listed below. You will be required to present documentation for reimbursement.

1. Non-owner payroll
2. Rent or mortgage payments on business property
3. Utilities,
4. Business property taxes and insurance
5. Purchase of PPE and/or temporary structures for social distancing (i.e. plexiglass, outdoor seating)

If you believe you are eligible, please complete the application and provide a W-9. These forms are available on the City website at City Hall or from the Chamber of Commerce. After you fill out the application, please send it to the office of the City Clerk, P.O. Box 1310, Artesia, NM 88211-1310 or bring it to the Clerk's office at City Hall, 511 W. Texas Ave. An appointment will be set up to finalize the application. Applications are due by 5:00 p.m. Monday, October 5, 2020.

After applications have been received, they will be scored by a committee, presented to the City Council for approval, then submitted to the State. The City's goal is to issue reimbursement checks for expenses through September 15<sup>th</sup> by October 25<sup>th</sup>. Our goal is to issue a check for expenses incurred September 16, 2020 through December 30, 2020 by January 15<sup>th</sup>, 2021.

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Mayor Raye Miller

Mayor Pro Tem Terry Hill  
Councilor Jarrod Moreau  
Councilor Kent Bratcher  
Councilor George G. Mullen

Councilor Raul Rodriguez  
Councilor Sam Hagelstein  
Councilor Ignacio Mariscal  
Councilor Jeff Youtsey

## City of Artesia CARES Relief Grant Application

1	Legal Name of Business	Phone #
	Address:	
2	NM Taxpayer ID number	
3	Are you current on New Mexico Taxes?	Yes ___ No ___
4	Business Owner(s)(First and Last Name)	_____
5	CEO or other representative	_____
6	Is your business headquartered in New Mexico?	Yes ___ No ___
7	Do you have a current Artesia business license or registration?	Yes ___ No ___
8	What are the county and zip code for the company's primary place of business?	County _____ Zip Code _____
9	What type of business do you have?	C-Corp ___ LLC ___ Sole Proprietorship ___ Partnership ___
10	What was your employee headcount for full time(32 hours/week or more) and part-time employees on March 1, 2020?	Full time ___ PT _____
11	What is your current headcount for full-time and part-time employees?	Full time ___ PT _____
12	Comparing March 2019 and March 2020, what % difference did you experience in gross receipts?	_____ %
13	Comparing April 2019 and April 2020, what % difference did you experience in gross receipts?	_____ %
14	Was your business included in the New Mexico orders to shut down or severely curtail business operations?	Yes ___ No ___
15	Did you shut down or severely curtail your business activities as a result of closure orders?	Yes ___ No ___
16	If so, what date did you close or curtail your business?	_____

17	If you curtailed rather than closed your business, please describe the nature of the curtailment.	
18	What is your best estimate of what month you did or will reopen?	August___ September___ October___ November___ December___
19	When you reopen, at what percent of capacity do you expect to operate?	25___ 50___ 75___ other___
20	Was your net taxable income less than \$2,000,000 for the latest complete tax year?	Yes___ No___
21	What impact do you anticipate the COVID-19 crisis and related effects will have on your revenues for 2020 as a whole?	None___ 10%___ 20%___ 30%___ 40%___ 50%___ 60%___ 70%___ 80%___ 90%___ 100%___
22	If you pay withholding, have you delayed or plan on delaying withholding tax?	Yes___ No___
23	How many years has your business been in continuous operation through March 1, 2020?	_____
24	How many employees and what total payroll did you report to the state for unemployment insurance for the fourth quarter of 2019?	# of Employee___ Total Payroll_____
25	Have you been approved for an SBA Paycheck Protection Program loan or Economic Disaster Loan? Select all that apply)	SBA PPP Loan___ Economic Injury Disaster Loan___
26	Have you applied for a CARES relief grant from Eddy County?	Yes___ No___
27	Is your business owner a member of the following group: please check all that apply	Yes___ No___
	Woman___ Veteran___ Minority___ Tribal___ N/A___	
28	If you received a PPP Loan what period did it cover and how much did you receive	

Please attach a W-9

Expenses being claimed: for March 1, 2020 through September 15, 2020(**Documentation required**)

Amount

A.	Non Owner Payroll	
B.	Monthly Rent or Mortgage	
C.	Monthly Utilities	
D.	Redesign Expenses*	
E.	PPE and COVID Related Expenses	
F.	Insurance for business premises	
G.	Miscellaneous	
	a.	
	b.	
	c.	

- \* Reconfiguring physical space
- Installing Plexiglass Barriers
- Purchasing Web Conference or other Technology to facilitate work-at-home
- Temporary Structures to mitigate the spread of Covid 19