

COVID-19 Related Negative Economic Impact (continued)		
What was your approximate yearly operating expenses (rent/mortgage and utilities) as of March 2020?		\$
What is your current yearly operating expenses (rent/mortgage and utilities)?		\$
What were your approximate monthly payroll expenses as of March 2020?		\$
What are your current monthly payroll expenses?		\$
How many full-time employees did your business have as of March 2020?		
How many full-time employees does your business have currently?		
How many part-time employees did your business have as of March 2020?		
How many part-time employees does your business have currently?		
Was your business forced to close per the Governor's order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, by what percent were revenues down during the pandemic?	%	
Required Additional Documentation (Please include attachments with application)		
<input type="checkbox"/> Copy of Business Tax Returns for 2019 & 2020		
<input type="checkbox"/> Copy of New Jersey Business Registration Certification (BRC)		
<input type="checkbox"/> Current monthly rent check or mortgage statement		
<input type="checkbox"/> Current Utility Bills (i.e. water, electric, gas)		
Grant Certification		
I do solemnly declare and certify under the penalties of the law that:		
A. All statements and documentation provided in support of this application are true and accurate.		
B. I certify that the business has experienced a negative economic impact due to COVID-19 through declines in revenues or impacts of periods of business closures.		
C. I certify that I have disclosed if the business has received any COVID-19 assistance or relief funds from any of the applicable federal, state or local agencies including but not limited to the Small Business Administration (SBA), New Jersey Economic Development Authority (NJDEA) or Bergen County.		
D. I certify that the business is currently open and operating at the time of this application.		
Applicant to certify information is true and correct subject to penalty of perjury.		Initial

Name/Title

Date