

# DOWNTOWN STOREFRONT ACTIVATION GRANT

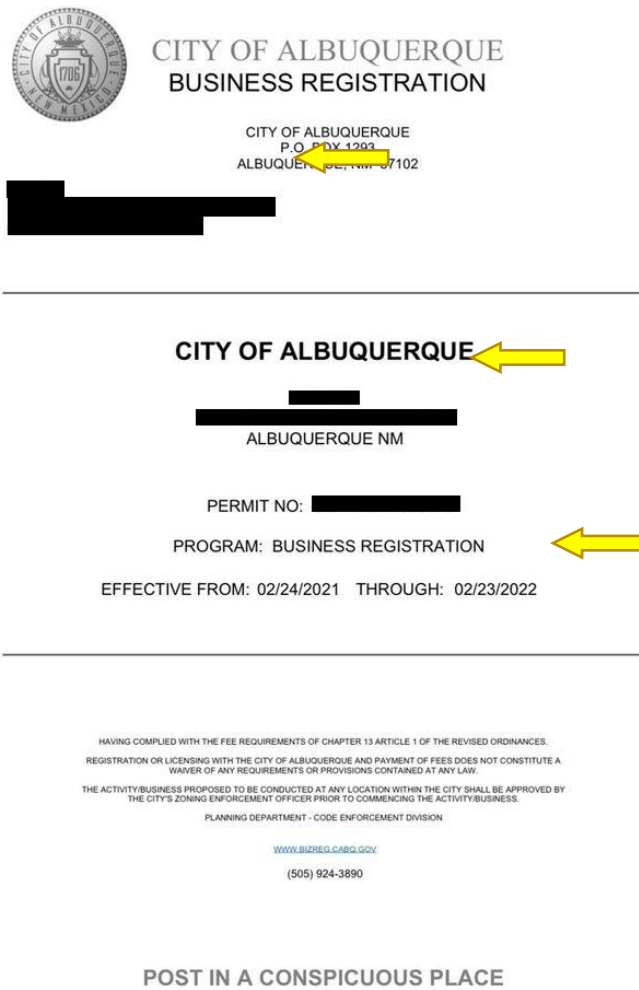
## DOCUMENTATION DESCRIPTIONS & EXAMPLES GUIDE

### **PROOF OF CURRENT BUSINESS REGISTRATION**

Please upload **ONLY** proof of a current City of Albuquerque Business Registration. Accepted file types are **PDF, JPEG, or PNG**. Any other file type must first be converted to a PDF or image file type listed, then uploaded.

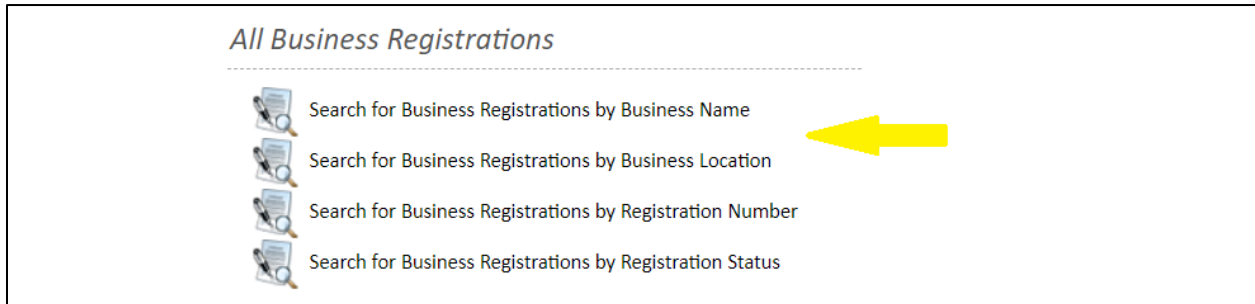
If you do not know if your business is currently registered with the City of Albuquerque, please visit this website to lookup your business: <https://www.cabq.gov/planning/business-registration-information/business-information-search>.

### **Example of Document Provided by City of Albuquerque**



**What to do if you don't have this documentation:**

1. Search for your business using the link above. Provide a clear screenshot like the one below showing registration status is ACTIVE, and other required information including business name and description.



**Screenshot from Business Registration Search**



2. If you don't find your business or its registration is expired, contact the Business Registration Team via email/telephone at [businessregistration@cabq.gov](mailto:businessregistration@cabq.gov) / (505) 924-3890. Staff will help determine the current status of any business and/or what is necessary to return a business registration status to ACTIVE.



**PROOF OF CURRENT EMPLOYEE LEVELS**

Qualifying Businesses must currently employ fewer than 250 Full-Time Equivalent (FTE) employees.

In order to verify employee numbers, **applicant businesses with ten (10) or more FTE employees** must upload a copy of the business' most recent WC-1 Form (see sample). Information highlighted in the sample below should be clearly legible.

- Acceptable upload formats include **PDF, JPG, or PNG**. **Scanned copies** of original documents are acceptable.

RFD-41054  
Rev. 08/2010

STATE OF NEW MEXICO  
**TAXATION AND REVENUE DEPARTMENT**  
WC-1 - WORKERS' COMPENSATION FEE FORM

Beginning with calendar quarter ending September 30, 2004, the quarterly workers' compensation fee paid on Form WC-1 increased from \$4 to \$4.30 per covered worker (employee). Only the employer's share increased. See the instructions for details.

**WHO MUST FILE:** Every employer who is covered by the Workers' Compensation Act, whether by requirement or election, must file and pay the New Mexico Workers' Compensation Fee and file Form WC-1. See the instructions for requirements.

**\*IMPORTANT:** On Line 1, enter the number of workers (employees) to whom the Workers' Compensation Fee applies. This is the number of covered employees you employed on the last working day of the calendar quarter. If you have no covered employees, enter zero.

**WHEN TO FILE:** The Workers' Compensation Fee is due on or before the last day of the month following the close of the report period. A report period is a calendar quarter ending March 31, June 30, September 30 and December 31.

Upon completion of this form, sign, date and enter your phone number and E-mail address on the form. Make the check or money order payable to Taxation and Revenue Department.

Mail the bottom portion of this form with payment to **New Mexico Taxation and Revenue Department, P.O. Box 2527, Santa Fe, NM 87504-2527**. Retain the top portion for your records. For assistance call (505) 827-0832.

<p><b>A. FEIN:</b></p> <p><b>B. CRS:</b></p> <p><b>C. EAN:</b></p> <p><b>NAME:</b></p> <p><b>STREET/BOX:</b></p> <p><b>CITY, STATE, ZIP:</b></p>	<p><b>REPORT PERIOD:</b> Beginning (mm-dd-yy) Ending (mm-dd-yy)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1. *Number of covered workers at close of report period</b></td> <td style="width: 50%; text-align: center;">1.</td> </tr> <tr> <td><b>2. Assessment fee</b></td> <td style="text-align: center;">2. \$</td> </tr> <tr> <td><b>3. Penalty</b></td> <td style="text-align: center;">3. \$</td> </tr> <tr> <td><b>4. Interest</b></td> <td style="text-align: center;">4. \$</td> </tr> <tr> <td><b>5. Total due</b></td> <td style="text-align: center;">5. \$</td> </tr> </table>	<b>1. *Number of covered workers at close of report period</b>	1.	<b>2. Assessment fee</b>	2. \$	<b>3. Penalty</b>	3. \$	<b>4. Interest</b>	4. \$	<b>5. Total due</b>	5. \$
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<b>3. Penalty</b>	3. \$										
<b>4. Interest</b>	4. \$										
<b>5. Total due</b>	5. \$										

**PLEASE CUT AND INCLUDE THE BOTTOM PORTION WITH YOUR PAYMENT**  
RETAIN THE UPPER PORTION FOR YOUR RECORDS

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**WORKERS' COMPENSATION FEE (WC-1)**

<p><b>A. FEIN:</b></p> <p><b>B. CRS:</b></p> <p><b>C. EAN:</b></p> <p><b>NAME:</b></p> <p><b>STREET/BOX:</b></p> <p><b>CITY, STATE, ZIP:</b></p>	<p><b>REPORT PERIOD:</b> Beginning (mm-dd-yy) Ending (mm-dd-yy)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1. *Number of covered workers at close of report period</b></td> <td style="width: 50%; text-align: center;">1.</td> </tr> <tr> <td><b>2. Assessment fee</b></td> <td style="text-align: center;">2. \$</td> </tr> <tr> <td><b>3. Penalty</b></td> <td style="text-align: center;">3. \$</td> </tr> <tr> <td><b>4. Interest</b></td> <td style="text-align: center;">4. \$</td> </tr> <tr> <td><b>5. Total due</b></td> <td style="text-align: center;">5. \$</td> </tr> </table> <p style="text-align: right; font-size: small;">Check if amended <input type="checkbox"/></p>	<b>1. *Number of covered workers at close of report period</b>	1.	<b>2. Assessment fee</b>	2. \$	<b>3. Penalty</b>	3. \$	<b>4. Interest</b>	4. \$	<b>5. Total due</b>	5. \$
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Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Mail to: Taxation and Revenue Department, P.O. Box 2527, Santa Fe, NM 87504-2527 **WKC**

**Sample WC-1 Form**

**CABQ Modified W-9 Form** for business/entity (City of Albuquerque provided form)

The City of Albuquerque requires any entity receiving funds to be registered as vendors using a W-9 form (see example below). Complete and print a W-9 form from the program website – be sure to sign it before uploading. When completed, upload the signed W-9 form along with the application and other required documents.

 <b>Request for Supplier Information</b>		Substitute Form <b>W9</b> Department of Finance and Administrative Services
<b>SECTION 1: CONTACT INFORMATION AND TAXPAYER IDENTIFICATION NUMBER</b>		
NAME (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
BUSINESS NAME/ disregarded entity name, if different from above.		
PRIMARY ADDRESS (number, street, and apt or suite no)		REMITTANCE ADDRESS (number, street, and apt or suite no)
CITY, STATE, and ZIP CODE		REMITTANCE CITY, STATE, and ZIP CODE
PHONE		EMAIL ADDRESS
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER		New Mexico CRS TAX ID (if applicable)
<input type="checkbox"/> SOCIAL SECURITY NUMBER    OR <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER		<input type="checkbox"/> New Mexico CRS TAX ID (if applicable)
TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR or single-member LLC <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LIMITED LIABILITY COMPANY-- Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 501(C)3/NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER (SEE INSTRUCTIONS)		EXEMPTIONS (codes apply to certain entities, not individuals; see instructions) EXEMPT PAYEE CODE (if any)  EXEMPTION FROM FATCA REPORTING CODE (if any)
<b>SECTION 2: BUSINESS DEMOGRAPHICS (CHECK ALL THAT APPLY)</b>		
<input type="checkbox"/> <b>Local Business</b> - Headquartered and maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County). <input type="checkbox"/> <b>Doing Business Locally</b> - Either not headquartered or does not maintain its principal office and place of business here, but maintains a storefront in the Greater Albuquerque Metropolitan Area and employs one or more City of Albuquerque or Bernalillo County residents. <input type="checkbox"/> <b>Woman Owned Business</b> - At least 51% owned and controlled by one or more women, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women. <input type="checkbox"/> <b>Minority Business Enterprise (MBE) Owned</b> - At least 51% owned and controlled by one or more racial/ethnic minorities or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more racial/ethnic minorities. Please specify the race/ethnicity of minority owners (question to the right). <input type="checkbox"/> <b>LGBTQ+ Owned Business</b> - At least 51% owned and controlled by one or more LGBTQ+ individuals, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more LGBTQ+ individuals. <input type="checkbox"/> <b>None of the Above Categories Apply</b>		If your business is MBE-owned, please specify the race/ethnicity of minority owner(s). Check all that apply: <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian-Indian American <input type="checkbox"/> Asian-Pacific American

**EXECUTED LOI OR 5-YEAR LEASE FOR QUALIFYING SPACE**

All Storefront Grant Applications must include a proof of an executed Letter of Intent (LOI), lease agreement, or lease amendment for expansion between Landlord and Tenant that specifies commitment to occupy the storefront space for at least a 5-year term with no termination.

LOI or lease must also include:

- Total square feet being leased (Usable Square Feet), and the per-square-foot cost being applied,
- Total expected monthly rent amount, before any grant funding or other funds

Upload the fully executed LOI or lease agreement/amendment with the application and other required documentation.

**PROOF OF NONPROFIT TAX ID NUMBER and ANNUAL GROSS REVENUE**

All non-profit applicants must include proof of a Tax ID number and the previous year's annual gross revenue. This information is available on IRS Form 990.

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047  
 Department of the Treasury Internal Revenue Service **2021** **Open to Public Inspection**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code

**D** Employer identification number  
**E** Telephone number  
**G** Gross receipts \$

**F** Name and address of principal officer:  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **M** State of legal domicile:

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4**

**5** Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5**

**6** Total number of volunteers (estimate if necessary) **6**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

**7b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		

**20** Total assets (Part X, line 16) **Beginning of Current Year** **End of Year**

**21** Total liabilities (Part X, line 26)

**22** Net assets or fund balances. Subtract line 21 from line 20

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_  
 Firm's address \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)