

# Metropolitan Redevelopment Agency Downtown Storefront Activation Grant Application Form

The Downtown Storefront Activation Grant Program is an economic recovery program aimed to increase the vibrancy of Downtown Albuquerque. Funded through the American Rescue Plan Act, \$500,000 is being made available to businesses that occupy street-level retail space in Downtown Albuquerque. Grants of up to \$30,000 are available to small businesses (less than 250 employees) that activate and occupy storefront space in the Downtown District.

Please read the Program Overview for program eligibility and terms. The Program Overview and additional applicant guidance can be found at [www.cabq.gov/storefrontgrants](http://www.cabq.gov/storefrontgrants)

A complete application includes all of the following six documents. All completed applications and required documents must be uploaded to the Application Upload Site - <https://sftp.cabq.gov/link/vhGJ3O-BZXI/>  
Applications that do not include all six documents may be rejected.

Before uploading, check that you have:

## **This completed application form**

## **Executed LOI or lease agreement with a term of at least two years for an Eligible Downtown Storefront**

## **Copy of active City of Albuquerque Business Registration**

Please upload ONLY current City of Albuquerque Business Registration. Accepted file type is PDF. Any other file type must first be converted to a PDF, then uploaded. If you do not know if your business is currently registered with the City of Albuquerque, please visit this website to lookup your business: <https://www.cabq.gov/planning/business-registration-information/business-information-search>

## **Copy of most recent previous CRS report documenting three prior years in business or documentation of business training for businesses with less than three years of prior operations**

Applicants must upload copies of CRS reports submitted to the New Mexico Department of Taxation & Revenue to document years in operations, one report from each full year of operations, for the prior three years. Businesses less than three years old must upload proof of participation in some form of business training provided by one of many eligible sources.

## **Copy of most recent WC-1 documenting the number of employees or other as described below.**

Applicants with 4+ employees are asked to upload proof of employee numbers based on the business' latest WC-1 (Worker's Compensation Fee) filing with the State of New Mexico Department of Taxation & Revenue. See the provided examples, and ensure the requested information is clearly legible.

\*\*\*Applicants with 3 or fewer employees are exempt from paying the Worker's Compensation Fee, and therefore are required to upload the business' most recent payroll report affirming employee numbers.

## **Modified W-9 Form**

Please upload a completed [Modified W-9](#) form for the business. The form must be executed in PDF, PNG, or JPEG format.

**FILE NAMING REQUIREMENTS:** All uploaded documents must start with the business name, followed by the document name. For example: *“General Store ABQ\_CRS Report”*

## **Applicant Information**

### **Applicant Name \***

First and last name of the person filling out this application on behalf of the business.

### **Applicant Phone Number \***

Please provide the best phone number for the Applicant using the following format: XXX-XXX-XXXX

### **Applicant Email \***

This will be the person contacted for all grant-related questions and notifications.

### **Relationship to the Business \***

NOTE: The person applying on behalf of a business must have signature authority for the business. Please select the option that best fits your relationship to the business. If other - please describe in the space provided.

Owner/Founder

General Manager

Board of Directors

Other:

### **Registered Business Name (as registered with the City of Albuquerque) \***

### **Federal Employer Identification Number (FEIN) \***

### **DBA - Doing Business As \***

Select the appropriate answer below. If Registered Business Name is different than the DBA - list the DBA in the space provided for 'Other' answers below.

Registered Name is the "Doing Business As" name

Other:

### **What type of business will be occupying the downtown storefront? \***

Select the most appropriate answer from the choices below. If no answer fits the applicant business type, please use "other" to specify the business type.

Retail Sales

Restaurant / Brewery / Distillery /Cafe

Services

Professional / Technical Offices

Other:

### Current Number of Full Time Equivalent (FTE) Employees \*

- 0-3
- 4-10
- 11-25
- 26-60
- 61-100
- 101-250

### Storefront Occupancy Type \*

Please select the best option below to describe how the business intends to occupy downtown storefront space. If 'other' please specify.

- Relocation from somewhere else in Albuquerque
- Relocation from somewhere outside Albuquerque
- Expansion of existing downtown storefront footprint by 50% or more
- Expanding from online or remote-only to a downtown storefront location
- Other:

*\*For Businesses expanding their existing downtown storefront footprint, please provide the following information:*

- Existing Storefront Square Feet:
- Expanded Storefront Square Feet:
- Total New Storefront Square Feet:

### How long has the Applicant been in business? \*

- Existing Business - 3+ years old
- Existing Business - 1-3 years old
- Startup - less than 1 year old
- Other:

### Business Social Media \*

- Facebook
- Instagram
- Twitter
- LinkedIn
- Snapchat
- Other:

## Business Website URL \*

## Storefront Location \*

Please use the space below to provide the physical address of the storefront associated with this application. Since all locations must be in downtown Albuquerque, please provide just the street number, street name, suite or unit information. Ex. 509 Central Ave SW

## Landlord Information \*

Please provide complete contact information for the downtown storefront landlord or property manager.

First + Last Name (or company name)

Primary Phone number

Primary email address

Mailing address

## **Narrative Information**

*This grant application will be evaluated based in-part on the quality of responses to these open-ended questions.*

### **Storefront Information \***

Please use the space provide below to describe the proposed location (premises and building) for your business. Specifics including details about square footage, location, current status and how long it has been vacant, etc. are strongly encouraged. (Maximum 1500 characters)

### **Use of Grant Funds \***

Specifics addressing if funds will be for rent, tenant improvements, personnel etc. along with related timelines are strongly encouraged. (Maximum 1500 characters)

### **Evening Activity**

Vibrant downtowns provide attractions and services to residents and visitors well beyond traditional daytime business hours. Does this applicant business generate visitation and/or commerce downtown during evening and nighttime hours (5pm -10pm) at least four days per week? If yes, please provide more detail. (Maximum 1500 characters)

## Tell Your Story \*

Please use the space provide below to describe how these grant funds will make a difference for the business. Provide context, like how these funds will help the business recover and grow from the impacts of the COVID-19 epidemic for example. (Maximum 1500 characters)

## **Questions about the program?**

Use the space below to submit questions about the program.