# CARES ACT CHECKLIST - NON PROFIT

Name Of Non Profit

| CRITERIA | ☑ |
|---|---|
| Cibola County, Milan, Grants Business license | |
| Physical Location in Cibola County | |
| 1-50 Full time Employees | |
| Proof of impact by stay at home order | |
| Proof of expenses: IE rent, mortgage, utilities | |
| Received no other grants or funding for these claims | |
| Business start date no later than March 1 2019 | |
| Less than 2 million revenues | |
| 2019 gross reciepts tax March -December or accounting ledger | |
| 2020 gross reciepts tax March- present or accounting ledger | |
| Copies of all tax forms or ledgers | |
| Copies of all receipts for redesign | |
| Copies of all receipts for ppe or other expenses | |
| Insurance costs | |
| Marketing costs | |
| Any employee payroll | |
| All Applications signed and dated | |
| Any other receipts or documentation (Please list) | |

| Office Use Only | |
|---|---|
| Date Submitted to DFA | |
| Accepted | |
| Denied | |
| Amount to be issued | |