



Description

One Albuquerque Fund was granted one million dollars (\$1,000,000) for Black-Owned businesses and organizations that work within the Black community.

Who may apply:

- For-profit businesses are located within the City of Albuquerque.

Grant Fund Use:

1. Grants will cover the applicant's need for funding to cover necessary expenses.
 - *Necessary expenses include but are not limited to items such as rent, mortgage payments, utilities, equipment lease payments, and payroll.*

Maximum Grant Amounts:

Sizes of awards will vary. Businesses can be funded up to 50,000. Funds must be used within one year after the award. The use of funds will be evaluated during this period.

Application Review & Awards:

One Albuquerque Fund Steering Committee is composed of neutral, qualified individuals selected for their experiences. The steering committee will review and score applicant applications and submit recommendations for the One Albuquerque Fund Board.

Evaluation Criteria: Due to the anticipated number of submissions and limited funding, applications will be ranked based on predetermined priorities, including the following:

- **Impact**
 - Is the business primarily Black-Owned?
 - Does the business provide employment?
- **Need**
 - Has the business experienced closure or restrictions due to COVID-19?
 - Does the business have access to other federal, state, and/or local financial assistance?

Viability

Viability is defined as the ability to survive or persist. In a business sense, that ability to survive is ultimately linked to financial performance and position.

- Has the business remained open, reopened, or does it have a plan to reopen?



If selected:

Selected applicants must be able to provide additional information and documents upon request.

Award Notification

Award letters will be sent via email. For successful applicants, the Letter of Agreement will contain funding restrictions, programmatic and administrative requirements. Reporting documents should include the total budget, along with the amount of grant funding for the program.

Submission Guidelines

Applications are due no later than Monday, July 19, 2021, at 5:00 PM MST. All applications will be recorded upon receipt. Applications received after 5:00 PM are disqualified and will not be forwarded to the steering committee for funding considerations. Any additions or deletions to an application, unless requested by the steering committee, will not be accepted after the deadline on July 19, 2021, at 5:00 PM. One Fund Albuquerque Steering Committee is not responsible for unreadable and/or out-of-order submissions. **Incomplete applications and/or missing documents WILL NOT be considered.**

Email submissions only. Please submit your complete application to:

Nicole Bedford

Nicole@onealbuquerque.org

If you have questions, you can call: (505) 322-9604

(Mailed applications will not be accepted)



Application

| | | |
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| 1. When was your business established? | | <i>disqualified if less than a year</i> |
| 2. How many full-time employees do you have? <i>(including yourself)</i> | | <i>disqualified if more than 50</i> |
| 3. How many part-time employees do you have? | | <i>2 part-time = 1 full-time</i> |
| 4. Business Name and DBA(if applicable): | | |
| 5. Which of the following best describes your business? (choose one) | <input type="checkbox"/> Accommodations/Hotel <input type="checkbox"/> Arts, Entertainment, and Recreation <input type="checkbox"/> Construction/Contractor <input type="checkbox"/> Education/Child Care Services <input type="checkbox"/> Finance/Insurance/Real Estate <input type="checkbox"/> Health Care <input type="checkbox"/> Manufacturing <input type="checkbox"/> Personal Services <i>(ex. hairdresser, barber)</i> <input type="checkbox"/> Restaurant/Food Truck <input type="checkbox"/> Retail Establishment <input type="checkbox"/> Other Eligible Small Business <i>(Please specify)</i> | |
| 6. Owner's First and Last Name: | | |
| 7. Work Phone Number: | | |
| 8. Owner's Mailing Address: | | |
| 9. City: | | |
| 10. State: | | |
| 11. Zip/Postal Code: | | |
| 12. Business Structure: | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify) | |



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| 13. Business License or Tax ID#: | |
| 14. Business Street Address: <i>(if different from mailing)</i> | |
| 15. City: | |
| 16. State: | |
| 17. Zip/Postal Code: | |
| 18. Is the small business woman-owned, 51% or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Is the small business veteran-owned, 51% or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Is the small business Black-owned, 51% or more? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Are there any current judgments or court actions pending against the applicant entity or any current owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. If yes, please explain: | |
| 23. Has any current owner been accused or convicted of any wrongdoing or crime other than a simple misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. If yes, please explain: | |
| 25. Are there current bankruptcies due to COVID-19 on the part of the applicant entity or the part of any owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. If yes, please explain: | |
| 27. Is the applicant entity up to date and in good standing with the NM Department of Tax and Revenue? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. If no, please explain: | |



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| <p>29. By opting in, I hereby authorize the One Albuquerque Fund to send me notifications and updates. Check box:</p> | <p><input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out</p> |
| <p>30. By opting in, I hereby authorize the One Albuquerque Fund to feature my business on social media, the official City of Albuquerque Marketing, and local news outlets. Check box:</p> | <p><input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out</p> |

32. Please provide an explanation of what adverse effects COVID-19 has had on your business:

33. What is the business goal for the grant?

***Attachments Required**

The One Albuquerque Fund is a government entity subject to the New Mexico Inspection of Public Records Act (Sections 14-2-1 et seq., NMSA 1978). Notwithstanding anything contained herein to the contrary, the City or One Albuquerque Fund shall not be responsible to the applicant for any disclosure of confidential information pursuant to the Inspection of Public Records Act or pursuant to the City of Albuquerque's public records act laws, rules, regulations, instructions, or other legal requirement or disclosure made for any other lawful purpose.

Business owners must deposit the grant check in a business checking account. If a sole proprietor, the check must be deposited in an account matching the sole proprietor's name.

Business owners must agree to provide a report about the grant funds' use and results from one year after receipt.

Please include copies of the following documents with your application:

(Businesses who are unable to provide documentation will be required to complete trainings pertinent to the business needs)

- NM CRS documentation
- Current business registration (Bernalillo, Sandoval, and Valencia County)
- Employment verification (one of the following)
 - W-3 Summary
 - Payroll Report/Summary
 - Q2 Form 941
 - 1040 Schedule SE
 - 2020 Federal Tax form if you are a sole proprietor



CERTIFICATIONS

I hereby certify and warrant that the business meets all eligibility requirements applicable to the grant. All representations or statements made or furnished by me to the One Albuquerque Fund – Black Investment Fund in connection with this application are true and correct in all material respects, and any material misstatements or misrepresentations may be grounds for withdrawing or requiring reimbursement of an award. I understand that it is a criminal violation under New Mexico law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing to procure funds from One Albuquerque Fund, a state agency, or subdivision, or to misuse public funds.

I acknowledge and agree that One Albuquerque Fund has the discretion to award assistance as it sees fit. The aid is subject to the availability of funding. There is no guarantee of help even if applicants meet eligibility requirements. Upon successful completion of the application, the grantees will be scored.

Signature of Applicant

Date

Received By

Date