

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 **Small Firm Assistance Program Grant Request Form** (see attached form).

AND

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

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. The Demonstrated Impact Analysis

To be eligible for a grant under this program a firm must demonstrate an impact on its business due to a publicly-funded street or sidewalk closure. Impact may be demonstrated through the submission of monthly operating statements, profit and loss statements or cash flow statements. Such statements must show the sales or revenue during the period of the street or sidewalk closure as compared to the same period in the year prior. For new firms, the period of the street or sidewalk closure 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.

Please provide an estimate of Demonstrated Impact for the time period indicated in 4 on page 1 of this application. Note: You must provide sufficient backup documentation to justify your estimate of Demonstrated Impact. Grant amounts will not necessarily be in the amount of claimed Demonstrated Impact.

Follow these steps to determine your Demonstrated Impact. Attach additional pages if necessary.

EXAMPLE FOR CALCULATING DEMONSTRATED IMPACT

<u>LOSS BEING MEASURED</u>	<u>COMPARATIVE PERIODS</u>	<u>SUPPORTING DOCUMENTS</u>
Net Revenue	09/06 versus 09/07	Monthly Operating Statement

CALCULATION:

<u>DOLLARS IN PERIOD ONE</u>	<u>SUPPORTING DOCUMENT</u>	<u>DOLLARS IN PERIOD TWO</u>	<u>SUPPORTING DOCUMENT</u>	<u>INSURANCE PROCEEDS</u>	<u>ESTIMATED LOSS</u>
\$10,000	Sept. 2006 Operating Statement	\$5,000	Sept. 2007 Operating Statement	-0-	\$5,000

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 firm	Date

Visit 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
 One Liberty Plaza, 20th Floor
 New York, NY 10006**

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: _____

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: _____

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

LMDC authorized signature: _____

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 SSA-7028 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
<ul style="list-style-type: none"> ▪ Church or Church-Controlled Organization ▪ Personal Service Corporation ▪ Non-Profit Corporation ▪ Corporation / LLC ▪ Government ▪ Individual/Sole Proprietor <i>who has employees other than him or herself</i> ▪ Trust ▪ Joint Venture ▪ Partnership / LLC ▪ Single Member LLC <i>who has employees other than him or herself</i> ▪ Estate 	Employer Identification Number
<ul style="list-style-type: none"> ▪ City of New York Employee ▪ Individual/Sole Proprietor <i>who does not have employees other than him or herself</i> ▪ 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.

* 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:																
<p>3. Entity Type (Check one only):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Non-Profit Corporation</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Church or Church-Controlled Organization</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> City of New York Employee</td> <td><input type="checkbox"/> Personal Service Corporation</td> <td><input type="checkbox"/> Individual / Sole Proprietor</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Joint Venture</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Liability Co.</td> <td><input type="checkbox"/> Resident/Non-Resident Alien</td> <td><input type="checkbox"/> Non-United States Business Entity</td> <td><input type="checkbox"/> Estate</td> <td></td> <td></td> </tr> </table>		<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		
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Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: <i>(DO NOT USE DASHES)</i>	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>										
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

<p>1. Primary 1099 Vendor Address:</p> <p>Number, Street, and Apartment or Suite Number</p> <p>City, State, and Nine Digit Zip Code or Country</p>	<p>2. Remittance Address:</p> <p>Number, Street, and Apartment or Suite Number</p> <p>City, State, and Nine Digit Zip Code or Country</p>
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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: _____	