

# City of Lovington



## REQUEST FOR GRANT PROPOSALS

### Lovington Small Business Continuity Grant

#### Initial Due Date & Time

September 14, 2020  
10:00 a.m. (MST)

#### SUBMIT BID PROPOSALS TO:

James R. Williams  
City Manager  
City of Lovington  
214 S. Love St.  
Lovington, NM 88260  
[jwilliams@lovington.org](mailto:jwilliams@lovington.org)

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**LEGAL NOTICE OF REQUEST FOR GRANT PROPOSALS  
LOVINGTON, NEW MEXICO**

**FOR LOVINGTON SMALL BUSINESS CONTINUITY GRANT  
INITIAL DUE DATE: SEPTEMBER 14, 2020**

The City of Lovington, New Mexico is requesting grant proposals from businesses located within the City limits of Lovington for the Lovington Small Business Continuity Grant. This program will provide funding to small local businesses to assist with the costs of redesign and construction of their business to meet COVID safe practice recommendations, the redesign and implementation of their business model to implement or expand their internet presence for marketing and sales, and for marketing assistance that is designed to raise awareness of the local business and boost the local economy. To be eligible for funding, the business must be headquartered in New Mexico, be located within the City limits of Lovington, have demonstrated that the business was forced to close or operations were severely curtailed as a result of closure orders from the State, had an annual revenue of \$2 million or less prior to the impact of COVID-19, and have 50 or fewer full-time equivalent employees.

The initial submittal deadline is September 14, 2020 at 10:00 a.m. (MST). Thereafter, the City will continue to accept proposals pursuant to this RFP on each following Monday by 10:00 a.m. until November 30, 2020 or until funding is exhausted, whichever occurs first. Funding for this program is limited.

The Request for Proposals, any future addenda, and all related information may be obtained from the City of Lovington's website at [www.lovington.org](http://www.lovington.org) under "Procurement" or by contacting the Finance Department, 214 S. Love St., Lovington, New Mexico 88260, (575) 396-2884, [gchapman@lovington.org](mailto:gchapman@lovington.org).

James R. Williams, City Manager

Publish in: Lovington Leader September 3, 2020  
Hobbs News Sun September 2, 2020

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## **INSTRUCTION TO RESPONDENTS**

1. Envelopes containing proposals must be sealed and marked on the upper left hand corner with the name and address of the Respondent.
2. Proposals may be mailed, hand delivered, or submitted by email to [jwilliams@lovington.org](mailto:jwilliams@lovington.org)
3. Proposals received after the initial due date and subsequent additional dates will be opened on the following due date after receipt.
4. Proposals must be made out and signed in the corporate or other name of Respondent and must be fully and properly executed by an authorized person.
5. Proposals must include all required forms and information. Incomplete responses will be rejected.
6. The Purchasing Agent reserves the right to amend and/or cancel the proposal invitation prior to the time and date of the proposal opening.
7. Respondents and/or vendors doing business with the City of Lovington must be in compliance with the Federal Civil Rights Act of 1964 and Title VII of the Act. Rev., 1979. The City of Lovington in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders and respondents that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.
8. All respondents and/or vendors doing business with the City of Lovington must also provide IRS FORM W-9 (REV. JANUARY 2011 or DECEMBER 2011). Failure to do so may cause the proposal to be rejected by the City of Lovington.
9. The City of Lovington reserves the right to reject any and all proposals, to waive an informality in proposals, and unless otherwise specified by the Respondent, to accept any item on the proposal.
10. All interested parties are invited to attend proposal openings of the City of Lovington.
11. Each proposal will be evaluated by the City Manager, Finance Director and the COVID-19 Incident Management Team. The Respondent is to provide complete specifications. The recommendations of the City Manager will be provided to the City Commission which will make the final award determination.
12. Notice is hereby given that the City Commission reserves the right to reject any and all proposals received. In the case of ambiguity or lack of clarity, the right to determine the best proposal or to reject same or to waive irregularities and technicalities.

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## **HOLD HARMLESS/INDEMNITY AGREEMENT**

To the full extent permitted by law, Respondent shall defend, indemnify and hold harmless City, its employees, agents and officials, from any liability, claims, suits, actions, arbitration proceedings, administrative proceedings, regulatory proceedings, losses expenses or costs of any kind, whether actual, alleged or threatened, actual attorney fees incurred by City, court costs, interest, defense costs including expert witness fees and any other costs or expenses of any kind whatsoever incurred in relation to, as a consequence of or arising out of or in any way attributable in whole or in part to the performance of this agreement. All obligations under this provision are to be paid by Respondent as the City incurs them.

Without affecting the rights of City under any provision of this agreement or this section, Respondent shall not be required to indemnify and hold harmless City as set forth above for liability attributable to the sole fault of City, provided such sole fault is determined by agreement between the parties or the findings of a court of competent jurisdiction. This exception will apply only in instances where the City is shown to have been solely at fault and not in instances where Respondent is solely or partially at fault or in instances where City's fault accounts for only a percentage of the liability involved. In those instances, the obligation of Respondent will be all-inclusive and City will be indemnified for all liability incurred, even though a percentage of the liability is attributable to conduct of the City.

Respondent acknowledges that its obligation pursuant to this section extends to liability attributable to City, if that liability is less than the Sole fault of City. Respondent agrees to obtain executed indemnity agreements with provisions identical to those set forth here in this section from each and every subcontractor, sub-tier contractor or any other person or entity involved by, for, with or on behalf of contractor in the performance of this agreement. In the event Respondent fails to obtain such indemnity obligations from others as required here, Respondent agrees to be fully responsible according to the terms of this section. Failure of City to monitor compliance with these requirements imposes no additional obligations on City and will in no way act as a waiver of any rights hereunder. This obligation to indemnify and defend City as set forth herein is binding on the successors, assigns, or heirs of Respondent and shall survive the termination of this agreement or this section.

Any dispute leading to litigation must be settled in the jurisdiction of the Lea County, New Mexico Court system.

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## 1.0 PURPOSE

The purpose of this Request for Grant Proposals is to solicit responses from small local businesses who have been impacted by COVID-19 and need funding assistance to achieve the following:

1. Design, purchase, and construct COVID Safe Practices (CSP's) at the site of their business that will allow them to reopen or open at a greater capacity.
2. "Redesign" business operations to incorporate or expand their online presence, marketing, and sales.
3. Marketing of local business to raise awareness of what is available, a means to facilitate purchases, as well as boosting the local economy.

## 2.0 PROJECT DESCRIPTION

As a result of the COVID-19 pandemic, the Federal Government has provided a total of \$150 billion to the Corona Virus Relief Fund to States, the District of Columbia, U.S. Territories, and Tribal governments. As a result of the Fund, the State of New Mexico has provided \$50 million in funding to local governments throughout the State to be used to fund local grant programs that will assist small businesses in our community. The City of Lovington was awarded a total of \$131,794 to fund our local initiative.

The City of Lovington values the contribution of each business within our community. With the occurrence of the COVID-19 pandemic, many businesses were required to close per the Public Health Order's issued by the State of New Mexico. While some businesses have re-opened, some businesses have not been able to fully re-open due to the cost associated with following and implementing COVID Safe Practices (CSP's). Our community recognizes the importance of following science-based guidelines to prevent the spread of COVID-19 or any other virus. The vision for this program is to provide funding assistance to our small businesses so they may reconfigure their business spaces and operations to facilitate and emphasis the use of CSP's. This will dovetail into the City of Lovington's preventative programs that have been in place since the beginning of the pandemic. In addition, we would also provide funding for our local businesses to invest in a "redesign" of their business model to incorporate online sales. This move would not only help to assist with social distancing recommendations but would also help to grow their business beyond Lovington and potentially the State of New Mexico. A third component of our program is to task our Community Development Organizations, specifically the Chamber of Commerce, Lovington EDC, and Lovington MainStreet with the marketing of our local and vulnerable businesses. This program would raise more awareness of what is provided locally, what is available online, as well as providing an economic boost for the business and community. The preliminary program budget has been allocated as follows:

Physical improvements and protective equipment:	\$100,000
Business redesign for online/distance sales and infrastructure:	\$16,794
Marketing Program:	\$15,000
<b>PROGRAM TOTAL:</b>	<b>\$131,794</b>

Based on the demand, this budget may be adjusted in order to fund as many requests as possible.

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### 3.0 SPECIAL NOTES

1. Respondents must submit all provided forms and requested information. Failure to submit information will result in rejection of the proposal.
2. Awardees will be required to execute a grant agreement between their entity and the City of Lovington.
3. This program is based on reimbursement. Successful respondents will be required to submit proof that work has been completed and a copy of proof of payment. Acceptable proof of payment can be in the form of a check that has cleared the bank or a credit card statement. All documentation regarding a reimbursement request must be approved by the Finance Director prior to a release of funds. Additional information may be required and must be produced upon demand by the City. Failure to submit required and requested information will result in forfeiture of funding.
4. All expenses or encumbrance of funds must be made prior to December 30, 2020. Failure to meet this requirement will result in immediate forfeiture of grant award.
5. A detailed estimate from a licensed contractor for any physical improvements requiring construction must be submitted.
6. Detailed quotes from vendors for any equipment or services being obtained must be submitted.
7. Funding may not be utilized for new construction (i.e. new location or building). Improvements or expansions may be made to the existing business facility.
8. Respondents may request grant funding for more than one of the three areas but must apply for each request separately.
9. The respondent(s) is/are solely responsible for all safety conditions and compliance with all municipal, county, state and federal safety regulations, building codes, ordinances, labor and wage laws, and other applicable regulations.
10. Work completed prior to final grant approval is not eligible for funding.
11. Each proposal will be scored using the criteria listed on the provided sheet (this sheet does not need to be submitted with your proposal). The primary individuals responsible for evaluation and scoring of received proposals will include the Finance Director, City Manager, and members of the City COVID-19 Incident Management Team. The final average of the score received, along with the funding level recommendation, will be presented to the City Commission for final approval of award.

## EVALUATION CRITERIA

**CATEGORY:**                      **Physical Improvements and Protective Equipment**  
**Business Redesign**  
**Marketing**

Proposals will be addressed using the following criteria and may be awarded points up to the maximum amount listed.

<b>RATING SHEET FOR:</b>		
<b>Respondent:</b> _____		
<b>ITEM</b>	<b>MAXIMUM POINTS POSSIBLE</b>	<b>SCORE</b>
<b>Background and Experience</b> <i>Has this entity attempted or implemented similar changes or programs in the past? What was the outcome?</i>	20	
<b>Program Description</b> <i>Does the proposal include a detailed description of how the project or change will be executed, how all components will "fit together" to achieve the desired outcome, how the program or change will create a safe environment or meet compliance with PHO's, and how the project or change will be implemented?</i>	30	
<b>Timeline</b> <i>Is a timeline included in the project proposal and does it meet the required timeframe for expenditures?</i>	10	
<b>Readiness</b> <i>Is the project classified as "shovel ready" or are components in place for the project to begin immediately?</i>	20	
<b>Sustainability</b> <i>Does the entity have the means to continue to operate the proposed program or maintain the proposed project?</i>	10	
<b>Budget</b> <i>Does the proposal contain a detailed budget that is verified through official quotes? Can amount be awarded with available funds to complete a functional portion of the project?</i>	10	
<b>TOTAL:</b>	<b>100</b>	

Can this project be completed within the established deadlines if the full funding request cannot be provided?      YES                      NO

**EVALUATOR:** \_\_\_\_\_

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City of Lovington

Grant Proposal Summary Form

Lovington Small Business Continuity Grant

NAME OF RESPONDENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FUNDING TYPE REQUESTED (select one)

AMOUNT REQUESTED

Physical Improvements

\$ \_\_\_\_\_

Business Redesign

\$ \_\_\_\_\_

Marketing

\$ \_\_\_\_\_

The City of Lovington reserves the right to waive any irregularities an award, or not to award, in the best interests of the City. The City is held harmless and is indemnified for the loss and/or misplacement of bid submittals. The bidder is required to utilize this form. Signature is required and reflects agreement, by the bidder, to the terms of the entire request for grant proposal document and certifies that all information contained within the application submitted is true and accurate.

SIGNATURE OF RESPONDENT: \_\_\_\_\_

Mail or deliver to City Hall at 214 S. Love St., Lovington, NM 88260

Email completed application to [jwilliams@lovington.org](mailto:jwilliams@lovington.org)

**APPLICANT GENERAL INFORMATION**

*The following information is a federal requirement for funding and will not be publicly disclosed.*

Legal Name of Business: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NM Taxpayer ID #: \_\_\_\_\_ Lovington Business License #: \_\_\_\_\_

Do you have a current certificate of good standing with the State of New Mexico: YES NO

Business Owner Name: \_\_\_\_\_

CEO or other authorized representative: \_\_\_\_\_

Is your business headquartered in New Mexico: YES NO

What is the county and zip code for your company’s primary place of business?

County: \_\_\_\_\_ Zip: \_\_\_\_\_

What type of business do you have?

C-Corp      LLC      Partnership      Sole Proprietorship

**BUSINESS OPERATION INFORMATION**

1. What was your employee headcount for full-time (32 hours/week or more) and part-time employees on March 1, 2020?

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

2. What is your current employee headcount for full-time (32 hours/week or more) and part-time employees?

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

3. What were your total gross receipts for March 2019 and for April 2019?

March 2019: \$ \_\_\_\_\_ April 2019: \$ \_\_\_\_\_

4. What were your estimated total gross receipts for March 2020 and for April 2020?

March 2020: \$ \_\_\_\_\_ April 2020: \$ \_\_\_\_\_

5. Was your business included in the New Mexico orders to shut down or severely curtail business operations? YES NO

6. Did you shut down or severely curtail your business activities as a result of closure orders?

YES NO If yes, what date did you close or curtail your business? \_\_\_\_\_

7. If you curtailed rather than closed your business, please describe the nature of the curtailment:

8. What is your best estimate of what month you did or will reopen? \_\_\_\_\_

9. When you reopen, what percent of do you expect to operate at?

Month	CAPACITY			
	0% - 25%	26% - 50%	51% - 75%	76% - 100%
May				
June				
July				
August				
September				
October				
November				
December				

**FINANCIAL IMPACTS**

1. What was your net taxable income in the most recent complete tax year? \$ \_\_\_\_\_

2. What impact do you anticipate the COVID-19 crisis and related effects will have on your revenues for 2020 as a whole?

No effect    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

3. If you pay withholding, have you delayed or plan on delaying withholding tax?      YES              NO

4. How many years has your business been in continuous operation through March 1, 2020? \_\_\_\_\_

5. How many employees and what total payroll did you report to the state for unemployment insurance taxes for the fourth quarter of 2019?

# of Employees: \_\_\_\_\_              Taxes reported: \$ \_\_\_\_\_

6. Have you been approved for an SBA Paycheck Protection Program loan or Economic Injury Disaster Loan? (check all that apply)

SBA Paycheck Protection Program Loan  
Economic Injury Disaster Loan

7. Is your business owned by a socially disadvantaged group? (check all that apply)

No  
Woman  
Veteran  
Minority  
Tribal

**APPLICANT INFORMATION**

*The following information is required and is part of information that can be released to the public.*

**Business Ownership**

Business Owner: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Ownership**

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If physical improvements are being made to the business and the property is owned by a third party individual or corporation, they are required to sign below. The property owners signature below indicates that they consent to the improvements being made at their property, they are authorized to sign on behalf of the corporation (if applicable) and agree to the City supplied hold harmless/indemnification statement.*

\_\_\_\_\_

*Property Owner Signature*

\_\_\_\_\_

*Date*

**Contractor(s) and/or Vendor(s) being used to implement improvements**

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Registration #: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Registration #: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Registration #: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Registration #: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Registration #: \_\_\_\_\_ License Number: \_\_\_\_\_

**PROJECT DESCRIPTION**

*Please provide a detailed description of the improvements at the business, how you would expand your internet presence, or means of marketing in the space below. Do not attach additional sheets for description.*

