Exhibit 1

New Mexico Small Business Continuity Grant Application Form

Please do not submit Business Continuity Application form. This is for your use as guidance in developing the Small Business Continuity proposal and for administrative purposes.

This grant is available to qualifying small businesses with 50 or fewer full-time equivalent employees in New Mexico as long as funding remains for the program. The grant proceeds must be spent on eligible "business continuity" expenses. In addition, you may qualify for additional funding for "business redesign" expenses necessary to adopt COVID Safe Practices, and eligible expenses for both portions of this grant program outlined below.

To be eligible, your company must be headquartered in New Mexico and either have been forced to close or severely curtail business operations as a result of closure orders from the state and have an annual revenue of $2 million or less prior to the impact of COVID-19.

Grant awardees must spend "business continuity" grant money on non-owner employee payroll, rent, scheduled mortgage payments, insurance, utilities, or marketing. Grant awardees must spend "business redesign" grant money on things like reconfiguring physical space, installing plexiglass barriers, purchasing web-conferencing or other technology to facilitate work-at-home, or PPE for employees.

1. Please type the legal name of your business.

2. Please enter your New Mexico taxpayer ID number. _____
3. Please enter your local business license number. _____
4. Do you have a current certificate of good standing? ☐Yes ☐No
5. Only the owner, CEO or other authorized representative of the business may apply for this grant. Please enter your full first and last names.
   Business Owner: _____
   CEO or other authorized representative: _____
6. Is your business headquartered in New Mexico? ☐Yes ☐No
7. What are the county and zip code for the company's primary place of business?
   County _____   Zip Code _____
8. What type of business do you have? ☐C-Corp ☐LLC ☐Partnership ☐Sole Proprietorship
9. What was your employee headcount for full-time (32 hours/week or more) and part-time employees on March 1, 2020?
   32 Hours/week or more _____   Part-time_____
10. What is your current employee headcount for full-time (32 hours/week or more) and part-time employees?
    32 Hours/week or more _____   Part-time_____
11. What were your total gross receipts for March 2019 and for April 2019?
    March 2019 $_____   April 2019 $_____

12. What were your estimated total gross receipts for March 2020 and for April 2020?
    March 2020 $_____ April 2020 $_____
13. Was your business included in the New Mexico orders to shut down or severely curtail business operations? ☐Yes ☐No
14. Did you shut down or severely curtail your business activities as a result of closure orders?
    ☐Yes ☐No   If so, what date did you close or curtail your business? _____

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

    _____

    b. What is your best estimate of what month you did or will reopen? _____

    c. When you reopen, what percent of capacity to you expect to operate at? May – December listed for reopen, 0-25% / 26-50% / 51-75% / 76-100% for capacity
       May _____   June _____   July _____
       Aug. _____   Sept. _____   Oct. _____
       Nov. _____   Dec. _____
15. What was your net taxable income in the most recent complete tax year? $ _____
16. 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%
17. If you pay withholding, have you delayed or plan on delaying withholding tax? ☐Yes ☐No
18. How many years has your business been in continuous operation through March 1, 2020?_____
19. How many employees and what total payroll did you report to the state for unemployment insurance taxes for the fourth quarter of 2019?
    # Employees   _____
    Taxes Reported $_____
20. 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
21. Is your business owned by a socially disadvantaged group? (check all that apply)
    ☐No
    ☐Woman
    ☐Veteran
    ☐Minority
    ☐Tribal