

**Application for the Small Firm Assistance Program**

Page 1 of a 3-page application

Please refer to the Program Guidelines, which can be found on LMDC's website, [www.renewnyc.com](http://www.renewnyc.com), prior to completing this application.

**General Information**

PLEASE PRINT

1(a)	Legal Name of Owner			
1(b)	Legal Name of Firm			
1(c)	"Doing Business As"			
1(d)	Firm Address		ZIP + 4	
1(e)	Mailing Address, if different from 1(d)		ZIP + 4	
2(a)	Contact Person Name			
2(b)	Contact Person Telephone Number			
2(c)	Contact Person e-mail address	( )	Fax ( )	

**About Your Business**

3(a)	Federal Employer Identification Number									
3(b)	Is your Firm	<input type="checkbox"/> Minority-owned <input type="checkbox"/> Neither <input type="checkbox"/> Woman-owned <input type="checkbox"/> Both								
3(c)	Brief Description of Firm									
3(d)	Ownership Structure									
3(e)	Is your Firm located	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain):								
3(f)	Square Footage of Space owned or leased at Location in 1(d)	<input type="checkbox"/> At street level <input type="checkbox"/> Below street level with street level access <input type="checkbox"/> Neither, please explain:								
3(g)	Number of Owners at Location in 1(d)									
3(h)	Number of Employees employed by Owner	ANNUAL SALARY RANGE								

**Period of the Street or Sidewalk Closure**

4 Please indicate the period of the street or sidewalk closure applying for a grant. Use the attached **List of**

**Eligible Blocks** for a further explanation. Be sure to check LMDC's website, [www.renewnyc.com](http://www.renewnyc.com), for monthly updates to the **List of Eligible Blocks**.

Closure Start Date (MM/DD/YYYY)

Closure End Date (MM/DD/YYYY)

	Up to \$ 35,450	\$35,451 to \$56,700	\$56,701 or over

for which you are

**Insurance Claims/ Federal Assistance**

5 Please list all insurance claims your business has filed related to lost business as a result of publicly-funded construction projects dating back to July 1, 2007. Attach more sheets if necessary.

Insurance Company Name	Amount Claimed
	(\$)
	(\$)

6 Please list any Federal assistance your business has received or requested related to lost business as a result of publicly-funded construction projects dating back to July 1, 2007. Attach more sheets if necessary.

Federal Program	Amount Requested or Received
	(\$)

	(\$)
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next page, please

(Continued from previous page)

Page 2 of a 3-page application

**REQUIRED DOCUMENTS**

The following documents must be attached as part of your application. The documents will not be returned. Additional information may be requested. Please refer to the Program Guidelines when completing the application.

1. Completed and signed **City of New York Substitute W-9 form** (see attached form).

**AND**

2. Completed and signed **Small Firm Assistance Program Grant Request Form** (Attachment A).

**AND**

3. Copy of the **current lease, deed or permit** for the applicant's business location indicated in 1(d) on Page 1 of this application. **NOTE:** the document must contain the address of the building or business premises and signatures of the applicant. If a lease, deed or permit cannot be provided, a cancelled rent check for the most recent month prior to application submission must be submitted.

**AND**

4. An **original utility bill** (gas, electric, telephone, etc.) covering the period of the street or sidewalk closure for which the applicant is applying for assistance. The utility bill must show utility service provided at the address indicated in 1(d) on Page 1 of this application.

**AND**

5. A **current payroll summary or internal payroll statement** or a completed and signed **NYS-45-MN** Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (to request this form, please call 212-962-2300).

**AND**

**6. Demonstrated Impact**

To be eligible for a grant under this program a firm must demonstrate an impact on its business during each period of street or sidewalk closure. Impact may be demonstrated in one of two ways:

**EITHER**

I. Through the submission of monthly sales statements, operating statements, profit and loss statements or cash flow statements. Such statements must show the sales or revenue during the Eligible Period as compared to the same period in the year prior. For new businesses, the Eligible Period should be compared to the prior month's statements. All financial statements submitted with the application must be certified by an officer of the firm. This certification must include the signatories printed name, official title, date of signature and signature.

**OR**

II. By submitting a completed and certified **Standardized Financial Statement** included with this application (Attachment B). Before completing the Standardized Financial Statement, please review the example provided below.

**EXAMPLE for completing Standardized Financial Statement (Attachment B)**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Thirty-day Period	Thirty-day Period Sales	Prior Year Period	Prior Year Period Sales	Prior Year Period Sales Minus Thirty-day Period Sales	Impact
1. Jul '07	\$ 4,000	Jul '06	\$ 6,000	\$6,000 - \$4,000	\$ 2,000
2. Aug '07	\$ 5,000	Aug '06	\$ 8,000	\$8,000 - \$5,000	\$ 3,000
<b>TOTAL IMPACT:</b>					<b>\$ 5,000</b>

**CERTIFICATION OF APPLICANT**

The undersigned does solemnly affirm, acknowledge and agree, under the penalties of perjury, as follows:

- (i) He/she is authorized to execute Applicant’s application for assistance under the Small Firms Assistance Program;
- (ii) To the best of his/her knowledge, information and belief, all statements contained herein, including all attachments hereto and any affidavits, certifications or supplementation information provided, are true and accurate, except as otherwise disclosed in writing to LMDC, EDC or SBS;
- (iii) To the best of his/her knowledge, the applicant is in compliance with all federal, state and local laws and is not delinquent on any tax obligations;
- (iv) The applicant shall comply at all times with the following requirements as applicable:
  - a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, or denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
  - b) Section 109 of the Housing and Community Development Act of 1974 (the “Act”), as amended, and the implementing regulations at 24 CFR 570.602, which require that no person in the United States shall on the ground of race, color, national origin or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity funded in whole or in part with community development funds made available pursuant to the Act. Section 109 of the Act, and the implementing regulations at 24 CFR Part 146 and 24 CFR Part 8 further provide for the prohibition of discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or with respect to an otherwise qualified handicapped person as provided in section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).
- (v) The application is subject to audit prior to and for up to three years from the date of the making of the grant;
- (vi) In the event the applicant fraudulently represents any information herein, LMDC may exercise any and all remedies available to it under the law, and may refer the matter to the appropriate authorities for prosecution;
- (vii) To the extent that applicant receives an insurance payment for losses arising from public construction projects covered by the Demonstrated Impact statement, it shall immediately remit the duplicative portion of the payment to LMDC.

Printed Name	Signature
Official Title held at business	Date

Visit [www.renewnyc.com](http://www.renewnyc.com) or call 212-962-2300 for more information about the program or how to apply.

**Please mail completed applications to:**

**Small Firm Assistance Program c/o Lower  
Manhattan Development Corporation  
22 Cortlandt Street, 11<sup>th</sup> Floor New  
York, NY 10007**

**The City of New York  
Substitute Form W-9 Instructions**

The City of New York, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The City uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding as mandated by the IRS.\* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-65 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the City of New York must complete the Substitute Form W-9.

**Part I: Vendor Information**

- 1. Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, certified Form SSA7028 or other required Federal tax documents. *Do not abbreviate names.*
- 2. DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
- 3. Entity Type:** Mark the Entity Type of the individual or organization that will do business with the City of New York.

**Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type**

- 1. Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
- 2. Taxpayer Identification Type:** Mark the appropriate option.  
The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type.

Entity Type	Taxpayer Identification Type
<input type="radio"/> Church or Church-Controlled Organization <input type="radio"/> Personal Service Corporation <input type="radio"/> Non-Profit Corporation <input type="radio"/> Corporation / LLC <input type="radio"/> Government <input type="radio"/> Individual/Sole Proprietor <i>who has employees other than him or herself</i> <input type="radio"/> <input type="radio"/> Trust <input type="radio"/> Joint Venture <input type="radio"/> Partnership / LLC <input type="radio"/> Single Member LLC <i>who has employees other than him or herself</i> <input type="radio"/> Estate	Employer Identification Number
<input type="radio"/> City of New York Employee <input type="radio"/> Individual/Sole Proprietor <i>who does not have employees other than him or herself</i> <input type="radio"/> <input type="radio"/> Single Member LLC <i>who does not have employees other than him or herself</i>	Social Security Number
Resident Alien/Non-Resident**	Individual Tax Identification Number
Non-United States Business Entity**	N/A
Custodian account of a minor	The minor's Social Security Number

\*\*See Special Note below.

**Part III: Primary 1099 Vendor and Remittance Address**

- 1. Primary 1099 Vendor Address:** List the location where your 1099 tax information should be delivered or your headquarters address.
- 2. Remittance Address:** List the location where payments should be delivered.

**Part IV: Backup Withholding Exemption**

Generally, reportable payments made by the City of New York are subject to Backup Withholding. For this reason, exemption from Backup Withholding applies to government.

**Part V: Certification**

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

**\*\* Special Note for Resident and Non-Resident Aliens and Non-United States Business Entities.**

**Resident and Non-Resident Aliens:** An ITIN is a nine-digit number issued by the United States Internal Revenue Service to individuals who are required to file a Federal Tax return. An ITIN is for tax-purposes only and does not entitle you to Social Security Benefits. To obtain an ITIN, submit Form W-7 to the IRS. The IRS will notify you within 4 to 6 weeks in writing about your ITIN status. In order to do business with the City of New York, **you must also submit the appropriate IRS Form W-8 (W-8BEN, W-8ECI, W-8EXP, or W-8IMY)** along with FMS Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status.

**Foreign Corporations or Partnerships:** In order to do business with the City of New York, **you must submit IRS Form W-8BEN, W-8ECI, W-8EXP, or W-8IMY** along with FMS Substitute Form W-9. IRS Forms W-8 certify your foreign status and may exempt you from United States information return reporting and backup withholding rules.

To obtain IRS Forms W-7, W-8BEN, W-8ECI, W-8EXP, or W-8IMY, call (800) 829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

\* Backup Withholding - According to IRS Regulations, the City must withhold 28% of all payments if a payee/vendor fails to provide the City of New York its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

**CITY OF NEW YORK  
SUBSTITUTE FORM W-9: REQUEST FOR  
TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

2. If you use DBA, please list below:

3. Entity Type (Check one only):
- |   |                                      |   |  |  |   |   |                                |
|---|--------------------------------------|---|--|--|---|---|--------------------------------|
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Corporation | <input type="checkbox"/> Church or Church-Controlled Organization | <input type="checkbox"/> Government                  | <input type="checkbox"/> City of New York Employee         | <input type="checkbox"/> Personal Service Corporation | <input type="checkbox"/> Individual / Sole Proprietor | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Joint Venture          | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Co.                    | <input type="checkbox"/> Resident/Non-Resident Alien | <input type="checkbox"/> Non-United States Business Entity | <input type="checkbox"/> Estate                       |   |                                |

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)

\_\_\_\_\_

2. Taxpayer Identification Type (check appropriate box):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Employer ID No. (EIN) | <input type="checkbox"/> Social Security No. (SSN) | <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) | <input type="checkbox"/> N/A (Non-United States Business Entity) |
|--|--|--|--|

**Part III: Primary 1099 Vendor & Remittance Address**

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

**Part IV: Exemption from Backup Withholding**

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

**Exempt from Backup Withholding**

**Part V: Certification**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

**Sign Here:**

\_\_\_\_\_  
Signature Phone Number Date

\_\_\_\_\_  
Print Preparer's Name Phone Number

Contact's E-Mail Address: \_\_\_\_\_

**FOR SUBMITTING AGENCY USE ONLY**

Submitting Agency Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact's E-Mail Address: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Payee/Vendor Code: \_\_\_\_\_

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# Attachment A

## Small Firm Assistance Program Grant Request Form

Please complete the form below and return with your application.

Name of Firm: \_\_\_\_\_

“Doing Business As”: \_\_\_\_\_

Firm Address: \_\_\_\_\_

\_\_\_\_\_

Federal Employer Identification Number:  
(Tax ID Number) \_\_\_\_\_

Legal name of owner: \_\_\_\_\_

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The undersigned does acknowledge that he/she is authorized to request assistance under the Small Firm Assistance Program:

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Official Title held at firm: \_\_\_\_\_

Date: \_\_\_\_\_

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**Do not write in this section. For Agency use only:**

LMDC authorized signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Attachment B Standardized Financial Statement

To be eligible for a grant under the Small Firm Assistance Program a firm must demonstrate an impact on its business due to a publicly funded street or sidewalk closure. Applicants can do this in one of two ways: **Either**

- I. By providing certified monthly sales statements, operating statements, profit and loss statements or cash flow statements (see **section 6** on **Page 2** of this application for a more detailed explanation), **Or**
- II. By submitting a completed and certified Standardized Financial Statement.

**INSTRUCTIONS:** (use the **EXAMPLE** provided on **Page 2, section 6** of this application as a guide).

1. Use the attached **List of Eligible Blocks** to determine what period(s) you are eligible for (be sure to check LMDC's website, [www.renewnyc.com](http://www.renewnyc.com), for monthly updates to the **List of Eligible Blocks**).
2. List **each** Thirty-day Period in Column A.
3. Next, list the sales for each corresponding Thirty-day Period in Column B.
4. List the same period for the year prior in Column C (example: Thirty-day Period = Aug '07, Prior Year Period = Aug '06).
5. Next, list the sales for each corresponding Prior Year Period in Column D.
6. Subtract Column B (**Thirty-day Period Sales**) from Column D (**Prior Year Period Sales**) to calculate the **Impact** in Column F.
7. Add up all the Impact figures in Column F to determine your **TOTAL IMPACT**.
8. Make sure you review and understand the certification found at the bottom of this page before signing.

You can include up to twelve (12) **Thirty-day Periods** per application.

### STANDARDIZED FINANCIAL STATEMENT

A	B	C	D	E	F
Thirty-day Period	Thirty-day Period Sales	Prior Year Period	Prior Year Period Sales	Prior Year Period Sales Minus Thirty-day Period Sales	Impact
1.	\$		\$		\$
2.	\$		\$		\$
3.	\$		\$		\$
4.	\$		\$		\$
5.	\$		\$		\$
6.	\$		\$		\$
7.	\$		\$		\$
8.	\$		\$		\$
9.	\$		\$		\$
10.	\$		\$		\$
11.	\$		\$		\$
12.	\$		\$		\$
				<b>TOTAL IMPACT:</b>	\$

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**CERTIFICATION OF APPLICANT**

By my signature below, I certify that I have reviewed and understand the information contained on this Standardized Financial Statement and state under penalties of perjury that all of the information is true, correct, and complete to the best of my knowledge. I certify that I am an officer of the firm named in Section 1(b) on page 1 of this application. I understand that federal and state law provides penalties of fine, imprisonment, or both for providing false statements, causing someone else not to tell the truth regarding this Standardized Financial Statement or continuing eligibility, and/or accepting grants to which I am not entitled. I understand that I am responsible for any fraudulent statements made on this Standardized Financial Statement even if submitted by someone acting on my behalf.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Title held at Firm: \_\_\_\_\_

Date: \_\_\_\_\_

As of 07/2008



# Small Firm Assistance Program

## List of Eligible Blocks Since July 1, 2007 (Last Updated 8/1/08)



Be sure to check LMDC's website, [www.renewnyc.com](http://www.renewnyc.com), for monthly updates to this list.

**Instructions:** First, find the street you are located on in the Eligible Block column. Then, scroll across to find your cross streets. Once you have located your Block, scroll across to the Closure Start Date column to determine when your street was first closed. Then, scroll across to the Closure End Date column to determine when your street closure ended. Put these dates in Section 4 on Page 1 of your application. Use these dates to determine how many **Thirty-day periods** you are eligible for. Be sure to check LMDC's website, [www.renewnyc.com](http://www.renewnyc.com), for monthly updates to this list.

ELIGIBLE BLOCK	FROM	TO	PROJECT	CLOSURE START DATE	CLOSURE END DATE
Albany	West	Greenwich	130 Liberty Deconstruction	8/18/2007	9/9/2007
Battery Place	Broadway	Washington	MTA South Ferry Terminal	7/1/2007	11/18/2007
Beaver	Broad	S. William	DDC Reconstruction	10/23/2007	Present
Beekman	Front	Water	DDC Watermain Project	7/1/2007	8/5/2007
Beekman	Pearl	Water	DDC Watermain Project	7/1/2007	8/12/2007
Beekman	William	Gold	DDC Reconstruction	10/29/2007	1/11/2008
Beekman	Nassau	William	DDC Reconstruction	3/25/2008	Present
Broadway	Ann	John	MTA Fulton St Transit Center	7/1/2007	Present
Chambers	West Broadway	Church	MTA Chambers Street ADA	3/1/2008	5/30/2008
Church	Vesey	Fulton	DDC Watermain Project	7/23/2007	11/9/2007
Church	Fulton	Dey	MTA Station Work	9/15/2007	5/18/2008
Church	Dey	Cortlandt	MTA Station Work	9/15/2007	3/7/2008
Cliff	Fulton	John	DEP Emergency Sewer Repair	7/1/2007	7/15/2007
Cortlandt	Broadway	Church	MTA Station Work	7/1/2007	9/10/2007
Dey	Broadway	Church	MTA Connector Tunnel	7/1/2007	Present
Dutch	Fulton	John	DDC Watermain Project	6/10/2008	Present
Edens Alley	Gold	Ryders Alley	DDC Watermain Project	7/23/2007	Present
Front	Beekman	Fulton	DDC Watermain Project	7/1/2007	8/12/2007
Fulton	Broadway	Nassau	MTA Fulton St Transit Center	7/1/2007	Present
Fulton	William	Gold	DDC Watermain Project	10/29/2007	Present
Fulton	Gold	Cliff	DDC Watermain Project	7/23/2007	Present
Fulton	Church	Broadway	DDC Watermain Project	3/31/2008	Present
Fulton	Nassau	Dutch	DDC Watermain Project	3/13/2008	Present
Fulton	Dutch	William	DDC Watermain Project	7/2/2008	Present
Gold	Fulton	John	DDC Watermain Project	4/7/2008	Present
Greenwich	Morris	Battery Place	MTA South Ferry Terminal	7/1/2007	11/18/2007
Greenwich	Liberty	Carlisle	130 Liberty Deconstruction	8/27/2007	9/9/2007
Hudson	Reade	Chambers	MTA Chambers Street ADA	7/1/2007	2/18/2008
Hudson	Reade	Chambers	MTA Chambers Street ADA	3/1/2008	Present
John	Broadway	Nassau	MTA Fulton St Transit Center	7/1/2007	Present
Leonard	Church	Broadway	DDC Reconstruction	7/1/2007	3/17/2008
Liberty	West	South End	State DOT 9A Project	10/29/2007	12/2/2007
Nassau	Fulton	John	DDC Watermain Project	4/7/2008	Present
Nassau	Beekman	Spruce	DDC Reconstruction	7/16/2008	Present

Park Place	West Broadway	Church	DDC Reconstruction	10/29/2007	Present
Pearl Street	John	Platt	DDC Reconstruction	7/1/2007	7/15/2007
Platt	Gold	Pearl	DDC Engineer Resurface	7/1/2007	7/29/2007
Ryders Alley	Fulton	Edens Alley	DDC Watermain Project	7/23/2007	Present
Warren	North End	West	State DOT 9A Project	6/26/2008	Present