

**MORRISTOWN PARTNERSHIP COMMERCIAL RENT RELIEF GRANT PROGRAM**  
 DEVELOPED TO SUSTAIN SMALL BUSINESSES  
 ADMINISTERED BY THE MORRISTOWN PARTNERSHIP

**GRANT APPLICATION**

**APPLICATION CHECKLIST**

The following required documents must be provided with the application to determine eligibility. Please note that any incomplete applications that are submitted will be rejected.

Fields and documents marked with an \* are required.

- Copy of Current Lease including all exhibits and amendments\*
- Documentation of most recent lease (rent) payment\*
- Financial Impact Letter\*
- Grant Agreement, **signed by BOTH Tenant and Landlord\***
- Amendment to Lease/Rent Reduction Agreement, **signed by BOTH Tenant and Landlord\***

**APPLYING ONLINE**

An online application portal is available at: [www.morristown-nj.org/grants](http://www.morristown-nj.org/grants)

Applicants will be asked to provide the following information:

GRANT AMOUNT REQUESTED	
Grant Amount Requested*	\$ _____ (Not to exceed \$20,000)
Grant Amount Formula	Monthly Base Rent*x .80 (20 percent reduction) = Amended Monthly Rent Amended Monthly Rent x 3 Months = <u>Grant Amount Requested</u>

*Tenant must provide a copy of lease agreement and documentation of most recent rent payment. Please note your Grant Amount Requested will be calculated using the Monthly Base Rent (actual cost of rent and any applicable charges due under a lease, not to include payments for property taxes, assessments, utility payments and common area charges). Adjustments to the Grant Amount Requested may be modified based on documentation provided.*

**QUESTIONS**

Grant Program information is provided in the Program Information portion of this packet. If you have additional questions, please send an email to [grants@morristown-nj.org](mailto:grants@morristown-nj.org) or contact (973) 455-1133.

FOR OFFICIAL USE ONLY	
Application Received by:	Date Received:
Application Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete
Notification Date:	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Check #:	<input type="checkbox"/> W-9 <input type="checkbox"/> Other:

Notes:

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**TENANT INFORMATION**

BUSINESS INFORMATION			
Business Name ('Tenant')*:	Date Established (MM/DD/YYYY)*:		
Street Address*:	City: Morristown	State: NJ	Zip Code: 07960
Website:	Number of Employees*:		
Brief Explanation of the Type of Business*:			
BUSINESS CONTACT INFORMATION			
Business Contact First Name*:	Business Contact Last Name*:		
Contact Person's Role with the Business*:			
Contact Phone Number*:	Contact Email Address*:		

**LEASE AND LANDLORD INFORMATION**

Please check here if you are both the business applicant and the landlord

LEASE INFORMATION	
Square Footage of Leased Space*:	Monthly Lease Payment* \$:
Lease Effective Date (MM/DD/YYYY)*:	Term of Lease*:
Use of Space*: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____	
LANDLORD INFORMATION	
Landlord First Name*:	Landlord Last Name*:
Landlord Phone Number*:	
Landlord Management Company (If Applicable):	
Landlord Email Address:	
Property Block (If known):	Property Lot (If known):

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<b>COVID-19 IMPACT QUESTIONNAIRE</b>	
1. *	Has your business been negatively impacted by the COVID-19 pandemic and, as a result, experienced financial hardship? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
2. *	How is your business being affected by COVID-19? Select all that apply. <input type="checkbox"/> Revenue Loss <input type="checkbox"/> Revenue Delay <input type="checkbox"/> Business Operations <input type="checkbox"/> Workforce <input type="checkbox"/> Increased Costs <input type="checkbox"/> Other Explain Other (If applicable):
3. *	Was your business considered an essential business as defined in Governor Murphy's Executive Order 107? <input type="checkbox"/> YES <input type="checkbox"/> NO
4.	If your business closed for any period of time due to COVID-19, please indicate below. <input type="checkbox"/> Closed by Executive Order <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable Please specify periods of closing and reopening related to COVID-19:
5. *	Was your business unable to make regular lease payments as a result of the COVID-19 pandemic? If yes, please briefly explain: <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
6. *	Did your landlord offer any form of rent relief as a result of COVID-19? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If yes, please select all that apply: <input type="checkbox"/> Rent Abatement <input type="checkbox"/> Rent Reduction <input type="checkbox"/> Subletting <input type="checkbox"/> Application of Deposit <input type="checkbox"/> Loan Conversion <input type="checkbox"/> Rent Deferral <input type="checkbox"/> Other What were the term(s) of the accommodation(s):
<b>OTHER COVID-19 FINANCIAL ASSISTANCE</b>	
Have you applied for other COVID-19 assistance programs? * <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Select all that apply.	
Program	Amount Received
<input type="checkbox"/> NJEDA Small Business Emergency Assistance Loan Program (any phase)	
<input type="checkbox"/> Federal Paycheck Protection Program (PPP)	
<input type="checkbox"/> Federal Economic Injury Disaster Loan (EIDL)	
<input type="checkbox"/> Any other program through state, local or private organizations related to COVID-19 (If applicable, list below)	

**FINANCIAL IMPACT LETTER\***

Please submit a brief financial hardship statement including a summary of business operations prior to COVID-19 and the impact of the COVID-19 pandemic on business operations.

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**CERTIFICATION OF APPLICATION AND AUTHORIZATION TO RELEASE INFORMATION\***

Eligibility for the Morristown Partnership Commercial Rent Relief Grant Program (“**Grant Program**”) administered by Morristown Partners, Inc. dba Morristown Partnership (“**Grantor**”) is determined by the information presented in this application. Any changes in the status of the application from the information presented herein could disqualify the application.

Only the Grantor may take action to determine the Tenant’s eligibility and to authorize issuance of funds to the Landlord.

**By signing below, the undersigned hereby certifies to the Partnership as follows (all boxes must be checked):**

- Tenant’s business has been negatively impacted by the COVID-19 pandemic and, as a result, experienced financial hardship.
- Tenant’s business is not one of the following types of businesses: Pawn shop; vaping, including tobacco, and marijuana dispensary; liquor licensed restaurant or business involved in selling or distributing alcohol; “Adult” oriented business; firm involved in lending activities and any other firm whose stock in trade is money; firm involved in gambling; transient merchant; business involved in any activity constituting a nuisance; or any illegal purpose.
- Tenant’s business has a physical commercial location with a current, active lease located in a designated ‘Class 4’ commercial property within the Town of Morristown and that attached is a true, correct, current copy of the lease including all exhibits and amendments.
- I authorize the Grantor’s staff to contact my Landlord, or its agents, for information in connection with the Grant Program.
- I understand and agree that the Grantor may use information contained in my application and other documents required to gather statistical information for the Grantor’s purposes.
- I understand a request for a grant is not a guarantee of funding. In the event the grant is not awarded, the executed Grant Agreement and the Amendment to Lease/Rent Reduction Agreement that is attached to this application shall be void and of no effect.

I certify that the statements above, as well as all information contained in this application and in all attachments submitted herewith, are true and complete. I understand that if such information is willfully false, I am subject to criminal prosecution under *N.J.S.A.2C: 28-2* and any false statements or information provided may be punishable by civil penalties, including repayment and/or criminal penalties. I have the authority to submit this application on behalf of the Tenant.

**By:** \_\_\_\_\_

**Business Name of Tenant:** \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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