

CARES ACT CHECKLIST - 1099 CONTRACTOR

Contractor Name _____

CRITERIA



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

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