

Hurricane Sandy Business Loan & Grant Program: Preliminary Assessment Form



Section I: Eligibility Checklist

<p>1. Are you a for-profit business paying taxes and located in New York City?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did your business exist on or prior to October 27th 2012?</p> <p>If "Yes," please provide date your business started selling products and/or services: _____/_____/_____</p> <p style="text-align: center;">Month Day Year</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Did your business, or at least one of your NYC business locations, experience loss, damage and/or interruption as a result of Hurricane Sandy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Can you provide evidence of damages or losses of moveable equipment (where no installation is required)/inventory and/or a need for working capital, resulting from Hurricane Sandy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you a legal resident of the United States?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Is the business or any of its principal owners (greater than 20% ownership) debarred by the Federal Government?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Did you answer "Yes" to all the questions above?</p> <p> If you selected "No", please carefully review the program requirements and contact an NYC Business Solutions Account Manager to explore additional financing options.</p> <p>Visit nyc.gov/nycbusiness to contact an NYC Business Solutions Account Manager and find additional program information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section II: Business Information, Damages, and Assistance Received

1. **Business Legal Name:** _____

Business Doing-Business-As (“DBA”) Name: *(If applicable)* _____

2. **Legal Business Structure:** Sole Proprietorship Partnership LP/LLP LLC Corporation

3. **Business Address at time of storm:** *Must represent physical location. Post Office Boxes are not accepted.*

Building Number, Street Name and Unit or Floor Suite Block and Lot *(if known)*

City, State, 5 Digit Zip Code + 4 Digit Extension *(if known)* Borough

4. **Business Mailing Address:** *Only complete if different from address given in Question 3*

Building Number, Street Name and Unit or Floor Suite

City, State, 5 Digit Zip Code + 4 Digit Extension *(if known)* Borough

5. **Business Telephone Number:** *(area code + 7-digit + ext.)* (____) ____ - ____ ext. _____

6. **Business Fax Number:** *(area code + 7-digit + ext.)* (____) ____ - ____ ext. _____

7. **Business Website:** *(If available)* _____

Business E-mail: _____

8. **Contact Information of the Authorized Principal Representative for the Business:** *Business owners must designate and authorize an individual as the point of contact for inquiries from the City.*

First Name Middle Name Last Name Suffix e.g. Jr. Sr. Esq. etc.

Business Title Relationship to Business

E-mail Address Number *(area code + 7-digit + ext.)*

9. **Please provide either your business’ Employer Identification Number (EIN) or, for sole proprietorships operating without an EIN, your Social Security Number (SSN):**

EIN ____ - ____ - ____ OR SSN ____ - ____ - ____ *

**Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.*

10. Describe the nature of your business: (example: retail, service, manufacture, etc.) _____
NAICS Code(s): (if known) _____

11. Is your business currently operating? YES NO
 If not, please describe here:

12. Describe your business in terms of the products and services it offers and the markets it serves:

13. What were the approximate annual sales of your business for 2011? \$ _____
What were the approximate annual sales of your business for 2012? \$ _____

14. Please briefly describe your loss, damage and/or interruption as a result of Hurricane Sandy: *Including loss of sales revenue, inventory, customers, movable equipment etc.*

15. What is the approximate total dollar value of your business losses for all NYC locations? \$ _____

16. How many employees did you have before the storm? _____
 How many employees are at risk of losing their jobs because of the storm? _____
 How many employees do you project hiring in the event of receiving CDBG-DR funding? _____

17. What financial assistance has been offered, received, rejected, applied for or is pending for Sandy business recovery? *List only Sandy-related recovery from sources such as the SBA, City and State programs, CDFIs (such as Accion Renaissance, BOC Capital), banks, alternative lenders, etc.*

Source (SBA, NYC Sandy Emergency Loan, etc.)	Amount of Financing Awarded	Status (offered, received, rejected, applied for, pending)
	\$	
	\$	
	\$	
Total Sandy Related Financing:	\$	

18. To what extent did insurance proceeds cover the Sandy-related losses referenced in Question 13?

Source	Amount of Insurance Proceeds	Status (offered, received, rejected, applied for, pending)
	\$	
	\$	
	\$	
Total Sandy Insurance Proceeds:	\$	

IN ORDER FOR THE NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES (“NYC SBS”) TO PROCESS THIS PRELIMINARY ASSESSMENT FORM, THE BELOW CERTIFICATION MUST BE REVIEWED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE BUSINESS ENTITY SEEKING ASSISTANCE UNDER THE NYC HURRICANE SANDY BUSINESS RECOVERY LOAN & GRANT PROGRAM.

CERTIFICATION

Instructions: The Authorized Principal Representative for the business completing this NYC Hurricane Sandy Business Loan & Grant Program (“Program”) Preliminary Assessment Form (“Assessment Form” or “Form”) is required to certify under penalty of perjury the following:

I hereby certify that to the best of my knowledge and belief, the information I have provided in this Assessment Form for the business identified below and any update, extension or modification to the Form, is accurate and complete.

I also hereby authorize NYC SBS and its program partners (listed below) to make all inquiries it deems necessary to verify the accuracy of the information provided herein for the purpose of determining program loan and grant eligibility.

Furthermore, I acknowledge and understand that:

- the U.S. Small Business Administration has my permission, as required by the Privacy Act, to release information to program partners such as NYC SBS, the New York Business Development Corporation-- Local Development Corporation (“NYBDC-LDC”) and the New York City Economic Development Corporation (“NYCEDC”) in connection with the application for a grant, loan or other benefit related to disaster recovery under this Program;
- the information contained in this Assessment Form may be shared by NYC SBS with other governmental agencies as required by law and with Program partners such as the New York City Office of Management and Budget (“OMB”), NYBDC-LDC, and NYCEDC for purposes of program management/administration;
- NYC SBS and NYBDC-LDC will rely on information supplied in this Certification as an additional inducement to enter into a loan, grant and/or other benefit related to disaster recovery under this Program with my business; and
- NYC SBS and NYBDC-LDC reserves the right to request any additional information deemed necessary to evaluate the loan eligibility of my business under the Program.
- This application will be deemed ineligible if, at any point in the process, the applicant is unresponsive to requests for information from either NYC SBS or NYBDC-LDC, for 15 or more business days.

Signature

Signature Date

Print Name

Print Business Name