



Date Received:

# City of New Rochelle American Rescue Plan Act (“ARPA”)

## Small Business Application Tranche 2



### **Ways to complete and submit your application for consideration:**

1. ***Complete & Submit Electronically:***  
<https://newrochellearpa.org/2023business/>

*or*

2. ***Complete & Submit Physical Hardcopies:***

*A copy of a complete application should be submitted to  
Attention: Rita Azrelyant  
Office of the City Manager  
City of New Rochelle  
515 North Avenue  
New Rochelle, NY 10801.*

*Only fully completed and signed applications will be considered for funding.*

### **All inquiries should be directed to:**

Rita Azrelyant  
Email: [razrelya@newrochelleny.com](mailto:razrelya@newrochelleny.com)  
Phone: (914) 654-2148



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<b>APPENDIX A: LINK TO U.S. TREASURY COMPLIANCE GUIDANCE</b>	<b>N/A</b>
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## **Section I – Application Details**

**Small Business Awards.** The City of New Rochelle intends to utilize a portion of its ARPA allocation to support impacted small businesses and to provide local stimulus.

**Application Dates.** The City will accept applications from April 1, 2023 to June 30, 2023.

**Request Funding.** Funds will be awarded only after of the completion, submission and review of a formal funding request. The request may be made online by completing the below form. Hardcopies of the application will be made available upon request. Incomplete or deficient applications will be disqualified for consideration by the City.

**Submission Limit.** Applicants may submit one (1) request per business, regardless of number of locations within the City.

**Competitive Process.** By completing the application, the applicant confirms that they understand that this is a competitive process, and their project may or may not be selected for further consideration or funding. Priority shall be given to organizations that operate within City limits. However, organizations providing services to City residents are also encouraged to apply.

**Award Structure.** Awards will be provided by the City of New Rochelle in the form of a grant.

**Award Limit.** Awards may not exceed \$49,999.

**Decision Process.** Each proposed project or use of ARPA funds will be subject to the City's standard ARPA decision making process in order to ensure eligibility and ability to meet all future reporting and compliance requirements as set forth by the US Treasury.

**Tax Returns / W9.** Please note, a Federal tax return for Tax Year 2020 or copy of Applicant's 2020 IRS Form 1040 Schedule C will be required as part of the funding request. In addition, the Applicant will need to provide to the City a current IRS Form W-9.

**Prior City ARPA Awards.** Organizations that have previously received a small business ARPA award from the City may still be considered but preference will be given to new applicants.

**Application Assistance.** The City of New Rochelle will host information sessions. Please reach out to Rita Azrelyant ([razrelya@newrochelleny.com](mailto:razrelya@newrochelleny.com)) for more information.



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## Section II – Uses & Restrictions

**Eligible Uses.** City Awarded funds must be expended in compliance with applicable Local, State and Federal law.

- The use of funds must address costs associated with adjustments in operations and/or services due to COVID-19 impacts not otherwise addressed by current programs through the Federal or State governments.
- Unless otherwise noted, awarded funds may only be used for rent/mortgage, outstanding bills (Electricity, Water, Heat, Gas) or marketing.

**Eligible Small Businesses.** To be eligible for consideration, businesses must meet ALL of the following criteria:

- Demonstrate that they were in operation prior to 2021.
- Must be an existing for-profit business located in the City of New Rochelle or provide services to residents of New Rochelle.
- At least one (1) full-time equivalent employee (including the business owner).
- Have less than 500 employees.
- Generally be independently owned/operated.
- Not be dominant in its field.
- Be able to demonstrated a negative economic impact directly resulting from the COVID-19 pandemic.
- Ability to demonstrate how awarded funds would be used to make positive adjustments to operation.
- Demonstrate a sustainability plan for maintaining the business.
- Be current on all taxes and fees owed to the City of New Rochelle.

**Award Restrictions.** Awarded funds may not be used to pay taxes, fees, or any other payments due to the City of New Rochelle. In addition, small businesses shall not be permitted to use funds received from this grant program for expenses that already or will be covered by any other local, state, or federal assistance program.

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**Ineligible Businesses.** The following businesses are generally considered not to be eligible:

- Businesses not currently in operation as of the date of the request.
- Businesses which commenced operations after 2021.
- Businesses that have previously received a small business ARPA award from the City.
- Banks and/or financial companies.
- Franchises or chain businesses.
- Businesses temporarily or permanently closed due to illegal activity.
- Businesses engaged in illegal activity.
- Non-Profit organizations (there is a separate request form for non-profit organizations).

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### Section III - Application

#### General Information:

Date of Application:	
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Organization/Entity Name:	
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Organization/Entity TIN, EIN or Social Security Number:	
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<b>Organization/Entity Physical Address:</b>	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	

<b>Organization/Entity Mailing Address (If Different):</b>	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	

#### Contact Information:

<b>Primary Contact Information</b>	
Primary Contact Name:	
Primary Contact Title:	
Primary Contact Phone:	
Primary Contact Email:	
Preferred Method of Contact:	

Website (If Available):	
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**Organization/ Entity Info and Structure:**

<b>Organization/Entity Structure (Select Best Option:)</b>	
Individual	
Sole Proprietor	
LLC	
Franchise	
Partnership	
Corporation	
Other (Please Specify)	

<b>Date of Establishment:</b>	
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<b>If a Business, what is the Primary Function (Select Best Option:)</b>	
N/A	
Arts, Entertainment, Recreation	
Child Care, Education, Instruction	
Construction, Engineering, Design Services	
Distribution, Logistics, Warehousing	
Finance, Insurance, Real Estate	
Health, Medical Services	
Hotel & Accommodations	
Information Technology, Broadcasting, Publishing	
Manufacturing	
Personnel Services (Barber, Nail Salon, Fitness, Dry Cleaner)	
Repair & Maintenance	
Restaurant, Food Services	
Retail	
Social Services	
Transportation	
Other (Please Specify Below)	

<b>If You Selected "Other" Above, Please Specify</b>

<b>If Business, Is it Home Based:</b>	
Yes	
No	



<b>If Applicable, Number of Employees:</b> <i>(Separately List Part-Time &amp; Full-Time)</i>

<b>If Applicable, Is the business a SWAM (Small, Women or Minority Owned):</b>
Yes
No
N/A
<i>(If yes, Please Supply Documentation to Support Certification)</i>

**Tax Information:**

<b>Documents To be included with the submission (see “Appendix B”) of this application:</b>
1) Federal Tax Return for Tax Year 2020 or IRS form 1040 Schedule C
2) Federal Tax Return for Tax Year 2021 or IRS form 1040 Schedule C
3) IRS Form W-9 Request for Taxpayer Identification Number & Certification

**Certifications:**

**Future ARPA Reporting & Compliance Acknowledgments**

*(All Boxes Must Be Checked for Consideration by the City of New Rochelle)*

- I Have Read and Understand the U.S. Treasury’s Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds (see link included under “Appendix A”)
- Should the City Allocate ARPA Funds, I am Able to and Pledge to Adhere to ALL Compliance and Reporting Requirements of the U.S. Treasury as it relates to any State and Local Fiscal Recovery Funds
- I Understand the City Will Contact me if/when Additional Information is Needed and that Information will be Promptly Provided to the City to Support Reporting Requirements





- If for Any Reason I am Unable to Comply with the U.S. Treasury’s Compliance and Reporting Requirements I will Immediately Notify the Commissioner of Finance in writing by email or letter
- All Information Submitted In This Application Is True & Accurate

All boxes must be checked for consideration by the City of New Rochelle. As noted above and in Appendix A, all applicants MUST read the U.S. Treasury’s Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds: <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>

**Signature Agreement:**

Signature:	
Full Name:	

The Applicant covenants to save, defend, hold harmless and indemnify the City of New Rochelle, and all of its officers, departments, agencies, agents and employees (Collectively the “City”) from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney’s fees), charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application. The Applicant provides a waiver of confidential information provided to the Commissioner of the Finance of City of New Rochelle, and authorizes the internal use of this information for the award analysis. The Applicant acknowledges that the City of New Rochelle will keep all proprietary information voluntarily provided by the Applicant confidential to the extent permitted by the New York Freedom of Information Act and other applicable laws and regulations pertaining to the disclosure of records in its possession, and acknowledges that all grant award decisions are final and are not subject to appeal. I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

(End of Application)



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## Appendix A

### U.S. Treasury

## Compliance and Reporting Guidance State and Local Fiscal Recovery Funds

Please Note: As a part of this application, all applicants MUST confirm they have received and read a copy of the U.S. Treasury's Compliance and Reporting Guidance for State and Local Fiscal Recovery Funds. A link to these guidelines is provided below. Hardcopies will be made available by request of the City.

*Web Address to U.S. Treasury Compliance and Reporting Guidance:*  
<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>



## Appendix B

### **Please Attach:**

1. Federal Tax Return for Tax Year 2020 or IRS form 1040 Schedule C
2. Federal Tax Return for Tax Year 2021 or IRS form 1040 Schedule C
3. IRS Form W-9 Request for Taxpayer Identification Number & Certification