



City of Carson
Emergency Small Business Assistance Program
Small Business Grant Application
(With 5 to 50 Employees including the owner)

SECTION A. Application Process

The application and all supporting materials must be submitted via e-mail to COVID19assistance@carson.ca.us. Applicants may be requested to submit additional documentation or detail. Applicants will have two weeks to submit additional materials as requested by the City. Maximum grant amount for this program is \$10,000. Businesses with five (5) to 50 (fifty) employees are required to file the Emergency Business Assistance Program – SMALL BUSINESS application.

SECTION B. Eligibility Checklist

The checklist below assists businesses to determine eligibility for the Emergency Small Business Assistance program.

Part A	
Is your business located within Carson City boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have between 5 and 50 employees (including the owner(s))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to document that your business was adversely impacted by COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have a current City of Carson business license, have no pending health or code enforcement matters and is not delinquent on any fees or taxes owed to the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your business open on or before February 29, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business meet the eligibility requirements outlined in the program guidelines? <ul style="list-style-type: none"> • Owner is 18 years or older • Business or owner has a DUNS number, or has applied for one? • Business has a valid federal employer identification number • Business has a bank account • Business is not subject to City Conflict of Interest Code, See Section R 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can confirm that my business is not one of the following: <ul style="list-style-type: none"> • Nonprofit entity (e.g. 501 (c)(3), 501 (c)(6), etc.) • Passive business (i.e. rental property or other business in which one does not actively participate) • Government organization • Business that limit patrons to 18 and older 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the business create or retain at least one full-time job (or equivalent) with an annualized salary of \$63,100 or below?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to these questions, you may be eligible for the Emergency Small Business Assistance Program and should apply for the program. If you answered no to any question, you are not eligible for the Emergency Small Business Assistance Program.

SECTION C. Summary Application

Business Information		
Name of Business Owner:		Legal Name of Business:
DBA (If applicable):		Business Address:
Business Owner Email:		Business Owner Phone:
Date Business Opened (mm/dd/yyyy):	Federal EIN (SSN if sole proprietor):	DUNS Number:
<i>(if you have applied, but have not yet received your DUNS number, attach documentation of DUNS application)</i> https://fedgov.dnb.com/webform/		
Number of Total Employees (Including Owner(s))		Current: =
Prior to March 2020 =		
1. Does the business have a current business license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the business have any pending health or code enforcement matters		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the business past due in any fees or taxes owed to the City of Carson?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the business owner subject to the City's conflict of interest code? <i>(If yes, attach a document providing an explanation).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? <i>(If yes, attach a document providing an explanation).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the business filed for bankruptcy in the past 7 years? <i>(If yes, attach a document providing an explanation).</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the business require other external assistance to open/remain open? <i>If yes, please explain and summarize below, the status of the other forms of assistance.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please describe how this assistance will enable the business to continue operation/ re-open/ expand service delivery?		

SECTION D. Information for Government Reporting

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form WILL NOT be used to evaluate your application for participation in the Emergency Small Business Assistance program. Information is required for federal funding reports only.

Demographic Information	
Business Owner 1:	Business Owner 2:
Racial Background (Select only one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Other	Racial Background (Select only one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & African American <input type="checkbox"/> Other
Head of household: <input type="checkbox"/> Male <input type="checkbox"/> Female	Head of household: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Background: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnic Background: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Person w/Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Person w/Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - COVID -19 Impact

In order to be eligible for the Emergency Small Business Assistance program, businesses must have been adversely impacted because of the COVID-19 pandemic. Select all impact types that are relevant to your business below. Attach supporting documentation as described in Sample Documentation section below.

Type of Negative Impact:

- Loss of revenue
- Rent, payroll or utilities arrears
- Increased operating costs for PPE
- Increased operating costs to manage new or enhanced curbside or delivery services
- Other

Sample Documentation:

- **Loss of revenue:** Provide documentation showing average revenue for two-month consecutive period between November 2019 and February 2020 compared to revenue for two-month consecutive period after February 2020.
- **Rent, payroll or utilities arrears:** Documentation showing that business is behind in rent, payroll or utilities since March 2020.
- **Increased operating costs for PPE:** Documentation showing costs for PPE as required by State guidelines.
- **Increased operating costs to manage new or enhanced curbside or delivery services:** Documentation showing that software or services required for curbside or delivery began after February 2020 and costs for those services.

SECTION F - Duplication of Benefits

In order to be eligible for the Emergency Small Business Assistance program, businesses must document that they have neither received nor will seek other grants, loans, or other assistance from any private, local, state, or federal funding source for the **same uses** as identified in the application. For example, if a business received the SBA PPP Loan for payroll costs in May and June, CDBG assistance could not be used for the same payroll costs for the same time period.

Applicants must complete and attach the duplication of benefits self-certification included in Section H.

- 1. Have you applied for and/or received any other governmental assistance because of the COVID 19 emergency?** Yes No
If yes, complete the table below and attach additional pages if necessary.

Source	Grant (Y/N)	Loan (Y/N)	Loan Term	Loan Rate	Amount	Use of Funds
Paycheck Protection Program			Yrs.	%	\$	
Economic Injury Disaster Loan			Yrs.	%	\$	
Express Bridge Loan			Yrs.	%	\$	
Debt Relief Program			Yrs.	%	\$	
Main Street Lending Program			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	
Other: _____			Yrs.	%	\$	

- 2. Are the funds from this program replacing any other federal/non-federal source? (If yes, attach explanation).** Yes No

- 3. If the business is receiving other external grants or loans, please attach the disbursement schedule for all sources.**

SECTION G - Small Business Assistance Application

Businesses that do not create or retain low- or moderate-income jobs will be required to repay the grant in accordance with the grant agreement. For this program, a low- or moderate-income job is a job with an annualized salary of \$63,100 or below.

Total Number of Employees (including owner(s)): _____

Number of full-time equivalent (FTE)* jobs expected to be created as a result of this grant: _____

Number of FTE jobs expected to be retained as a result of this grant: _____

Percentage of FTE jobs created or retained expected to be filled by or made available to low/moderate-income individuals: _____

*FTE assumes that full-time job is 40 hours/ week. Thus, if a permanent job is only for 20 hours/ week, it would be considered 0.5 FTE. Each small business assisted must create or retain at least 1.0 permanent FTE. This can be comprised of a single full-time job or multiple part-time jobs.

Job Retention Only

Businesses preliminarily selected for grant assistance will be required to submit documentation summarizing that the job would have been lost, but for the Emergency Small Business Assistance grant.

1. Grant Amount Requested (not to exceed \$10,000)*

Please use the table below to describe how you intend to utilize the funds from this grant to support your business

Eligible Use	Amount	Description
Rent/Utilities	\$	
Payroll	\$	
PPE required for business operation (Supplies only)**	\$	
Business services to increase or alter business activities	\$	
TOTAL	\$	

**All reimbursement requests must include supporting documentation such as receipts. If necessary, the City will request documentation of cost reasonableness including cost estimates from other suppliers or stores for items procured through this program.*

***The City will not provide any reimbursement for installation or installation-related costs. The City will only reimburse PPE supplies.*

SECTION H - Duplication of Benefits Self Certification

I/We, as the owners of _____ business located in the City of Carson, certify that we comply with the Duplication of Benefits Policy as set forth in the Program Guidelines.

I/We certify under penalty of perjury, under the laws of the State of California, that I/We are not able to receive, and have not received, other federal or non-federal benefits or assistance for the same purposes as outlined in the program application. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of the Emergency Small Business Assistance Program as outlined in the program application.

If I/We receive benefits or assistance for the same purpose as stated in the program application, we will report this duplication of assistance to the City within seven (7) business days and immediately return any duplicative grant assistance to the City as required by the Community Development Department.

Business Owner(s)		
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

SECTION J - No Conflict of Interest Certification

If you respond yes to either question below, you are not necessarily disqualified from the program, but will be asked to provide supporting documentation.

1. Do any immediate family members (parents, children, siblings, domestic partners) work for the City of Carson? Yes No
 - a. Name of immediate family member(s) _____
 - b. What department do they work in? _____
 - c. What is their position? _____

2. Are you an employee, agent, consultant, officer, elected official, or appointed official of the City of Carson? Yes No
 - a. Who is your employer? _____
 - b. What is your position? _____
 - c. Explain your relationship with the City _____

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

SECTION K - Signature Page

(complete one signature page for each business owner)

The applicant warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the grant would be issued, or would otherwise receive a financial benefit from any grant which may be extended to applicant and/or for the business. By accepting this grant, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Downey.

Name **Date:**
(Print)
Signature: _____

I attest that I have read and understood the application and completed the application in full, including the required attachments listed below. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Required Attachments

1. City of Carson Business License
2. State Identification Card or Driver's License
3. Completed IRS Form W-9 (Request for Taxpayer Identification Number and Certification) (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
4. Most recent California Employment Development Department forms DE-9 and 9C (Quarterly Contribution Return and Report of Wages Form)
5. Documentation of COVID-19 Impact
6. Other documentation/ explanations, as required by application
7. Business Documentation
 - a. Balance Sheet (or any documentation showing net assets and liabilities of the business) for two separate periods
 - b. 2020 Federal Tax Return for business (Schedule C) or other acceptable documentation

Signature: _____

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