

# El Paso Recovery Grant Program

Thank you for taking the time to start your application please prepare by gathering the documents required listed below for your business or non-profit.

## Tips:

- All documents must be provided in order for the application to be considered complete. Any applications submitted without documents or incorrect documents will NOT be considered. Applicants have the ability to upload the documents securely and safely through the online application. Applicants may log in and log out saving their application information and document uploads.
- Please note that as you proceed with the application there will be guidance as to whether or not you will qualify for this program. Please pay attention to those messages to avoid not meeting the qualifications.
- If you have questions please email [info@lifffund.com](mailto:info@lifffund.com) or call 1.800.494.4973.

## Required Documents List

- Business entity formation document through your county clerk's office or Texas Secretary of State. (The certificate of filing, sales and use tax permit, certificate of occupancy are not acceptable.) If you do not have a copy of your articles of formation/incorporation, you can find them on the Secretary of State's website. You will need to create a "temporary use" log in account. There is a cost of \$1 per search. You will be asked to enter your credit card information.
- January business bank statement
- February business bank statement
- March business bank statement
- April business bank statement
- May business bank statement
- June business bank statement
- July business bank statement
- Payroll documentation with employee listing/count
- Quarter 1 and/or 2 2020 IRS 941
- Business tax return (2018 or 2019) to determine business revenue
- Valid Identification
- Proof of business location (utility bill or lease)

THE APPLICATION WILL START ON THE NEXT PAGE

# Applicant Information

Name of Business: \_\_\_\_\_

What is your business address? \_\_\_\_\_

What county is your business located in? \_\_\_\_\_

Name of the Business Owner:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Business Industry

- |  |   |
|--|---|
| <input type="checkbox"/> Accommodation, Food Services                  | <input type="checkbox"/> Mining, Quarrying, Oil, Gas Extraction |
| <input type="checkbox"/> Admin, Support, Waste Management, Remediation | <input type="checkbox"/> Professional, Technical Services       |
| <input type="checkbox"/> Agriculture Forestry, Fishing, Hunting        | <input type="checkbox"/> Public Administration                  |
| <input type="checkbox"/> Arts, Entertainment, Recreation               | <input type="checkbox"/> Real Estate                            |
| <input type="checkbox"/> Construction                                  | <input type="checkbox"/> Retail                                 |
| <input type="checkbox"/> Education                                     | <input type="checkbox"/> Service                                |
| <input type="checkbox"/> Finance, Insurance                            | <input type="checkbox"/> Technology, Information                |
| <input type="checkbox"/> Healthcare, Social Services                   | <input type="checkbox"/> Transportation, Warehousing            |
| <input type="checkbox"/> Management of Companies                       | <input type="checkbox"/> Utilities                              |
| <input type="checkbox"/> Manufacturing                                 | <input type="checkbox"/> Wholesale                              |

Business NAICS Code: \_\_\_\_\_

Find your NAICS code on your tax return or [here](#)

Business Website: \_\_\_\_\_

Business social media page (Facebook, Instagram, Twitter): \_\_\_\_\_

Was your business/non-profit organization operating prior to August 1, 2019?

- Yes
- No

Date Business was registered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Legal Structure

- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Corporation

Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

Social Security Number/ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please provide a brief description of your business:

## Operations Questions

Is the business currently operating?

- Yes
- No

Please provide a description of how you are maintaining operations.

Do you plan to continue your operations in El Paso?

- Yes
- No

## Insurance

Do you have insurance that will help to cover your short-term losses from disaster?

- Yes
- No
- Unsure

If Yes...

**Do you have PROPERTY INSURANCE coverage?**

*Standard property insurance policies usually include two types of valuable coverage for disruptions like the coronavirus. Business interruption coverage insures against losses resulting when the policyholder's operations are directly affected; and contingent business interruption coverage insures against the risk of indirect losses, such as when suppliers or customers are affected.*

- No
- Yes     Deductible Amount: \$\_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$\_\_\_\_\_

**Do you have COMMERCIAL GENERAL coverage?**

- No
- Yes     Deductible Amount: \$\_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$\_\_\_\_\_

**Do you have LIABILITY INSURANCE coverage?**

- No
- Yes     Deductible Amount: \$\_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$\_\_\_\_\_

**Do you have DIRECTORS/OFFICERS INSURANCE coverage?**

- No
- Yes     Deductible Amount: \$ \_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$ \_\_\_\_\_

**Do you have ERRORS & OMISSIONS coverage?**

- No
- Yes     Deductible Amount: \$ \_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$ \_\_\_\_\_

**Do you have WORKERS COMPENSATION INSURANCE coverage?**

- No
- Yes     Deductible Amount: \$ \_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes     Funds Received: \$ \_\_\_\_\_

**Do you have OTHER coverage?**

- No
- Yes     Deductible Amount: \$ \_\_\_\_\_

If YES, have you submitted a claim?

- No
- Yes

If YES, have you received funds?

- No
- Yes    Funds Received: \$ \_\_\_\_\_

## Employees

Are you self employed or an employer?

- Self Employed
- Employer

How many full-time employees does your business have, including yourself? \_\_\_\_\_

Did you have any full-time employees that you had to lay off or furlough?

- Yes
- No

How many full-time employees did you lay off or furlough? \_\_\_\_\_

# Disaster Budget Overview

Please include all sources of revenue for the business. Please make sure you are using a monthly average not your annual gross revenue. It could disqualify you.

**Tips for calculating gross revenue loss due to COVID 19 Pandemic:**

1. Calculate your monthly average, first take your January and February bank statements and add the total deposits together.
2. Divide this number by 2.
3. Enter the amount in the “Jan- Feb 2020 Monthly Gross Revenue” box.
4. Add the deposits from your March – July bank statements. Subtract any deposits related to a PPP loan, EIDL, receivables from previous month or last year, unemployment or other one-time cash infusions.
5. Divide that total by 5.
6. Enter that number in the March- July 2020 Monthly Gross Revenue box.

**Seasonal Business Tip:**

If you are a seasonal business take your 2018 or 2019 revenue from tax return and divide that by 12 to get the average revenue. Then follow steps #4-6 above to get the March-July Monthly Gross Revenue instructions above.

Did your company experience a loss of revenue or profit since March 1, 2020 due to COVID-19?

- Yes
- No

**Business Budget**

*Do not enter cents. Please round to the nearest whole number.*

	January – February 2020 or 2019 Average	March – July 2020
<b>Monthly Gross Revenue</b>		
<b>Monthly Expenses</b>		
<b>Balance</b>		

**Business Expenses Modified or in Process of Modification**

Rent Deferred (in next thirty days) \_\_\_\_\_

Insurance Benefits Expected (in the next 30 days) \_\_\_\_\_

Other \_\_\_\_\_

# Grant Budget

Grant Amount Requesting \$ \_\_\_\_\_

How will you use the Grant Funds?

USE OF GRANT FUNDS	AMOUNT	DESCRIPTION
Payroll		
Utilities		
Rent/Lease		
COVID-19 Compliance Expenses		
Supplies		
Inventory		
Equipment for Business Improvements		

# Owner Information

Please select your race

- African-American
- Alaskan Native
- American Indian
- Asian
- Hawaiian Native
- Other Pacific Islander
- White
- Other

Are you of Hispanic Origin?

- Yes
- No

What is your gender?

- Male
- Female
- Non-binary/third gender
- Prefer to self-describe
- Prefer not to state

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a veteran?

- Yes
- No



Are you a spouse of a veteran?

- Yes
- No

What is your level of education?

- |   |   |
|---|---|
| <input type="checkbox"/> No Formal Education        | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Elementary School          | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> Some High School           | <input type="checkbox"/> Some Graduate      |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Graduate Degree    |
| <input type="checkbox"/> Trade School               | <input type="checkbox"/> Post-Graduate      |
| <input type="checkbox"/> Some College               |   |

Annual Household Income:     \$ \_\_\_\_\_

Number of people living in your household:     \_\_\_\_\_

Number of dependents living in your household:     \_\_\_\_\_

## Certify and Submit

The information provided in this application will be shared in aggregate form and anonymously for reporting and impact purposes.

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By signing, I attest that all of the information on this application is true. I authorize LiftFund Inc. to investigate and verify the above information. I understand that LiftFund will retain this application whether the grant is approved or denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date