

COVID-19

Economic Relief Package

***SMALL BUSINESS EMERGENCY
GRANT PROGRAM – PHASE 4***

April 14, 2021



Were you approved during Phase 3?

NO

Apply on 5/3 at 9am EST

YES

**Is your business a restaurant or
child care provider?**

NO

Does your business have 5 or fewer FTEs?

YES

5 or fewer employees

Apply on 5/10 at 9am EST

YES

**Apply on 5/5
at 9am EST**

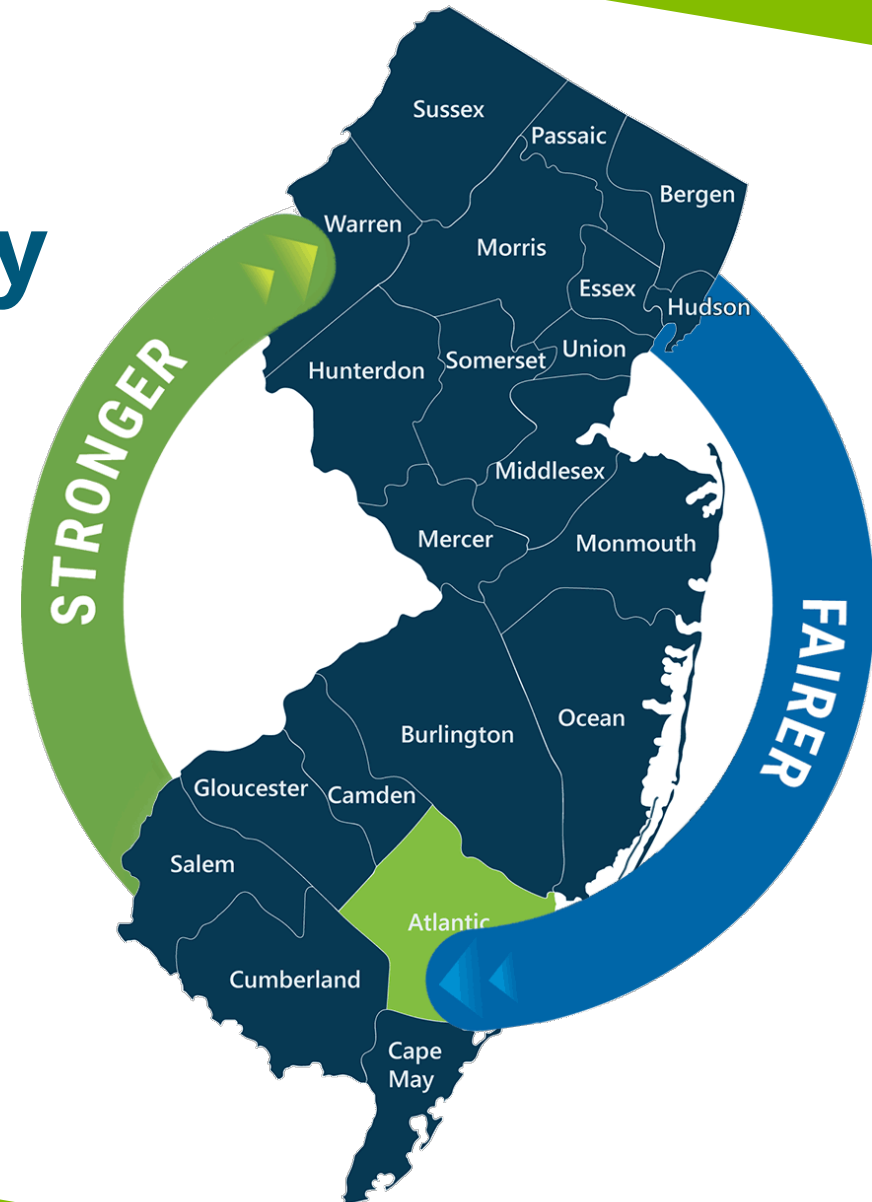
NO

Between 6-50 employees

Apply on 5/12 at 9am EST

Small Business Emergency Assistance Grant Phase 4

Sample Application





Phase 4 Grant Application

How to sign in for the Phase 4 Grant Program

- 1. Enter your username and password.

NJEDA Application Center

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 Sign in

Register

Redeem invitation

THIS IS NOT AN APPLICATION FOR NJEDA ASSISTANCE. THIS PAGE ALLOWS YOU TO CREATE A USER ACCOUNT THAT YOU WILL USE TO LOG IN TO NJEDA'S PRE-REGISTRATION AND/OR APPLICATION PORTAL.

If you are the first-time user, please click "[Register](#)" button on the top.

Sign in with a local account

* User name

* Password

☐ Remember me?

Sign in

Forgot Password/User name

Phase 4 Grant Application

Select the MOLA that has the status “In Process-Full Application”

This status show on your eligible application date.

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COVID Phase 4 Grant Pre-Registration/Application List

[Start My Pre-Registration](#)

Application ID ↑	Organization Name	Status Reason	Employer Identification Number (EIN)	Created On	Modified On
MOLA-00065967		Pre-Registration Submitted	000123963	4/13/2021	4/13/2021
MOLA-00065978	Work	In Process - Full Application			2021
MOLA-00065979		Pre-Registration Submitted	000000022	4/15/2021	4/28/2021
MOLA-00065982		In Process - Full Application	111111111	4/15/2021	4/27/2021
MOLA-00082575		In Process - Full Application	010101010	4/28/2021	4/28/2021
MOLA-00082576		Submitted	090909090	4/28/2021	4/28/2021

Phase 4 Grant Application

General Information

Organization Name

Work

Pre-Registration ID *

MOLA-00065978

Status Reason

In Process - Full Application

Created On

4/15/2021

Modified On

4/27/2021

Submit On Pre-Registration

4/15/2021 7:51 AM

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COVID Impact

Has your business had a negative revenue impact as a result of Covid? *

▼

Revised Has your business had a negative revenue impact as a result of Covid? *

▼

As of TODAY, what is the estimated revenue loss as a result of your business closure, reduction in sales or lost contracts? *

\$

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Certification of Need/Use of Funds

Was your entity deemed Essential Business as defined in Governor Murphy's Executive Order? *

Have you been able to remain open or reopen since March 9, 2020? *

Yes

Currently, to what capacity are you operating? *

1

After receiving the potential total duplicative funding \$0 listed on the Duplication of Benefits Affidavit, does your company still have a financial need?

How much additional funding is needed for your business? *

\$

Revised How much additional funding is needed for your business? *

\$

If approved, what would your business use these funds for (check all that apply)?

☒ Payroll

☐ Rent

☐ Mortgage

☐ Inventory

☐ Supplies

☐ Other Working Capital Expenses

☐ None of the Above

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Privacy Act Statement Release Waiver

This statement is provided in compliance with the provisions of the Federal Privacy Act of 1974 (5 U.S.C. § 552a, note) (93 P.L. 579 (1976)), which requires agencies to inform persons when confidential information is requested. The Economic Development Authority ("EDA") requests your authorization to receive information from your New Jersey Gross Income, Corporation Business Tax, and Sales and Use Tax returns with the principal intention to provide EDA with the ability to confirm eligibility for financial grants under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), P.L. 116-136 (2020) as authorized by New Jersey law, to confirm grant eligibility for aid administered by EDA pursuant to N.J.S.A. 34:18-5(jjj).

Disclosure of your confidential Gross Income, Corporation Business or Sales and Use Tax returns and return information, including your taxpayer identification number (i.e., TIN and/or SSN), is voluntary to confirm grant eligibility. Declining to do so could result in a delay in the review of your application, and additional information from you may be required. By signing the waiver below, you consent and agree to such disclosure and use as set forth above, and waive all claims, whether known now or in the future, related thereto.

☒ I, an agent for this entity, hereby request, pursuant to N.J.S.A. 54:50-9(a), the Disclosure Officer of the New Jersey Division of Taxation to disclose information from the Gross Income, Corporation Business or Sales and Use Tax returns for this entity for the years 2018, 2019, and 2020 to the Economic Development Authority ("EDA") to verify grant eligibility for CARES Act grants administered by EDA pursuant to N.J.S.A. 34:18-5(jj). I authorize the Division to accept photocopies of this Authorization. This Authorization shall remain in effect for ninety days from the date of signature. I certify that to my knowledge, I personally caused or have the authority to cause the requested returns to be filed with the New Jersey Division of Taxation. I am aware that any person violating N.J.S.A. 54:50-8 by divulging, disclosing or misusing information found in the records of the Director is guilty of a crime of the fourth degree. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. *

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Certification of Application

The Authority reserves the right to require additional clarifying or explanatory information from the applicant ("Applicant") regarding the answers given. If, at any time prior to board action or approval on this application, or, at any time between the date of such action and the execution of a grant agreement with the Authority, the Applicant should become aware of any facts that materially alter or change such answers, or render any of them incomplete, the Applicant shall have a duty to immediately report such facts to the Authority in writing.

Eligibility of financial assistance by the New Jersey Economic Development Authority (NJEDA) is determined by the information presented in this application. Any changes in the status of the proposed project from the facts presented herein could disqualify the project.

Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

- ☒ 1. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the EDA which may at its option terminate its financial assistance. *
- ☒ 2. I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the EDA. *
- ☒ 3. I certify that the firm will make a best effort not to furlough or lay off any individuals from the time of application through six months after the end of the declared state of emergency. If I have already furloughed or laid off workers, I must make a best-effort pledge to re-hire those workers as soon as possible. Any material breach of this best-efforts certification may result in the NJEDA seeking repayment of the grant. *
- ☒ 4. I certify that the firm has been negatively impacted by the COVID-19 declared state of emergency (e.g. has been temporarily shut down, has been required to reduce hours, has had at least a 20% drop in revenue, has been materially impacted by employees who cannot work due to the outbreak, or has a supply chain that has materially been disrupted and therefore slowed firm-level production). *
- ☒ 5. I certify that the firm has a material financial need that cannot be overcome without the grant of emergency relief funds at this time (e.g. does not have significant cash reserves that can support the firm during this period of economic disruption). *
- ☒ 6. I certify that the firm is currently operational and in compliance with all applicable law including, but not limited to, Executive Orders related to COVID-19. *
- ☒ 7. I certify that the firm is in good standing with the State of New Jersey's Department of Treasury, Division of Taxation (e.g. the firm has filed all mandatory Annual Reports and is current on obligations). Should the firm have a reporting deficiency or an outstanding obligation to the Division of Taxation, the NJEDA or the Division may seek repayment of the grant. *
- ☒ 8. I certify that the firm is fully and properly registered with the State of New Jersey. Should the firm not be properly registered the NJEDA or the Division of Taxation may seek repayment of the grant. *
- ☒ 9. I authorize the EDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested grant with the EDA. *
- ☒ 10. I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section. *
- ☒ 11. I authorize that an electronic signature of this Application and any Approval Letter or Grant Agreement shall be a binding on the parties. *

Phase 4 Grant Application

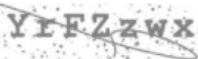
Electronic Signature

Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to be bound by electronic signatures.

- ☒ I agree to be bound by electronic signatures. *
- ☐ I am an Authorized Signer for this organization and I accept the above terms and conditions. *

Full Name *

Email Address



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Submit

Phase 4 Grant Application

Thank you for submitting your full application for the NJEDA Small Business Emergency Assistance Phase 4 Grant.

The status of your application will be available in 10 business days by logging in to your account on the [NJEDA application portal](#).

Your confirmation number is: MOLA- [REDACTED].

All communications will be emailed to [REDACTED].

For questions regarding your Phase 4 application, please call NJEDA at 1-844-965-1125.

To learn about other COVID-19 relief programs available to businesses, visit [BUSINESS.NJ.GOV/COVID](https://business.nj.gov/covid)

Thank You,
NJEDA

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Visit NJEDA.com or business.nj.gov/covid
for more information.



@NewJerseyEDA | njeda.com | 609.858.6767

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