

NYC Employee Retention Grant Program:

1. Website: <https://www1.nyc.gov/nycbusiness/article/nyc-employee-retention-grant-program>
 2. Information:
 - a. The City is also offering small businesses with fewer than 5 employees a grant to cover 40% of payroll costs for two months to help retain employees
 - b. Available to New York City businesses with one to four employees that can demonstrate at least a 25% decrease in revenue as a result of COVID-19
 - c. Eligible businesses will receive a grant covering up to 40% of their payroll for two months. Businesses can access up to \$27,000.
 - d. Eligibility for businesses, including non-profits, must:
 - i. Be located within the five boroughs of New York City
 - ii. Demonstrate that the COVID-19 outbreak caused at least a 25% decrease in revenue
 1. How to calculate revenue loss:
 - a. To calculate the revenue impact of COVID-19, NYC will compare average revenue for two months in 2020 (after the COVID-19 impact) to both:
 - i. Average revenue for the same two month period in 2019, and
 - ii. Average monthly revenue based on total 2019 revenue.
 - iii. NYC will check to see if either calculation shows at least a 25% decrease in revenue
 - iii. Employ 1-4 employees in total across all locations
 - iv. Have been in operation for at least 6 months
 - v. Have no outstanding tax liens or legal judgements
3. Supporting documents for application:
 - a. Document Checklist:
https://www1.nyc.gov/assets/sbs/downloads/pdf/businesses/COVID19_ERG_Application_Document_Checklist.pdf
 - b. Financial documents for two months in 2020 demonstrating revenue decrease due to COVID-19
 - c. Financial documents showing your revenue for the same two months in 2019 (unless you were not in business at that time)
 - d. Financial documents showing your revenue for the full 2019 calendar year
 - e. Financial documents can include: point-of-sales reports, bank statements, quarterly sales tax filings, 2019 tax returns, or CPA-certified profit & loss statements.
 - f. To determine your grant amount, you will need to upload:
 - i. Your most recent two months of payroll records
 - g. To process your grant, you will need to upload:

- i. A signed Participation Affidavit verifying that you are eligible for the program and that you are applying in order to retain your employees
- ii. Your bank account information

4. Application Process

a. Step 1: Create an account

The screenshot shows the NYC Small Business Services website interface. At the top left is the logo for NYC Small Business Services. Below it is a navigation bar with 'Home' and 'My Records' (the latter is underlined). The main content area is titled 'Log In' and contains two input fields: 'Email' and 'Password', both with red asterisks indicating they are required. Below these fields is a black 'Log In' button. Underneath the button are two links: 'Create Account' and 'Forgot Password'. Below the 'Log In' section is the 'Create Account' section, which starts with a welcome message: 'Welcome to SBS Connect. Create an account by using the form below. All fields are required.' This is followed by five input fields: 'First Name*', 'Last Name*', 'Email*', 'Password*', and 'Confirm Password*'. At the bottom of the form is a checkbox with the text 'By checking this box I agree to the terms of use and privacy policy of NYC.gov.*' and a black 'Create Account' button.

b. Step 2: Eligibility Checklist

Eligibility Checklist

To help small businesses deal with the impact of COVID-19, the City has launched the NYC Employee Retention Grant Program to help retain employees as businesses face decreased revenue. This program is available to New York City businesses with one to four employees that can demonstrate at least a 25% decrease in revenue as a result of COVID-19. Eligible businesses will receive a grant covering up to 40% of their payroll for two months. Businesses can access up to \$27,000.

Fill out the checklist below to review your eligibility for this program.

Refer to [NYC Business](#) for more information about these requirements including the [Document Checklist](#) (PDF) and [Participation Affidavit](#) (PDF).

If you have questions about the requirements for eligibility you can contact us via the [Support page](#).

Is your business located in the five boroughs of New York City? *

- Yes
 No

Has your business been in operation for at least six months? *

- Yes
 No

Can you demonstrate that the COVID-19 outbreak caused at least a 25% decrease in your business revenue? *

You will be required to demonstrate a revenue decrease by providing documentation such as: bank statements, CPA-certified profit & loss statements, quarterly sales tax filings, point-of-sales monthly report, or 2019 tax returns.

- Yes
 No

Does your business have any tax liens or legal judgements? *

- Yes
 No

Does your business employ 1-4 employees across all locations? *

You will be required to submit documentation of payroll expenses.

- Yes
 No

Continue

If your business is eligible you will receive the below notification:

Important Things to Know

Your initial responses indicate that your business is eligible for the NYC Employee Retention Grant Program. As part of the application, we will collect additional information and documentation to confirm your responses.

To calculate the revenue impact of COVID-19, we will compare average revenue for two months in 2020 (after the COVID-19 impact) to both:

- Average revenue for the same two month period in 2019, and
- Average monthly revenue based on total 2019 revenue

To verify the loss of revenue, you will need to upload:

- Financial documents for two months in 2020 demonstrating revenue decrease due to COVID-19
- Financial documents showing your revenue for the same two months in 2019 (unless you were not in business at that time)
- Financial documents showing your revenue for the full 2019 calendar year

To determine your grant amount, you will need to upload:

- Payroll records for most recent two months

To process your grant, you will need to upload:

- Signed participation affidavit
- Copy of voided check with business's name, a current bank statement or a letter from business's bank to receive payment

Continue

- c. Step 3: Main Business Info
- i. You will need to provide all of the requested information

2. Main business info

Select business
Business name
Business address
Mailing address
Business structure
Tax ID and NYC Vendor Number
Contact information

3. Profile

4. Supporting documents

5. Finance

6. Program feedback

7. Affirm and submit

Is the business in our database?

Search for your business by name or address. If your business is already in our database, we can fill out some of this application for you.

For the best results, please type the exact name of a business in the search box below. You can also search for businesses by using asterisks as wildcards, for instance: "accounting*" or "professional".

► [Where do we get this data?](#)

Search for the business



What is the business address?

Business address is the location or place serving as the managerial and administrative center of an organization. No P.O. Boxes, please.

Country *

USA

Address line 1 *

|

Address line 2

City *

State *

New York

ZIP code *

County *

Save and Continue

[Continue later](#)

What is the business' mailing address?

Add the business' mailing address below.

Same as Business Address

Country *

USA

Address line 1 *

Address line 2

City *

State *

ZIP code *

Save and Continue

[Continue later](#)

What is the legal structure of the business?

Your business may be registered as a General Partnership, a Limited Liability Partnership (LLP), Limited Partnership (LP), Limited Liability Company (LLC), Corporation (includes C-Corps and S-Corps), Sole Proprietorship, or Non-profit.

[Help with business structure](#)

Business Structure *

Save and Continue

[Continue later](#)

What is your contact information?

We will use this information to get in touch with you if we have any questions about your application.

First name *

Middle name

Last name *

Business title *

Phone number * Extension

Preferred Language

Save and Complete

- d. Step 4: Profile
 - i. Complete all requested information

- 1. Main Business Info**
- 2. Profile**
 - Business profile
 - Number of employees
 - Market sector
- 3. Finance
- 4. Supporting documents
- 5. Program feedback
- 6. Affirm and submit

Provide business profile information

Please provide the information requested below. The business information that you enter will be used to fill in any applications that you submit on SBS Connect, making it faster and easier for you to apply online.

When did the business start operations? *

Business website (if you have one)

Is the Business Minority-Owned? *

Is the Business Veteran-Owned? *

Is the Business Women-Owned? *

Is the Business Service-Disabled Veteran-Owned? *

Is the Business Worker-Owned? *

Save and continue

I. Main Business Info

1. Profile

- Business profile
- Number of employees
- Market sector

2. Finance

- Supporting documents
- Program feedback
- Affirm and submit

How many employees does the business have?

Permanent, full time *

Permanent, part time *

Temporary, full time *

Temporary, part time *

Save and continue

What is the business' NAICS market sector?

Please select the code from the North American Industry Classification System (NAICS) that best matches the products or services supplied by the business.

[Help with NAICS codes](#)

Industry *

Subsector *

NAICS *

Save and continue

- e. Step 5: Finance
 - i. Complete the following sections

1. Main Business Info

2. Profile

3. Finance

- Revenue Loss and Payroll EFT information

4. Supporting documents

5. Program feedback

6. Affirm and submit

Provide business revenue loss and payroll information

Please provide as much data as you can.

[Help with revenue loss and payroll information](#)

Which two consecutive months in 2020 was your revenue most impacted by COVID-19? *

What was your total revenue for calendar year 2019? *

What was your gross payroll for the most recent two months? *

Save and continue

Which two consecutive months in 2020 was your revenue most impacted by COVID-19? *

February 2020 revenue *

March 2020 revenue *

What was your revenue for the same two months in 2019? If you were not in operation yet, enter 0.

February 2019 revenue *

March 2019 revenue *

What was your total revenue for calendar year 2019? *

What was your gross payroll for the most recent two months? *

Save and continue

Provide Electronic Funds Transfer (EFT) Information

This information will be used to provide reimbursement for eligible expenses for qualified businesses. This information must match your bank account information precisely and will be verified with documentation you upload later.

This information will be purged safely from the system for any application.

We take steps to help protect the confidentiality and security of personal information you share with us through our website and application.

[▶ Help with account owner name as on bank account](#)

[▶ Help with bank account and routing numbers](#)

Name on bank account *

Account type *

Bank name *

Account number *

Confirm Account number *

Bank routing/ABA number *


Confirm Bank routing/ABA number *

Save and continue

f. Step 6: Supporting Documents

- i. Review and attach supporting documents
- ii. Participation Affidavit:

https://www1.nyc.gov/assets/sbs/downloads/pdf/businesses/COVID19_ER_G_participation_affidavit_form.pdf

Document type	Signed participation affidavit 
Why do we need this	Verification that the business employs 1-4 employees, has experienced a loss of revenue, has a commitment to retain employees by participating in this program, and has not already been fully reimbursed by insurance for wages.
Document required	Yes
Status	Pending

View details x

Document Type *
Signed participation affidavit

Document Description
Verification that the business employs 1-4 employees, has experienced a loss of revenue, has a commitment to retain employees by participating in this program, and has not already been fully reimbursed by insurance for wages.

Documents that are uploaded are queued for virus scanning and become available shortly after.

No documents have been uploaded.

Add Document

Upload Document

View details x

Add note x


Note

Attach a file No file chosen

Add note

Upload Document

- a. Write a note referencing which document you are uploading
 - b. Choose a file to upload
 - c. Click “Add Note”
 - d. Click “Upload Document”
- iii. Revenue statements for two consecutive months in 2020

Document type	Revenue statements for two consecutive months in 2020 
Why do we need this	Documentation of revenue following COVID-19 impact. Documents Accepted: One or more of the following for the entire impacted period: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, or CPA-certified profit & loss statements for two consecutive months in 2020
Document required	Yes
Status	Pending

View details x

Document Type *
Revenue statements for two consecutive months in 2020

Document Description
Documentation of revenue following COVID-19 impact. Documents Accepted: One or more of the following for the entire impacted period: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, or CPA-certified profit & loss statements for two consecutive months in 2020

Documents that are uploaded are queued for virus scanning and become available shortly after.

No documents have been uploaded.

Add Document

Upload Document

View details x

Document Type *

Add note

* Note

Attach a file No file chosen

Add note **Cancel**

Upload Document

- a. Write a note referencing which document you are uploading
- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

iv. Revenue statements for the same two consecutive months in 2019

Document type [Revenue statements for the same two consecutive months in 2019](#) ⚙️

Why do we need this Comparison of typical operating revenue to verify loss of revenue as a result of COVID-19. Documents Accepted: One or more of the following for the same two months in 2019: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, or CPA-certified profit & loss statements for two consecutive months in 2019. Note: If you were not in operation, please upload your 2019 tax returns or Federal 990.

Document required Yes

Status Pending

View details x

Document Type *
Annual revenue statements for 2019

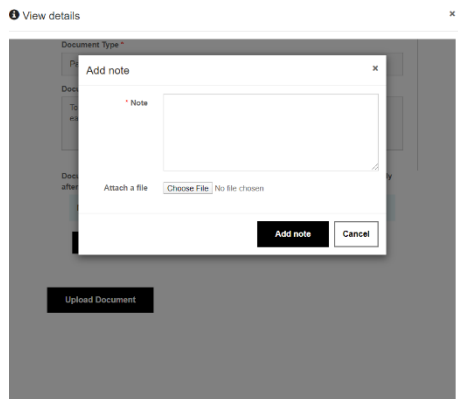
Document Description
Comparison of typical operating revenue to verify loss of revenue as a result of COVID-19. Documents Accepted: One or more of the following for total 2019 sales: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, 2019 tax returns, CPA-certified profit & loss statements, 2019 Tax

Documents that are uploaded are queued for virus scanning and become available shortly after.

No documents have been uploaded.

Add Document

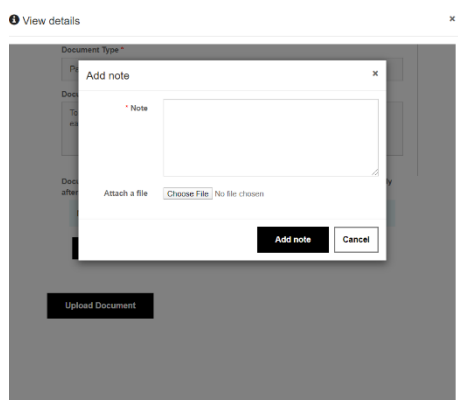
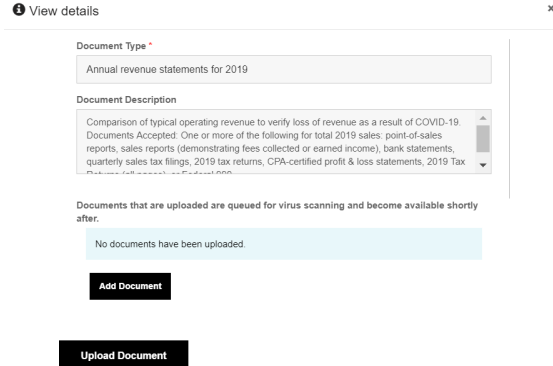
Upload Document



- a. Write a note referencing which document you are uploading
- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

v. Annual revenue statements for 2019


Document type	Annual revenue statements for 2019	⚙️
Why do we need this	Comparison of typical operating revenue to verify loss of revenue as a result of COVID-19. Documents Accepted: One or more of the following for total 2019 sales: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, 2019 tax returns, CPA-certified profit & loss statements, 2019 Tax Returns (all pages), or Federal 990.	
Document required	Yes	
Status	Pending	



- a. Write a note referencing which document you are uploading

- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

vi. Bank Information

Document type [Bank Information](#) 

Why do we need this To process the grant disbursement. Documents Accepted: A copy of a void check with business name or a current bank statement or a bank letter.

Document required Yes

Status Pending

View details x

Document Type *

Bank Information

Document Description

To process the grant disbursement. Documents Accepted: A copy of a void check with business name or a current bank statement or a bank letter.

Documents that are uploaded are queued for virus scanning and become available shortly after.

No documents have been uploaded.

Add Document

Upload Document

View details x

Document Type *

Add note x

* Note


Attach a file No file chosen

Add note

Upload Document

- a. Write a note referencing which document you are uploading
- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

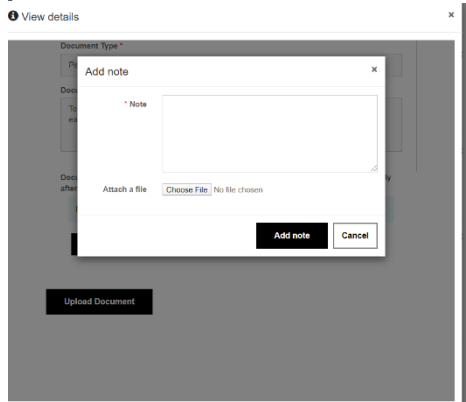
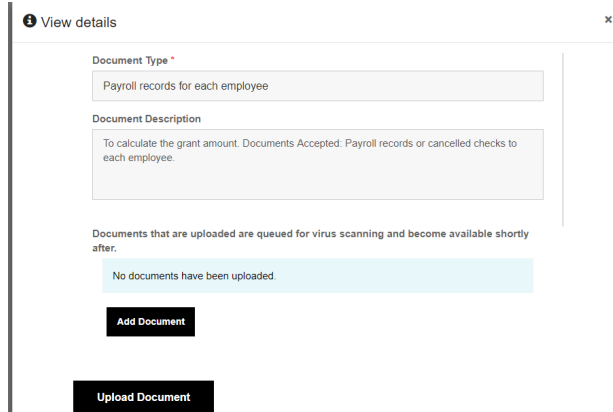
vii. Payroll records for each employee

Document type [Payroll records for each employee](#) 

Why do we need this To calculate the grant amount. Documents Accepted: Payroll records or cancelled checks to each employee.

Document required Yes

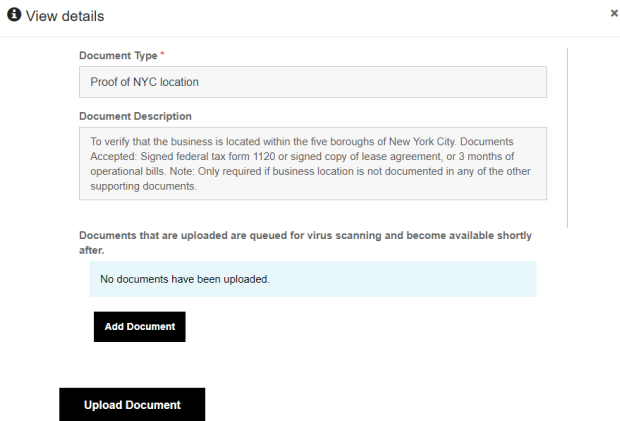
Status Pending

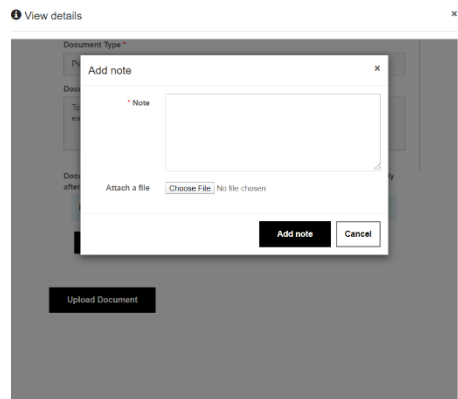


- a. Write a note referencing which document you are uploading
- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

viii. Proof of NYC location

Document type	Proof of NYC location
Why do we need this	To verify that the business is located within the five boroughs of New York City. Documents Accepted: Signed federal tax form 1120 or signed copy of lease agreement, or 3 months of operational bills. Note: Only required if business location is not documented in any of the other supporting documents.
Document required	No
Status	Pending





- a. Write a note referencing which document you are uploading
- b. Choose a file to upload
- c. Click “Add Note”
- d. Click “Upload Document”

g. **Step 7: Program Feedback**

1. Main Business Info
2. Profile
3. Finance
4. Supporting documents
- 5. Program feedback**
6. Affirm and submit

Feedback

How did you hear about this program? *

Save and continue

[Continue later](#)

h. **Step 8: Affirm and Submit**

1. Main Business Info
2. Profile
3. Finance
4. Supporting documents
5. Program feedback
- 6. Affirm and submit**

Application Affirmation

The undersigned Company is applying for the NYC Employee Retention Grant Program (“Program”).

I, the undersigned, hereby certify to the New York City (“City”) Department of Small Business Services (“SBS”) and its affiliate agency the Workforce Development Corporation (“WDC”) and the New York City Economic Development Corporation (“EDC”) that the information contained herein, and the attachments hereto are, to the best of my knowledge, information and belief, accurate and complete.

I affirm that the Company has no outstanding tax liens or warrants, and is not in arrears with respect to any outstanding debt or payments owed to the City or State of New York or the federal government or is in violation of any applicable government regulations.

I acknowledge that this application and any documents required for participation in this Program are subject to review and verification by SBS, the WDC and EDC.

I acknowledge that SBS, its affiliate agency the WDC and EDC uses a contractor (“Pay Agent”) to process payments on behalf of SBS. The sole responsibility of the Pay Agent is to process payment based solely on authorization from SBS, the WDC or EDC. The Pay Agent will correct any payment errors, underpayments, and overpayments, in accordance with instructions received from SBS, the WDC or EDC.

The Program payment policies and procedures are developed, issued and enforced by SBS, and the Pay Agent is not authorized to make changes or exceptions to SBS policy.

The Pay Agent cannot respond to questions or disputes of payments made to applicants. All communications involving policies and procedures, including questions and payment disputes, should be submitted directly to SBS, the WDC or EDC.

I hereby authorize the Pay Agent to deposit any amounts approved by SBS by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated in the application. Further, I authorize Bank to accept and to credit any credit entries indicated by the Pay Agent to my account. If the Pay Agent deposits funds erroneously into my account, I authorize the Pay Agent to debit my account for an amount not to exceed the original amount of the erroneous credit.

I understand that payments pursuant to the Program are subject to the availability of City funding and subject to audit or requests for additional documentation by the City of New York at any time.

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS APPLICATION MAY RESULT IN RENDERING THE SUBMITTING COMPANY INELIGIBLE WITH RESPECT TO THE PROGRAM, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

By checking the box and clicking the Continue button, I understand and agree that:

1. I am affirming that I have told the truth on this Application and
2. I am electronically signing and filing this Application as if I had signed it by hand

I affirm the above *

Save and continue