



CITY OF LA VERNE

BUSINESS ASSISTANCE GRANT APPLICATION

BUSINESS INFORMATION

Applicant Business Name:

Doing Business As (DBA):

Applicant/Business owner name(s):

Federal Tax ID Number:

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

Date of Incorporation:

Current number of employees:

Number of employees retained if business receives grant:

Has the business ever been subjected to criminal or civil fines and penalties including from City of La Verne or regulatory violations or in bankruptcy? Is the business or business owner delinquent in any city, federal, state taxes, child support? Yes No

BUSINESS TYPE: LLC Partnership Sole Proprietor Other

BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY

PROPOSED USES OF FUNDS

| AMOUNT OF REQUEST | USE |
|---|------------------|
| \$ | Payroll expenses |
| \$ | Rent/mortgage |
| \$ | Utilities |
| \$ | Inventory |
| \$ | Other(specify): |
| Total Relief Grant Funds Request (Max \$\$ PER X EMPLOYEES; UP TO \$XX,XXX): | |
| \$ | |

Please specify below the jobs your business intends to retain or create through the funds provided by the Relief Fund.

| | |
|-----------------|-----------------|
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |

| | |
|-----------------|-----------------|
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |
| Position Title: | Hours per Week: |

Please indicate any additional jobs retained on a separate sheet

EMERGENCY NEED

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.

2. Please use the space below to explain how the funding will help your business remain viable and prevent layoffs:

3. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created:

Other Funds

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19:

2. Describe other funds you intend to apply for and the amounts and sources of those funds and total amount (e.g. SBA loan, unemployment insurance benefits, etc.).

3. Indicate if you are receiving any "Business Interruption Insurance" and the amount.

4. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.

APPLICANT STATEMENT: I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of La Verne. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax filings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

SIGNATURE: _____ Date: _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ Date: _____

Name (please print): _____

Title (please print): _____

SIGNATURE: _____ Date: _____

Name (please print): _____

Title (please print): _____

Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

Please submit copies of documents along with application

| | |
|--|---|
| | Small Business Relief Grant Application (this document) |
| | Owner Income(s) self-verification form using template in Appendix A |
| | Owner's last two years of recently completed IRS Form 1040 (all owners 51% of business or more) |
| | Business Operating Agreement – (for businesses with multiple partners) |
| | Copy of liability insurance (or willing to obtain) |
| | Previous four weeks of payroll or other documents showing a history of employees on payroll as of the application submission date |

NOTE- Staff will follow-up with applicants for required additional information and documents after application submission, including income self-certification forms for all employees (Appendix A).

Email completed application to: businessassistance@cityoflaverne.org

APPENDIX A- Employee Income Documentation and Conflict of Interest Certification

INCOME is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. All sources of income must be counted from all persons in the household based on the anticipated income expected in the next 12 months.

Please circle which box applies to you, match household size (number of family members) to income:

**If the business application qualifies and is approved for the grant, income documentation will be required to be submitted before the grant is administered.*

| Number of Family Members in Household (Select one) | Annual Income | |
|---|--|-----------------|
| | Select Which Household Size and Income Applies to You | |
| 1 | \$63,100 or less | Above \$63,100 |
| 2 | \$72,100 or less | Above \$72,100 |
| 3 | \$81,100 or less | Above \$81,100 |
| 4 | \$90,100 or less | Above \$90,100 |
| 5 | \$97,350 or less | Above \$97,350 |
| 6 | \$104,550 or less | Above \$104,550 |
| 7 | \$111,750 or less | Above \$111.750 |

Please check your ethnicity (pick 1 of 2): Hispanic/Latino Non-Hispanic/Latino

Please check your race (pick 1 of 10 choices):

- | | |
|---|--|
| <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaii/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other Multi-Racial |
|---|--|

APPLICANT STATEMENT: I hereby declare that any person(s) employed by the City of La Verne, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of. An example of a direct interest would be a City of La Verne employee, City of La Verne Council Member, City of La Verne Community Development Department, who would be paid to perform services under this proposal. An example of indirect interest would be a City of La Verne employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known). I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

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

Disclosed Conflict of Interests:

