

# City of Hobbs Small Business Grant Application

## Contact Information

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**Full Legal Organization  
Name**

New Mexico Taxpayer ID

Hobbs Business License  
Number

Do you have a current  
certificate in Good Standing

Yes  
No

**Street Address**

**City**

**State**

**Zip Code**

**Organization Website**

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**Only the owner, CEO or other authorized representative of the business may apply for this grant.**

**Name of Owner /CEO or  
Authorized Representative**

Title

Phone Number

E-mail Address

**Contact Person  
(if different)**

Title

Phone Number

E-Mail Address

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# Organization Information

Is your business headquartered  
in New Mexico?

Yes

No

Year Established

Type of Business

C-Corp

LLC

Partnership

Sole Proprietor

Number of full time  
employees

Number of Part  
time employes

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**Total Gross Receipts for  
March 2019**

**Total Gross Receipts  
for April 2019**

**Total Gross Receipts for  
March 2020**

**Total Gross  
Receipts for April  
2020**

Was your business included in  
the New Mexico orders to shut  
down or severely curtail  
business operations?

yes

no

Did you shut  
down or severely  
curtail your  
business  
activities as a  
result of the close  
order?

yes

no

Is so, what date did you close  
or curtail your business?

If you curtailed rather than  
closed your business, please  
describe the nature of the  
curtailment. (400 characters or  
less)

What is your best estimate of  
what month you did or will  
reopen?

When you reopen, what  
percent of capacity do you  
expect to operate at?

0% - 25%

51% - 75%

26% - 50%

76% - 100%

What is your business net taxable income in the most recent complete tax year?

What impact do you anticipate the COVID-19 crisis and related effects will have on your revenues for the 2020 as a whole?	no effect	10%	20%
	30%	40%	50%
	60%	70%	80%
	90%	100%	

If you pay withholding, have you delayed or plan to delay withholding tax?

yes  
no

How many years has your business been in continuous operation through March 1, 2020?

How many employees did you report to the state for unemployment insurance taxes for the fourth quarter of 2019?

What total payroll did you report to the state for unemployment for the fourth quarter of 2019?

Have you been approved for either of these programs?

SBA Paycheck Protection Program Loan  
Economic Injury Disaster Loan  
I have not been approved for either program

Is your business owned by a socially disadvantaged group? (check all that apply)

No                      Woman                      Veteran  
Minority              Tribal

Do you own or rent your business premises?

Own  
Rent

Are you or your family related to anyone employed with the City of Hobbs?

yes  
no

If yes, please provide name of employee

Please read and certify the following information

The application, including attachments, is subject to disclosure under New Mexico's public records law, subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed without any notice to applicant if a public records request is made for such information. The City will not be liable to applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the City in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to N.M.S.A. §14-3-7.1.

If applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, applicant must include a general description of the information and provide reference to the New Mexico statute or other law exempting such designated information from disclosure in the event of a public records request. The City does not warrant or guarantee that information designated by Applicant as exempt from disclosure is exempt and will make disclosure in accordance with applicable law in its sole discretion.

I certify that I am authorized to submit this application on behalf of the organization, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. City of Hobbs is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that a CARES small business grant is awarded pursuant to this application, City of Hobbs or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud and ensure compliance with federal requirements. Under penalty of perjury, I declare that I have read the foregoing application and that the facts stated in the application are true and correct. I understand that knowingly making a false written declaration is a felony.

Applicant Name

Applicant Title

Applicant Signature

Today's Date

For any questions, correspondence, or additional information, please contact the City of Hobbs

City of Hobbs – Finance Department:

200 E. Broadway

Hobbs, NM 88240

TEL: 575-397-9235

Please email this signed application to **[SBAApplication@hobbsnm.org](mailto:SBAApplication@hobbsnm.org)**