



PRESERVE THE FORT SMALL BUSINESS GRANTS SECOND ROUND OF FUNDING

Guide: Application for For-Profit Businesses

About Preserve the Fort Business Grants

- Funded by the City of Fort Worth's CARES Act allocation.
- First round of grants launched in May 2020

- Provided \$6,480,000 to 881 companies as of September 2, 2020
- \$2.7 million of this went towards the city's minority-owned businesses, and another \$1.4 million to the city's targeted neighborhoods
- Second round of grants expands scope to include larger businesses (500 employees) and performing arts nonprofits
- Applicants who received a grant earlier this summer can apply again.

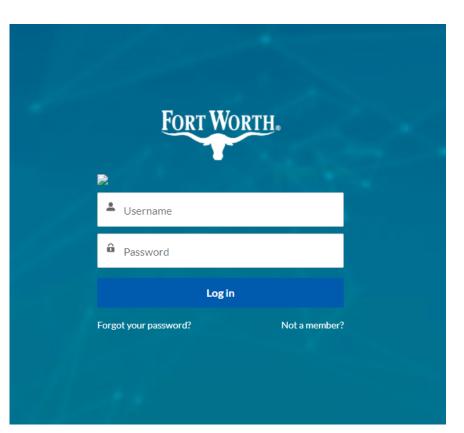


- Visit the Preserve the Fort page at <u>fortworthtexas.gov/preserve-the-fort/</u>
- Prepare your paperwork and other documentation
 - Volunteers are available to assist you if needed. Sign up for an appointment on the webpage.
- Click the "start my application" button at the bottom of the page.



Set Up or Sign into Your Account

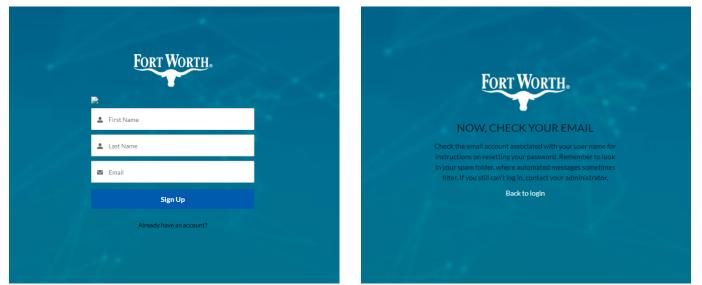
- First time users select "Not a member?" in lower right to set up their account information.
- Existing users can log in.





Set Up

- Enter your first name, last name and email address.
- Click Sign Up. You will receive a notice to Check Your Email.
- Follow the link to set up your password.



 Translate the application using the drop down menu at the top of the page.

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Certifico que estoy legalmente autorizado para enviar esta solicitud y que la documentación requerida en nombre del solicitante y la información y las declaraciones que he proporcionado son veraces y precisas. Entiendo que la información y documentación enviada en esta solicitud se está proporcionando a una agencia gubernamental y está sujeta a las pautas de un programa federal y al Programa Preserve the Fort Grant y, al enviar esta solicitud, acepto cumplir con dichas pautas y yo Entiendo que todos los fondos otorgados bajo el Programa Preserve the Fort Grant están sujetos a auditoría y, si no se gastan como se define en los Usos Elegibles del Programa Preserve the Fort Grant, que, además de cualquier otro recurso civil que pueda ser aplicado en mi contra , dichos fondos deben ser confiscados y devueltos inmediatamente a la Ciudad de Fort Worth,

✓

Reconozco que la Ciudad de Fort Worth es un organismo gubernamental sujeto a la Ley de Información Pública de Texas. La información que presento a la Ciudad de Fort Worth en esta solicitud puede estar sujeta a la Ley y, por lo tanto, sujeta a divulgación pública.

~

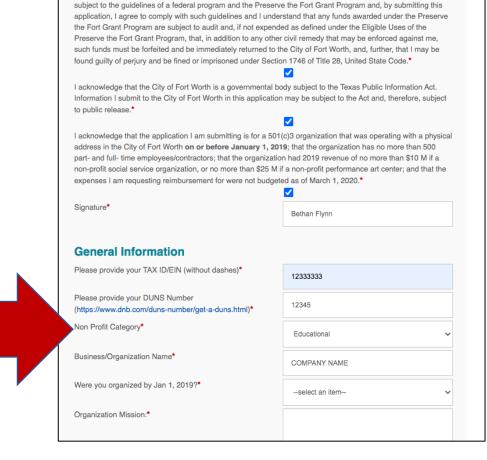
Reconozco que la solicitud que estoy presentando es para una empresa con fines de lucro registrada en el estado de Texas que operaba con una dirección física en la ciudad de Fort Worth el 1 de enero de 2020 o antes ; que mi organización no tiene más de 500 empleados / contratistas a tiempo parcial y completo; que la empresa tuvo un ingreso anual bruto mínimo de \$ 12,000 en 2019; y que el negocio demuestre una reducción en ventas / ingresos o empleo durante el período del 1 de marzo de 2020 al 31 de agosto de 2020 como resultado de COVID 10.

 Once you start your application, you can save your progress at the bottom of the page.

| | and patrons |
|--|--|
| | Automatic sink faucets and toilet flushers |
| What is the anticipated cost of the unbudgeted expenses?* | \$ |
| If awarded Preserve the Fort Grant funds, how would you pre- | efer to receive them?* |
| | select an item |
| A completed, signed W-9 Form (Please name the documer | nt: YourOrganizationName_W9)* |
| | Add File |
| | |
| *- required | Save for Later Submit |

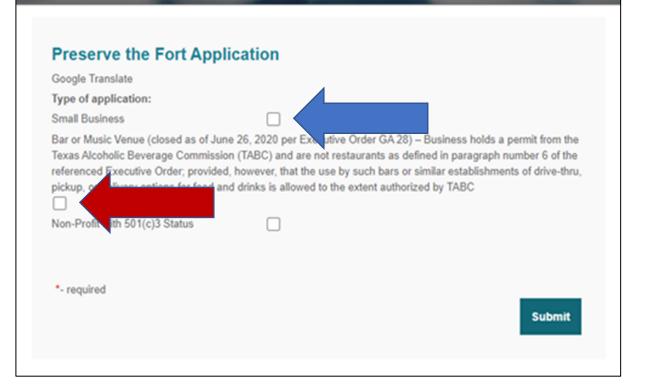
 When you log back in, you'll be taken to a screen where you can resume your application already in progress.

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information and documentation submitted in this application is being provided to a governmental agency and is

• Check the box for "Small Business" or for "Bar or Music Venue".



Certification

This page covers:

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- Whether the information in your application is accurate.
- Any grant funds that you receive might be subject to an audit.
- You might be on the hook for any grant funds used for anything other than costs associated with reopening safely.

Preserve the Fort Application

| Google Translate | |
|--------------------------------|--|
| Type of application: | |
| Non-Profit with 501(c)3 Status | |

Certifications

I certify that I am legally authorized to submit this application and the required documentation on behalf of the applicant and the information and statements that I have provided are truthful and accurate. I understand the information and documentation submitted in this application is being provided to a governmental agency and is subject to the guidelines of a federal program and the Preserve the Fort Grant Program and, by submitting this application, I agree to comply with such guidelines and I understand that any funds awarded under the Preserve the Fort Grant Program are subject to audit and, if not expended as defined under the Eligible Uses of the Preserve the Fort Grant Program, that, in addition to any other civil remedy that may be enforced against me, such funds must be forfeited and be immediately returned to the City of Fort Worth, and, further, that I may be found guilty of perjury and be fined or imprisoned under Section 1746 of Title 28, United State Code.*

 \checkmark

I acknowledge that the City of Fort Worth is a governmental body subject to the Texas Public Information Act. Information I submit to the City of Fort Worth in this application may be subject to the Act and, therefore, subject to public release.*

I acknowledge that the application I am submitting is for a 501(c)3 organization that was operating with a physical address in the City of Fort Worth on or before January 1, 2019; that the organization has no more than 500 partand full- time employees/contractors; that the organization had 2019 revenue of no more than \$10 M if a nonprofit social service organization, or no more than \$25 M if a non-profit performance art center; and that the expenses I am requesting reimbursement for were not budgeted as of March 1, 2020.*

Signature*

General Information

• Tax ID Number

- Also called an Employer Identification Number (EIN).
- DUNS Number
 - Get yours / look it up online
- Organization name, mission, and geographic service area.
- Status of organization during Fort Worth's Stay at Home Order (March 17-April 27, 2020).
- Organization's gross annual revenue in 2019.

| General Information | |
|--|--|
| Please provide your TAX ID/EIN (without das | hes)* |
| Please provide your DUNS Number* | |
| https://www.dnb.com/duns-number/get-a-dur | ns.html |
| Non Profit Category* | select an item |
| Business/Organization Name* | 180 Degree Recovery Counseling Center |
| Organization Mission: | |
| Please choose one of the following that best | describes the organization's service area:* |
| select an item | ~ |
| During the City of Fort Worth Stay at Home C | Order (March 13 – April 27, 2020) was your business/orga |
| select an item | ~ |
| 501(c)3 organizational documentation dated | on or before January 1, 2019* |
| Add File | |
| 2019 Federal Tax Return* | Add File |
| DUNS Number Documentation* | Add File |



General Information

Upload the following documents:

- State of Texas Certificate of Formation dated on or before Jan. 1, 2020 (Copies are <u>available online</u>.)
 - Name the document **OrganizationName_TXSOS** before adding it to the application.
- 2019 Federal Tax Return
 - Name the document OrganizationName_Federal before adding it to the application.

Address and Ownership Information

- Physical and mailing address for your business.
 - Fort Worth, TX will already be filled in for the physical address, but make sure to complete the street address and zip code.
- Ownership information.

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• Ethnic Minority-Owned business information.

| Ownership | | |
|--|--|-------------------|
| Owner First Name* | | |
| Owner Last Name* | | |
| Percentage of Ownership * | | % |
| Are there multiple owners? | | |
| no diolo malapio officio. | | |
| Partner Owner First Name (partner)* | | |
| | | |
| Partner Owner Last Name (partner)* | | |
| ranner owner Last Name (partner) | | |
| | | |
| Partner Percentage of Ownership* | | % |
| i annor i creanago er e micranp | | |
| | | |
| Are you an Ethnic Minority-Owned Business? | (A minority-owned business is defined as one that | t is at least 51% |
| owned, operated, and controlled by a minimu | m of one U.S. citizen who is at least 25% Asian-In | dian, Asian- |
| Pacific, Black, Hispanic, or Native American.) | * | |
| | | |
| select an item | ¥ | |
| | | |
| Ethnicity* | | |
| | select an item | * |
| | | |
| Other - Ethnicity | | |
| | | |
| | | |

Employment Information

Sole proprietor / independent contractor information

- Will not complete employee information.
- Employment numbers on March 13, 2020 (date of Stay at Home Order)
 - Part-time versus full-time
- Employment numbers on July 1, 2020
 - Part-time versus full-time

| Employment Information | |
|---|----------------|
| Are you a sole proprietor or independent cont | select an item |
| How many employees did you have on March | 13, 2020?* |
| How many were part-time?* | |
| How many were full time?* | |
| How many employees did you have on July 1 | , 2020?* |
| How many were Part-Time?* | |
| How many were full-time?* | |
| Proof of Employment: Q1 2020 941* | Add File |
| | |

Contact and Employment Information

Upload the following if you had employees:

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- Proof of Employment: Q1 2020
 941
- Name the document OrganizationName_Q1941 before adding it to the application.

Upload the following if you are a sole proprietor or independent contractor:

- Proof of Employment: Most Recent Federal Tax Schedule C
- Name the document OrganizationName_ScheduleC before adding it to the application.

| A | 941 for 2020: Employer's QUARTERLY Federal Tax Return 950120 Department of the Treasury – Internal Revenue Service OMB No. 1545-0029 |
|----------|--|
| | Report for this Quarter of 2020 |
| lan | e (not your trade name) |
| Trees | le name (f any) |
| Trac | 3: July, August, September |
| Add | Number Shoet Scill or seven symbols |
| | Go to www.irs.gov/Form941 for instructions and the latest information. |
| | City State ZIP code |
| | |
| | Foreign country name Foreign province/county Foreign postal code |
| | the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. |
| 1 | Number of employees who received wages, tips, or other compensation for the pay |
| | period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 |
| 2 | Wages, tips, and other compensation |
| | |
| 3 | Federal income tax withheld from wages, tips, and other compensation |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. |
| _ | Column 1 Column 2 |
| 5a | |
| 5a 5a | (i) Qualified sick leave wages • × 0.062 = • (ii) Qualified family leave wages • × 0.062 = • |
| 5a 5b | (ii) Qualified tamily leave wages |
| 5D | |
| 5c 5d | Taxable Medicare wages & tips |
| | Additional Medicare Tax withholding |
| 5e | Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5b, 5c, and 5d 5e |
| 51 | Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) |
| 31 | accion sizing nouce and centand - rax due on unreported tips (see instructions) of |
| 6 | Total taxes before adjustments. Add lines 3, 5e, and 5f |
| 7 | Current quarter's adjustment for fractions of cents |
| 8 | Current guarter's adjustment for sick pay |
| 0 | |
| 9 | Current quarter's adjustments for tips and group-term life insurance 9 |
| 0 | Total taxes after adjustments. Combine lines 6 through 9 |
| 11a | Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a |
| i i a | Qualified small business payron tax credit for increasing research activities. Attach Porm 89/4 11a |
| 11b | Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 11b |
| | |

| Principal business or profession, including product or service (see instructions) Effect cell term expension Business name, if no separate business name, lawe blark. D Explayer D nucleot (BR (see name)) Business address (including suite or nom no.) | Building and building and building product or service fiele instructions < | 1040 or 1040-SR) | | | | torship) | | 2019 |
|--|---|---|------------------|---------------------------------|-----------|---------------------------------------|--------------|------------------------------|
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| If you checked 22a, enter the loss on both Schedule 1 (Form 1040 or 1040-547b, line 3 (or Form 1040-47b, the 13 and on Schedule 55b, line 2. (i) you checked the box on line 1, see the line 31 instructions, Estates and trusts, enter on Form 1011, line 3. If you checked 35b, you must atter form 6198, You run cas may be limited. | If you checked 32a, enter the loss on both Schedules I (Form 1040 or 1040-BR), line 3 (or Form 1040-BR, lind 31 and or Schedule SL, line 2 (i) ou calculated the box on line 1, see the line 31 instructions, Estates and trusts, enter or Form 1041, line 3. If you checked 310, you must state from 6198. You rises may be limited. | | | | t in this | activity (see instructions). | | |
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| 31 instructions). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is no at risk. 32b kinetic at risk. | 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | | | | 32a 🗌 | All investment is at risk. |
| If you checked 32b, you must attach Form 6198. Your loss may be limited. | If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | | Jondu I | | | Some investment is not |
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| | | | | | | | hedule C (F | orm 1040 or 1040-SRI 201 |
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Profit or Loss From Rusine

Organization Financials

• Gross annual revenue in 2019.

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- Can be found in your organizations' tax return or a Profit & Loss (P&L) statement.
- Gross **monthly** revenue <u>before COVID-19</u>, from March 1, 2019 Feb. 29, 2020.
- Gross **monthly** revenue <u>during COVID-19</u>, from March 1, 2020 July 31 or Aug. 31, 2020*.
- Total revenue loss due to COVID-19 from March 1, 2020 July 31 or Aug. 31, 2020*.
- Total increase in expenses due to COVID-19 from March 1, 2020 – July 31 or Aug. 31, 2020*

* Based on your most recent financial statement

| What was your Gross Annual Revenue in 2 | 2019?*\$ |
|--|---|
| , , , , | enue March 1, 2019 - February 29, 2020 (or, if business began nonth of operation through February 29, 2020)?* |
| What was your average gross monthly rev \$ | enue March 1, 2020 – July 31 or August 31, 2020?* |
| What was the COVID-19 related total reve \$ | nue loss March 1, 2020 – July 31 or August 31, 2020?* |
| What was the COVID-19 related increase i | in expenses from March 1, 2020 – July 31 or August 31, 2020?* |
| Profit & Loss (P&L) statement for 2019* | Add File |
| Profit & Loss (P&L) statement for 2020 three | ough July or August, showing data monthly* |
| Add File | |

Organization Financials

Upload the following documents:

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- Profit & Loss (P&L) statement for 2019.
 - Name the document **OrganizationName_2019PL** before adding it to the application.
- Profit & Loss (P&L) statement for 2020, through July 31 or Aug. 31, <u>showing data</u> <u>by month</u>.*
 - Name the document **OrganizationName_2020PL** before adding it to the application.

* Based on your most recent financial statement

| [Compan [Street Address], [C | ity, ST ZIP Code] | |
|---------------------------------------|-------------------|---------|
| Profit & Loss For the Period Ended | Statement | > |
| Income | \$ | \$ |
| Sales | 0000000 | |
| Services | 00000000 | |
| OtherIncome | 00000 | |
| Total Income | | 000000 |
| Expenses | | |
| Accounting | 0000000 | |
| Advertising | 000000 | |
| Assets Small | 000000 | |
| Bank Charges | 000000 | |
| Cost of Goods Sold | 00000 | |
| Depreciation | 00000 | |
| Electricity | 000000 | |
| Hire of Equipment | 00000 | |
| Insurance | 00000 | |
| Interest | 00000 | |
| MotorVehicle | 00000 | |
| Office Supplies | 00000 | |
| Postage and Printing | 00000 | |
| Rent | 00000 | |
| Repairs and Maintenance | 000000 | |
| Stationary | 0000 | |
| Subscriptions | 00000 | |
| Telephone | 00000 | |
| Training/Seminars | 00000 | |
| Wages and On costs | 00000 | |
| | | |
| | | |
| Total Expenses | | 0000000 |

Organization Financials

Make sure to name your documents correctly!

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Profit & Loss (P&L) statement for 2019 (Please name the document: YourOrganizationName_2019PL)*

Add File ...

Solution City of Fort Worth Preserve the Fort v09_08.pdf

Profit & Loss (P&L) statement for 2020 through July or August, showing data monthly (Please name the document: YourOrganizationName_2020PL)*

Add File ...

Solution State Add State A

Fort Worth®

CARES Act Funding

- Did you apply for funds through the Paycheck Protection Program (PPP) or Emergency Injury Disaster Loan Program?
 - If you did not apply for these funds, do not respond to this question.
- Status of application / how much you received
- Will you be applying for a Preserve the Fort grant for other business(es) that you own?
- Use of Funds

CARES Act Funding Information

If you applied for funding through the Paycheck Protection Program or Emergency Injury Disaster Loan Program, what is the status?

--select an item--

Will you be applying for the Preserve the Fort for other entities that you own?*

--select an item--

Phase I Preserve the Fort Grant Recipient

Preserve the Fort Grant Phase I Award Amounts

Please identify how you will utilize the Preserve the Fort Grant funding (please check all that apply)* Working capital Machinery & equipment Payroll/heath care benefits Contract labor Supplier payments Rent, lease or mortgage payments (business property only) Rent, lease or purchase payment for business personal property Utility payments for business properties (excluding personal residence Cost of critical business operations Personal Protective Equipment (PPE) and sanitation supplies/equipment Installation of plexiglass barriers, temp detection sys, auto sinks/toilets If awarded Preserve the Fort Grant funds, how would you prefer to receive them? --select an item--

A completed, signed W-9 Form*

Add File...

CARES Act Funding

- Did you apply for funds through the Paycheck Protection Program (PPP) or Emergency Injury Disaster Loan Program?
 - If you did not apply for these funds, do not respond to this question.
- Status of application / how much you received.
- Will you be applying for a Preserve the Fort grant for other business(es) that you own?
- Use of funds

FORT WORTH®

CARES Act Funding Information

If you applied for funding through the Paycheck Protection Program or Emergency Injury Disaster Loan Program, what is the status?

--select an item--

Will you be applying for the Preserve the Fort for other entities that you own?*

--select an item--

Phase I Preserve the Fort Grant Recipient

Preserve the Fort Grant Phase I Award Amount\$

Please identify how you will utilize the Preserve the Fort Grant funding (please check all that apply)* Working capital Machinery & equipment Payroll/heath care benefits Contract labor Supplier payments Rent, lease or mortgage payments (business property only) Rent, lease or purchase payment for business personal property Utility payments for business properties (excluding personal residence) Cost of critical business operations Personal Protective Equipment (PPE) and sanitation supplies/equipment Installation of plexiglass barriers, temp detection sys, auto sinks/toilets If awarded Preserve the Fort Grant funds, how would you prefer to receive them? --select an item--A completed, signed W-9 Form* Add File.



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Final information

Upload the following documents:

• A completed, signed W-9 form

(A blank version is available online.)

Choose whether you want the funds sent via a mailed paper check, or by an electronic fund transfer.

If you choose the electronic transfer option, have your banking details ready. **Please** double check to confirm this information is correct.

| | w-9 tober 2018) nt of the Treasury | Identification Num | | | | Give Form to the requester. Do not send to the IRS. |
|--|---|---|---|---|---|---|
| Internal Re | evenue Service | Go to www.irs.aov/FormW9 for in on your income tax returns, wante is required on this line; | | information. | | |
| | | | | | | |
| 2 | Business name/d | sregarded entity name, if different from above | | | | |
| bag | following seven b | | | k only one of the | certain en | tions (codes apply only titles, not individuals; sens on page 3): |
| us o | Individual/sole single-membe | цс | | | Exempt pa | ayee code (if any) |
| Print or type. Specific Instructions on | Note: Check t LLC if the LLC another LLC th | r company. Enter the tax classification (C=C corporation, he appropriate box in the line above for the tax classificat is classified as a single-member LLC that is disregarded at is not diregarded from the owner for U.S. federal tax from the owner should check the appropriate box for the | tion of the single-member own from the owner unless the ow purposes. Otherwise, a single | er. Do not check ner of the LLC is -member LLC that | code (if ar | |
| | Other (see inst | | | | | counts maintained outside the U. |
| 8 | Address (number, | street, and apt. or suite no.) See instructions. | F | Requester's name a | and address | s (optional) |
| (ñ 🗆 | City, state, and Z | P code | | | | |
| 7 | List account num | per(s) here (optional) | | | | |
| Part | Tayna | er Identification Number (TIN) | | | | |
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Submit your application / Next Steps

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- Applications will be processed on a first-come, first-served basis.
- For general inquiries about the program, contact 682-215-6231 between 9 a.m. and 6 p.m., Monday-Friday. (Please note: This number will not be able to assist with document preparation.)
- Depending on the number of applications, all funds should be distributed by early December at the latest.