

Ways for Atlantic City Businesses and Non-Profits to Obtain COVID-19 Grants and Loans Information

(Revised 3/31/20)

The State of New Jersey has shared this link to a tool that can help funnel business owners and non-profits to the right products in response to COVID-19.

<https://assistance.business.nj.gov/>.

The New Jersey Economic Development Authority has people online to answer questions 12 hours a day, plus can provide direct (for NJ and EDA programs) and indirect (for Federal programs) guidance on all of the current and just-created funding assistance options (loans/grants):

<https://faq.business.nj.gov/en/collections/2198378-information-for-nj-businesses-on-the-coronavirus-outbreak>

NJEDA has partnered with four organizations to offer support services to businesses seeking federal financial assistance through SBA programs. These organizations will help small business owners file their applications through the SBA to receive working capital loans to help them survive this crisis.

- [African American Chamber of Commerce of New Jersey \(AACCNJ\)](#)
- [New Jersey State Veterans Chamber of Commerce](#)
- [Statewide Hispanic Chamber of Commerce of New Jersey \(SHCCNJ\)](#)

The Small Business Administration Office at Stockton University is requesting that interested businesses complete the attached “Client Intake Form” and fill out the blocks highlighted in yellow. Completed forms should be emailed to Carol Waties at (Carol.Waties@stockton.edu) or Cynthia Kelly at (Cynthia.Kelly@stockton.edu). Businesses that submit forms will be scheduled to have their questions answered and receive assistance in completing their applications.

<https://njsbdc.com/njsbdc-at-stockton-university-in-atlantic-city>

The James Beard Foundation Food and Beverage Industry Relief Fund is being established to provide critical financial assistance to small, independent restaurants that, due to the COVID-19 national disaster, have an immediate need for funds to pay set operating expenses and keep from going out of business. For more information go to:

<https://www.jamesbeard.org/relief-fund-faqs>

The Community Fund of South Jersey is providing grants to non-profits, see link below:

<https://www.communityfoundationsj.org/wp-content/uploads/2020/03/South-Jersey-COVID-Response-Fund-v3-final.pdf>

Small Business Development Center At Stockton University



**3430 Atlantic Avenue
Atlantic City, NJ 08401
Phone (609) 626-3889 – Fax (609) 441-3111**

OMB Approval No. 3245-0324
Expiration Date: 10/31/2020

Client Number: _____
Location Code: _____
Initials of Data Inputter: _____

1. Name of the Office Providing the Service _____ 1a. Type of Client: Face to Face Online Telephone
 2. City/State of Office Location _____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	4. Email
5. Telephone Primary _____ Secondary _____	6. Fax
7. Street Address/PO Box (give business address if currently in business)	8. City
9. State	10. Zip +4
<p><small>11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes <input type="checkbox"/> No <input type="checkbox"/>). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.</small></p>	
12. Preferred date & time for appointment Date: _____ Time: _____	13. Client Signature _____ Date: _____

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse of Military Member			
19. Referred by? (Mark all that apply) <input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Lender <input type="checkbox"/> SCORE <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> USEAC <input type="checkbox"/> Business Owner <input type="checkbox"/> WBC <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Boots to Business <input type="checkbox"/> SBA Web site <input type="checkbox"/> VBOC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (please indicate website) _____			
20a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30) 20b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).			
21. Name of Business			
22. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)			
23. Business Ownership – What percentage of your business is male or female owned? _____ % Male _____ % Female	24. Date Business Started? (MM/YYYY)	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
27a. Total No. of Employees (full & PT)	28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____		29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____	28b. Amount of your Gross Revenues/Sales related to exporting \$ _____		
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/ Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital!) <input type="checkbox"/> Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Tax Planning			
Describe specific assistance requested in the space provided: _____			