

City of New Rochelle  
Department of Development

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[www.newrochelleny.com](http://www.newrochelleny.com)

## **Rebound NR** **Pre-application / Eligibility Screening**

The City of New Rochelle has partnered with the New Rochelle Chamber of Commerce, Downtown BID and members of the private sector in launching Rebound NR. This new program can provide \$5K, \$10K or higher grants to qualifying New Rochelle small businesses to help them *persist and transition to the new normal*.

Interested businesses should complete this screening questionnaire to determine their eligibility to apply for either ME (Microenterprise Stabilization Funds which are CDBG Funded) or SB (Small Business) funds. Upon acceptance of the screening, applicant will be directed to complete the full application for the program for which they qualify. This tentative screening acceptance is not a guarantee of funding.

By completing this pre-application form, I acknowledge that I will provide the information required to determine program eligibility. This is not a guarantee of funding and program requirements must be met to receive a grant.

### **Applicant Contact Information**

- 1) Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Mobile Phone: \_\_\_\_\_
- 4) Email Address: \_\_\_\_\_

### **Business Contact Information:**

- 5) Legal Name of Business: \_\_\_\_\_
- 6) Doing Business As (DBA): \_\_\_\_\_
- 7) Business Address: \_\_\_\_\_
- 8) Business Phone: \_\_\_\_\_
- 9) Mobile Phone: \_\_\_\_\_
- 10) Email Address: \_\_\_\_\_
- 11) Website or social media: \_\_\_\_\_

## Business Information

### 12) Which industry is your business primarily in? (Select One)

- a. Arts / Entertainment / Recreation
- b. Auto Sales / Service
- c. Construction
- d. Education
- e. Finance and insurance
- f. Hotels and accommodations
- g. Landscaping / Gardening
- h. Manufacturing
- i. Medical
- j. Personal Services (Salons, Barbers)
- k. Professional Services
- l. Real estate
- m. Restaurants and food service
- n. Retail
- o. Wholesale trade
- p. Other (explain): \_\_\_\_\_

### 13) Do any of the following describe your business? (Check all that apply.)

- Nonprofit organization/businesses;
- Lobbyists;
- Businesses that involve the sale of medical or recreational cannabis;
- Private club or business that limits membership for reasons other than capacity;
- Businesses with at least 33% of its gross annual revenues from legal gambling activities;
- Businesses engaged in production or wholesale selling of tobacco products, vaping, liquor or sexually explicit materials;
- Businesses engaged in production or wholesale/retail selling of firearms;
- Pawnshop, liquor store, adult bookstore, non-therapeutic massage parlor, strip club or nightclub;
- Storage facility, trailer-storage yard or junkyard;
- A business in which a majority owner or member of the immediate family is an elected official of the City of New Rochelle;
- Businesses restricted to patrons above the age of 18;
- Franchises;
- Chains;
- None of the Above

14) How many employees does your business currently employ at all locations? Employees are defined as all persons receiving a W-2 from the business, including the owner(s) if applicable. \_\_\_\_\_

**15) How many years has this business been operating in New Rochelle? (Select one)**

- a. Less than 1 year
- b. 1 – 2 years
- c. 2 – 5 years
- d. 5 – 10 years
- e. More than 10 years

**16) Please provide an estimate of your past year's revenues.**

- \$0 - \$10,000
- \$10,001 - \$25,000
- \$25,001 - \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$200,000
- \$200,001 - \$500,000
- \$500,001 - \$1,000,000
- Over \$1,000,000

### **COVID-19 Impact**

**17) Has your business experienced a loss of income  $\geq$  \$1,000 due to COVID-19? \_\_\_\_ Yes \_\_\_\_ No**

**18) What other impacts have affected your business in dealing with COVID-19? (Select all that apply)**

- Temporarily closed due to state executive order
- Reduced staff hours
- Laid off employees
- Changed product / service mix
- Changed product / service delivery method
- Other (please specify) \_\_\_\_\_

**19) Has this business received Federal or State funding (loans, grants or other assistance) related to the COVID-19 emergency, including but not limited to Bank loans, SBA loans, Public or private loans, grant funding, etc.? \_\_\_\_\_ Yes \_\_\_\_ No**

### **Financial Assistance**

**20) What size grant are you requesting? (Documentation will be required to determine eligibility for amount of grant funds based on planned usage.)**

- \$5,000.00
- \$10,000.00
- Other amount (Please specify): \_\_\_\_\_

**21) How do you intend to implement these grant funds to ensure the survival of your business? (Please check all that apply)**

- Pay staff

- Pay utilities
- Pay rent / mortgage
- Purchase stock / inventory
- Prepare to meet increased safety and social distancing protocols
- Build e-Commerce capability
- Other (please specify) \_\_\_\_\_

**Owner Information** (If you want to be considered for a microenterprise stabilization grant, the federal government requires that you complete these questions)

**Applicant/Owner Information**

22) What was the owner's family's total gross income in 2019? \_\_\_\_\_

23) How many persons are in the owner's household? \_\_\_\_\_

24) Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No \_\_\_ Lawful Permanent Resident

25) Are you age 18 or older? \_\_\_ Yes \_\_\_ No

26) Are you a student? \_\_\_ Yes \_\_\_ No

**Business Co-owner (if applicable) Co-owner(s) must also meet the income eligibility requirement.**

27) Co-owner's Name \_\_\_\_\_

28) Co-owner's Email \_\_\_\_\_

29) What was the co-owner's family's total gross income in 2019?

30) How many persons are in the co-owner's household?

31) Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No \_\_\_ Lawful Permanent Resident

32) Is the Co-owner age 18 or older? \_\_\_ Yes \_\_\_ No

33) Is the Co-owner a student? \_\_\_ Yes \_\_\_ No

**Optional**

34 ) Do any of the following describe your business? (Check all that apply.)

- Minority or woman-owned businesses;
- Veteran owned businesses;
- Disabled-owned business;
- None of the above.

By signing this application, I certify that all information contained in this application is true and complete. I made no misrepresentation, nor did I omit any pertinent information.

I UNDERSTAND THAT ADDITIONAL FINANCIAL AND BUSINESS INFORMATION WILL BE REQUIRED TO COMPLETE THE APPROPRIATE APPLICATION BEFORE A DETERMINATION OF FUNDING WILL BE MADE.

Upon acceptance of the screening, applicant will be directed to complete the full application for the program for which they qualify.

Form Completed By: \_\_\_\_\_

Role \_\_\_\_\_

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

**Return completed forms to:**

City of New Rochelle  
Attn: Rebound New Rochelle  
515 North Avenue  
New Rochelle, NY 10801