

City of Los Banos

Application for COVID-19 Small Business Assistance Program

AVAILABLE ASSISTANCE

Assistance is available to qualified small businesses for qualifying expenses incurred between March 19, 2020 and the date of the application. Grants will be allocated in amounts up to \$5,000 per small business as defined in the COVID-19 Small Business Assistance Program Guidelines.

These funds must be used to cover eligible expenses including rent and lease costs, utilities, and inventory or supplies required to safely open the business.

Eligible grant recipients will be awarded on a first come, first served basis. Submission of an incomplete or inaccurate application may result in ineligibility for program funding.

APPLICANT ELIGIBILITY

- Applicants shall be a:
 - For-profit business physically located, operating, and headquarter in the City of Los Banos with a demonstrated economic need and negatively affected by COVID-19. For-profit applicants must attest to a loss of net revenue as a result of COVID-19 pandemic.
 - Non-profit business physically located, operating, and headquartered in the City of Los Banos with a demonstrated economic need and negatively affected by COVID-19.
- Business must have 20 full-time employees or fewer. Self-employed business owners are eligible.
- Applicants must demonstrate that the business has been operating for at least two full years prior to March 19, 2020 (business license, utility bill, lease agreement).
- Applicants must have an active Business License in the City of Los Banos and is in good standing.
- Applications for businesses who have not received SBA Paycheck Protection Program (PPP), a SBA Economic Injury Disaster Loan (EIDL), or other COVID-19 related grants or loan will be prioritized.
- Selected businesses will be required to sign a reporting agreement to be carried out throughout the term of the grant.
- Applications must submit a current copy of its W-9 form.

REQUIRED ATTACHMENTS (by business type)

Sole Proprietorship

1. Copy of last 2 years tax returns including form 1040 with schedule C Profit or Loss form
2. Copy of most recent form W-3 Transmittal of Wage and Tax Statements
3. Employer Identification Number (EIN#) if applicable
4. Copy of W-9
5. Number of employees per most recent 2 years tax returns
6. Copy of Form 1096 Annual Summary and Transmittal of US Information Returns
7. Proof of actual operating business expenditures between January and March 2020
8. Projected budget expenditure for operations September 1, 2020 through December 31, 2020
9. Proof of financial hardship due to COVID-19

Partnership

1. Copy of last 2 years tax returns including form 1040 with schedule K-1, Form 10656 US Return of Partnership Income
2. Copy of Partnership Income
3. Copy of Partnership Agreement
4. Listing of all partners and percentage of partners ownership
5. Employer Identification Number (EIN#) if applicable
6. Copy of W-9
7. Number of employees per most recent 2 years tax returns
8. Copy of Form W-3 Transmittal of Wage and Tax Statement
9. Copy of Form 1096 Annual Summary and Transmittal of US Information Returns
10. Proof of actual operating business expenditures between January and March 2020
11. Projected budget expenditure for operations September 1, 2020 through December 31, 2020
12. Proof of financial hardship due to COVID-19

Corporation

1. Copy of last 2 years tax returns including form 1040 with schedule K-1, Form 10656 US Return of Partnership Income
2. Copy of Article of Incorporation
3. Listing of Board of Directors/Members
4. Employer Identification Number (EIN#) if applicable
5. Copy of W-9
6. Number of employees per most recent 2 years tax returns
7. Copy of Form W-3 Transmittal of Wage and Tax Statement
8. Copy of Form 1096 Annual Summary and Transmittal of US Information Returns
9. Proof of actual operating business expenditures between January and March 2020
10. Projected budget expenditure for operations September 1, 2020 through December 31, 2020
11. Proof of financial hardship due to COVID-19

REPORTING REQUIREMENTS

- All eligible expenses and proof of payments must be reported to the City by October 30, 2020.

GENERAL INFORMATION			
Business Name:			
Business Owners Name(s):			
Business Address:			
Phone Number:		Email Address:	
Year Business was founded:		Business License Number:	
Business Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Number of FY employees: (as of March 19, 2020)		Average monthly expense prior to COVID-19:	\$

ASSISTANCE INFORMATION	
Duplication of benefits: Has your business received funding, including grants and loans of any kind, from other sources (SBA loan, Paycheck Protection, CDBG, etc.) since March 1, 2020 relating to financial hardship resulting from COVID-19? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please list the type of assistance and agency:	

Business expenses and COVID-19 impact:

Please summarize your current situation and how the COVID-19 crisis has affected your business (impact to revenue, laying off employees, closure, etc.)

Please list your allowable business expenses rent, mortgage, utilities, personal protective equipment, other inventory or supplies related to safely opening the business from March 19, 2020 to submission date.

Disclosures

Is your business or owner delinquent on any federal, state or local taxes or assessment; direct or guaranteed loans; leases; contract; grants; or any other obligations?

Is your business or owner have any outstanding judgments, tax liens, pending bankruptcy proceedings, pending lawsuits, or criminal proceedings against them?

DECLARATION

By signing the application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the rental/mortgage/utilities company(s) listed above may be contacted to verify information contained in this application. I provided all supplemental documents as required. By signing this application.

Print name of applicant:

Signature of applicant:

Date:

Mail, email or drop off application with attachments to the attention of:

Los Banos Finance Department
Attn: Finance Director
520 J Street
Los Banos, CA 93635
Email: finance@losbanos.org
Phone: 209-827-7000

For City of Los Banos Finance Use Only:

Date Received:

Status: Approved Denied Incomplete Application

Recommended Amount:

Number of employees

Authorized signature:

Special notes: