

# NYC Hurricane Sandy Loan & Grant Program: Core Application



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1. **Your/Business Owner Name:** \_\_\_\_\_

2. **Business Legal Name:** \_\_\_\_\_

**If applicable. Business Doing-Business-As (“DBA”) Name:** \_\_\_\_\_

3. **Business Address:** (Must represent physical location. Post Office Boxes are not accepted).

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Building Number and Street Name Unit, e.g. Floor Suite (optional)

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City State ZIP Code (5 digit zip + 4-digit extension)

4. **Business Mailing Address:** (Only complete if the business mailing address is different from the business address given in Question 3).

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Building Number and Street Name Unit, e.g. Floor Suite (optional)

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City State ZIP Code (5 digit zip + 4-digit extension)

5. **Telephone Number:** (area code + 7-digit + ext.) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

6. **Fax Number:** (area code + 7-digit + ext.) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

7. **Website (if applicable):** \_\_\_\_\_

8. **Email Address:** \_\_\_\_\_

9. **Please provide either your business’ Employer Identification Number (EIN) or your Social Security Number (SSN).** (Only Sole Proprietorships that do not have an EIN may provide a SSN.)

EIN \_\_\_\_ - \_\_\_\_\_ OR SSN \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

10. **Authorized Representative Contact Information** (Business owners may designate an individual as the point of contact for inquiries from the City. Please include that individual’s contact information here.)

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First Name	Middle Name	Last Name	Suffix (e.g. Jr. Sr. Esq. etc.)
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Business	Title	Telephone Number (area code + 7-digit + ext.)
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E-mail Address

11. Describe the nature of your business (retail, service, manufacture, etc.): \_\_\_\_\_

NAICS Code(s) if known: \_\_\_\_\_

12. How many people were employed by your business prior to 10/29/12? \_\_\_\_\_

13. How many jobs were lost due to Sandy?: Full-time Jobs: \_\_\_\_\_ Part-time Jobs: \_\_\_\_\_

14. What were the approximate annual sales of your business for 2011? \$ \_\_\_\_\_

What were the approximate annual sales of your business for 2012? \$ \_\_\_\_\_

15. Did your business suffer **physical damage** as a result of Sandy? If so, please describe.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. What was the approximate value of the physical damage loss? \$ \_\_\_\_\_

17. Did your business suffer **other economic losses** (examples: loss of sales revenue, inventory, customers etc.) as a result of Sandy? If so, please describe.

\_\_\_\_\_  
 \_\_\_\_\_

18. What was the approximate amount of the other economic losses? \$ \_\_\_\_\_

19. What funds have you **borrowed** to pay for Sandy business recovery?

*List only Sandy-related recovery from sources such as the SBA, City and State programs, CDFIs (Accion, Renaissance, BOC Capital), banks, alternative lenders and/or personal borrowing.*

Source	Amount of Financing	Status (Pending, Funded?)
	\$	
	\$	
	\$	
<b>Total Sandy Related Financing:</b>	<b>\$</b>	

20. To what extent did **insurance proceeds** cover the Sandy-related losses referenced above?

Source	Amount of Insurance Proceeds	Status (Pending, Funded?)
	\$	
	\$	
	\$	
<b>Total Sandy Insurance Proceeds:</b>	<b>\$</b>	

21. How much in financial assistance for working capital and/or moveable equipment does your business need for Sandy disaster recovery?

<b>Working Capital and Moveable Equipment</b>	
Staff, payroll and related taxes and benefits	\$
Inventory	\$
Refinance private debt for Sandy recovery working capital moving forward. Cannot use CDBG DR funds to refinance SBA or any government debt	\$
Rent	\$
Utilities	\$
Marketing	\$
Insurance	\$
Business Taxes	\$
Equipment	\$
<b>Total Sandy Disaster Recovery Working Capital and Equipment budget:</b>	<b>\$</b>

22. With NYC Sandy CDBG-DR assistance how many jobs will be retained and/or newly created?

\_\_\_\_\_ # Jobs Retained                      \_\_\_\_\_ # Jobs Newly Created

Business Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title (*please print or type*): \_\_\_\_\_

**CERTIFICATION**

**Instructions:** Business owners completing this NYC Hurricane Sandy Loan & Grant Program (“Program”) Core Application (“Core Application”) are required to complete under penalty of perjury this Certification.

I hereby certify that the information I have provided in this Core Application and any update, extension or modification, is accurate and complete to the best of my knowledge and that this information is subject to verification.

I hereby authorize the City to make all inquiries it deems necessary to verify the accuracy of the information provided herein and to determine loan eligibility.

I understand that:

- the information contained in this Core Application may be shared with other governmental agencies as required by law and with Program partners such as NYBDC-Local Development Corporation (“NYBDC-LDC”) and the New York City Economic Development Corporation (“NYCEDC”) for purposes of program management/administration;
- the City and NYBDC-LDC will rely on information supplied in this Certification as an additional inducement to enter into a loan and/or grant through the Small Business Disaster Recovery Loan Program; and
- the City reserves the right to request additional information to evaluate loan eligibility under the Program.

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*Signature*

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*Signature Date*

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Print Name