



## Nebraska Business Stabilization Grants (Small Businesses) Application

*This is a copy of the application content and is intended for reference purposes only.  
The final display may vary.*

### Introduction

Si necesita esta página en español, abra esta página en Google Chrome y siga estas instrucciones:  
<https://support.google.com/chrome/answer/173424?co=GENIE.Platform%3DDesktop&hl=es-419>

Small businesses across the state have been struggling in the wake of COVID-19. The SBS Grant allocates working capital to help them cover operating expenses. This will enable our small businesses get back on their feet and back to profitability.

Nebraska-owned businesses with 5 to 49 employees that have closed or sustained a loss of revenue or employment since March 13, 2020, are eligible to apply. All industries are eligible except:

- o Mining (NAICS 21)
- o Utilities (NAICS 22)
- o Finance and Insurance (NAICS 52)
- o Management of Companies & Enterprises (NAICS 55)
- o Educational Services (NAICS 61)
- o Public Administration (NAICS 92)

Eligible uses of Small Business Stabilization Grant funding include any operational expenses for continuing a businesses' operations.

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## Application For Nebraska Small Business Stabilization Grant (Small Business)

Eligibility Certification Confirmation Number \*

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### Contact Information

Name (as shown on your income tax return) \*

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Is your business name the same as the name above? \*

- Yes  
 No

Legal Name of Business \*

Address Line 1 \*

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Address Line 2

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City \*

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County \*

Adams ▼

State \*

NE ▼

Postal Code \*

Business Phone Number (000-000-0000) \*

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Email Address \*

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Authorized Contact Person First Name \*

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Authorized Contact Person Last Name \*

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Authorized Contact Person Title \*

Authorized Contact Person Phone Number (000-000-0000) \*

Authorized Contact Person Email Address \*

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## Business Details

Withholding FEIN (00-0000000) \*

State ID (Nebraska Employer Number) \*

Social Security Number (000-00-0000) \*

Business Type (Federal Tax Classification) \*

- Individual
- Sole Proprietor
- C-Corporation
- S-Corporation
- Partnership
- Trust/Estate
- Non-Profit Entity
- Government (Local, State, Federal)
- Limited Liability Company (LLC) - C Corp
- Limited Liability Company (LLC) - S Corp

Limited Liability Company (LLC)-Partnership

Single Member LLC

Exempt payee code (if any) - refer to your W-9

Exemption from FATCA reporting code (if any) - refer to your W-9

State of Incorporation \*

How Long in Business \*

- Less Than 3 Years
- More Than 3 Years

Number of Employees on March 13, 2020 \*

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Total Amount of Wages Paid by Business From January 1, 2020 Through March 31, 2020

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Business NAICS Code: \*

Please describe business activities that generate revenue (product or service provided by business) \*

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Please Upload Form 941-N for First Quarter 2020 (If business files Form 941-N annually, upload 2019 Form 941-N filing) \*

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## COVID-19 Effect on Business

Please Identify COVID-19 related effect on employment:

Did you lose or have a reduction in employees after March 13, 2020 as a result of COVID-19? \*

- Yes
- No

Please estimate your reduction in current employees due to COVID-19 since March 13, 2020 \*

- A. No Impact
- B. 1% to 25%
- C. 26% to 50%
- D. 51% to 75%
- E. 76% to 100%

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Please Identify COVID-19 related effect on revenue:

Did you lose revenue after March 13, 2020 as a result of COVID-19? \*

- Yes
- No

Please estimate the share of total revenue lost due to COVID-19 since March 13, 2020 \*

- A. No Impact
- B. 1% to 50%
- C. 51% to 75%
- D. 76% to 100%
- E. More than 100%

Please describe the overall effect of COVID-19 on the applicant business \*

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Please describe how the Nebraska Small Business Stabilization grant will be utilized \*

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## Bank Information

Financial Institution Name \*

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Account Type \*

- Checking
- Savings

Name on Account \*

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Account Number \*

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Routing Number \*

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## Terms and Conditions

Please download and read the Grant Agreement Requirements and Conditions

[Nebraska Grant Agreement Requirements and Conditions.pdf](#)

Please read the Grant Agreement Requirements and Conditions and accept the certification terms \*

I acknowledge that I have read, and do hereby accept, the Grant Agreement Requirements and Conditions contained in this online application.

Please type First and Last Name \*

Date Signed \*  

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## For Further Questions

Information about Nebraska Small Business Stabilization Grants can be found here: <http://getnebraskagrowing.nebraska.gov/>

Technical assistance on how to apply can be found here: <https://opportunity.nebraska.gov/amplifund/> or call: 855-264-6858