**MONTEREY COUNTY CARES Small Business Relief Program (SBRP)**

**Round 3 Application**

**Application Preparation**

**All grant application guidance and forms may be found on the program website:** [**www.montereycountywdb.org/monterey-county-cares/**](http://www.montereycountywdb.org/monterey-county-cares/)

1. Review the grant program eligibility requirements and instructions carefully on the website.
2. Attend a live informational webinar on May 21, 2001 or watch the webinar recording posted on the website, which provides guidance and instructions.
3. Prepare these documents **before** beginning the application (these documents can all be downloaded from the website) and attach them to your completed application:

* [W-9](https://www.montereycountywdb.org/wp-content/uploads/2021/01/MCWDB_SBRP_IRS_Form_W9_01252021.pdf)
* [Vendor Data Record](https://www.montereycountywdb.org/wp-content/uploads/2021/01/MCWDB_SBRP_Vendor_Data_Record_01252021.pdf)
* Proof of Current Number of Employees
* [Invoice for Reimbursement Form](https://mk0montereycoun2uecx.kinstacdn.com/wp-content/uploads/2021/05/MontereyCountyCARES-SBRP-Round3-InvoiceReimbursement-05062021.pdf)
* Proof of Payment for Expenses

More detailed information about the required documentation is found on the website and in Section 6 of this application.

*NOTE: Failure to submit all required documentation may result in a delay in processing your application and/or disqualification of your application.*

If you have questions or need assistance with completing the application, contact the Monterey County Workforce Development Board via email at [mcsbg@co.monterey.ca.us](mailto:mcsbg@co.monterey.ca.us?subject=Question/Comment:%20Monterey%20County%20CARES%20SBRP). You may also come to our main office at 344 Salinas Street, Salinas, CA 93901.

**Important Information and Tips**

1. You may submit only one application.
2. Applicants with multiple businesses may only apply for one grant. If you apply for multiple grants, only one will be reviewed.
3. Businesses that received a Monterey County CARES SBRP grant in Round 1 in Fall/Winter 2020 or Round 2 in Spring 2021 are eligible to apply in this Round 3 but will only be considered if funding is available (will be given lower priority).
4. Make sure all attached documents are clear and legible. If they are not legible, review of your application and/or processing of your payment may be delayed.
5. Make sure all contact information is accurate. The Monterey County Workforce Development Board (MCWDB) will correspond with you by email only, so the Primary Contact Email address you provide must be accurate and checked often to ensure timely responses.
6. Contact the MCWDB by email at [mcsbg@co.monterey.ca.us](mailto:mcsbg@co.monterey.ca.us?subject=Question/Comment:%20Monterey%20County%20CARES%20SBRP) if you have questions or require assistance. Due to the high volume of applications, assistance will only be provided by email.
7. There are 3 ways to submit your application:

* In-Person – Deliver by 5:00 p.m. on May 28, 2021
* By Mail – Postmark by Saturday, May 29, 2021
* Online – Submit by 11:59 p.m. on Sunday, May 30, 2021

**SECTION 1. BUSINESS INFORMATION**

1. BUSINESS NAME (include DBA, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. LEGAL ENTITY NAME (listed on IRS documents): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. EMPLOYER IDENTIFICATION NUMBER (EIN, IRS issued): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. BUSINESS PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUITE/APT/UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: California ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

6. BUSINESS WEBSITE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. BUSINESS OWNER(S) NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. PRIMARY BUSINESS CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. PRIMARY CONTACT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. PRIMARY CONTACT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. PRIMARY CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The email listed here will be used for ALL correspondence regarding this grant. Make sure you check this email regularly and respond promptly to communications from the MCWDB email address (mcsbg@co.monterey.ca.us).*

12. PRIMARY CONTACT PREFFERED LANGUAGE:

|  |  |
| --- | --- |
|  | English |
|  | Spanish |

13. BUSINESS TYPE/LEGAL STRUCTURE:

|  |  |  |  |
| --- | --- | --- | --- |
|  | C Corporation |  | Limited Liability Corporation (LLC) |
|  | S Corporation |  | LLC – C Corporation |
|  | Partnership |  | LLC – S Corporation |
|  | Sole Proprietor (with at least 2 FTE employees) |  | LLC – Partnership |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

14. DO YOU HAVE A BUSINESS LICENSE IN MONTEREY COUNTY:

|  |  |
| --- | --- |
|  | Yes |
|  | No |

14A. IF YES, WHAT IS THE BUSINESS LICENSE NUMBER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14B. IF YES, BY WHICH CITY IS THE BUSINESS LICENSE ISSUED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14C. IF NO, PROVIDE AN EXPLANATION OF WHY YOU DO NOT HAVE A BUSINESS LICENSE IN MONTEREY COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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15. DATE THE BUSINESS WAS ESTABLISHED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2. DEMOGRAPHICS**

1. MONTEREY COUNTY DISTRICT IN WHICH BUSINESS IS LOCATED: (View district map here: [www.arcgis.com/apps/InformationLookup/index.html?appid=b19c432f2dba4b708c0fe0344807309c](http://www.arcgis.com/apps/InformationLookup/index.html?appid=b19c432f2dba4b708c0fe0344807309c))

|  |  |
| --- | --- |
|  | District 1 |
|  | District 2 |
|  | District 3 |
|  | District 4 |
|  | District 5 |

2. BUSINESS INDUSTRY SECTOR:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Agriculture |  | Healthcare |
|  | Arts/Entertainment/Leisure |  | Hospitality/Tourism |
|  | Cannabis |  | Professional & Business Services |
|  | Construction |  | Retail |
|  | Education |  | Transportation/Logistics |
|  |  |  | Other Services |

3. BUSINESS TYPE:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Accommodations |  | Information Services/Media/Marketing |
|  | Agricultural Production |  | Information Technology |
|  | Arts/Entertainment |  | Legal Services |
|  | Automotive |  | Medical |
|  | Drinking Establishment |  | Real Estate |
|  | Childcare |  | Restaurant |
|  | Cleaning/Plumbing/House Repair |  | Retail |
|  | Design |  | Salon/Beauty/Barber/Nail |
|  | Dental |  | Special Events |
|  | Financial Services |  | Tourism |
|  | Fitness/Leisure/Sports |  | Tutoring |
|  | Food Services |  | Winery/Brewery |
|  | Grocery |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

4. TELL US MORE ABOUT YOUR BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. IS THE BUSINESS LOCATED IN AN UNINCORPORATED AREA OF MONTEREY COUNTY? *(Unincorporated areas are those that are not located within the boundaries of the incorporated cities of Carmel-by-the-Sea, Del Rey Oaks, Gonzales, Greenfield, King City, Marina, Monterey, Pacific Grove, Salinas, Sand City, Seaside, or Soledad.)*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

6. WOMAN-OWNED BUSINESS:

|  |  |
| --- | --- |
|  | Yes |
|  | No |

7. VETERAN-OWNED BUSINESS:

|  |  |
| --- | --- |
|  | Yes |
|  | No |

8. MINORITY-OWNED BUSINESS:

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**SECTION 3. DISCLOSURES**

1. IS THE BUSINESS LOCATED, OPERATED, AND HEADQUARTERED IN MONTEREY COUNTY?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

2. IS THE LEGAL ENTITY THAT OWNS AND OPERATES THE BUSINESS LOCATED IN MONTEREY COUNTY?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

3. WHAT IS THE CURRENT STATUS OF YOUR BUSINESS?

|  |  |
| --- | --- |
|  | Fully open |
|  | Open with restrictions |
|  | Temporarily closed |
|  | Permanently closed (permanently closed businesses do not qualify for the SBRP) |

4. WAS THE BUSINESS IN OPERATION PRIOR TO MARCH 1, 2020?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

5. WAS THE BUSINESS IN OPERATION AS OF OCTOBER 1, 2020?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

6. DOES THE BUSINESS CURRENTLY HAVE BETWEEN 2 AND 50 FULL-TIME EQUIVALENT EMPLOYEES? *(Independent contractors may not be included in the employee count.)*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

6A. Number of full-time employees currently employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6B. Number of part-time employees currently employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. IS THE BUSINESS IN GOOD STANDING WITH MONTEREY COUNTY AND THE CITY IN WHICH IT OPERATES? *(E.g., no health or safety violations, federal and state tax returns have been filed, etc.)*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If not, provide an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. HAS THE BUSINESS RECEIVED ANY COVID-19-RELATED FINANCIAL ASSISTANCE DURING THE PAST YEAR? *(If you select either SBRP - Round 1 or SBRP - Round 2, you are required to complete* ***SECTION 5*** *of this application.)*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

8A. If yes, what type of financial assistance?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Paycheck Protection Program (PPP) |  | Other grants from Monterey County |
|  | SBDC |  | Monterey County CARES SBRP Grant – Round 1 (Fall/Winter 2020) |
|  | Loans or grants from cities |  | Monterey County CARES SBRP Grant – Round 2 (Spring 2021) |
|  | Small business grants from the State of California |  |  |

8B. How much financial assistance was received in total (list the dollar amount)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8C. How were the funds used by the business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. WHAT WAS THE GROSS REVENUE FOR THE BUSINESS IN **2019** AS DECLARED ON YOUR BUSINESS TAX RETURN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | Check this box if you were not in operation in 2019. Note that we may request to see quarterly tax returns. |

10. WHAT WAS THE GROSS REVENUE FOR THE BUSINESS IN **2020** AS DECLARED ON YOUR BUSINESS TAX RETURN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4. GRANT REQUEST INFORMATION**

1. AMOUNT REQUESTED *(Do not enter a number higher than $10,000)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. PURPOSE OF THE GRANT: HOW DO YOU PLAN TO UTILIZE THE FUNDS IF YOUR BUSINESS IS AWARDED A GRANT? (Check all that apply.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Payroll |  | Personal Protection Equipment (PPE) |
|  | Rent |  | Equipment needed for reopening or adapting the business |
|  | Utilities |  | Other |

Please provide further explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. WILL THIS GRANT SAVE JOBS?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, number of jobs to be saved/retained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. WILL THIS GRANT CREATE JOBS?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If yes, number of jobs to be created? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. NARRATIVE

5A. DESCRIBE THE ECONOMIC IMPACT OF THE COVID-19 PANDEMIC ON YOUR BUSINESS. INCLUDE INFORMATION ABOUT ANY PERIODS OF CLOSURE, EMPLOYEE LAYOFFS OR REDUCTION OF HOURS, EXPENSES INCURRED DUE TO NEW HEALTH AND SAFETY REQUIREMENTS, ETC.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5B. HOW MANY LAYOFFS DID YOU HAVE TO MAKE OR JOBS DID YOU HAVE TO ELIMINATE DUE TO THE COVID-19 PANDEMIC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5C. EXPLAIN HOW YOU WILL USE THESE GRANT FUNDS TO KEEP YOUR BUSINESS OPEN, IF AWARDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5D. DESCRIBE YOUR SUSTAINABILITY PLAN. WHAT STRATEGIES DO YOU PLAN TO IMPLEMENT IN 2021 IN ORDER TO SUSTAIN YOUR BUSINESS? WHAT CHANGES OR IMPROVEMENTS DO YOU PLAN TO MAKE IN ORDER TO KEEP YOUR BUSINESS OPEN AND KEEP YOUR WORKERS EMPLOYED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 5. IF ANY OF YOUR BUSINESSES RECEIVED A GRANT IN ROUND 1 OR ROUND 2 OF THE MONTEREY COUNTY CARES SBRP, YOU MUST COMPLETE THIS SECTION.**

*NOTE: AWARDEES FROM ROUND 1 OR 2 MUST NOT SUBMIT THE SAME EXPENSES FOR WHICH THEY WERE REIMBURSED IN A PREVIOUS ROUND OF FUNDING.*

1. EXPLAIN WHY YOU NEED ANOTHER SBRP GRANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. HOW DID YOU UTILIZE THE GRANT FUNDS YOU RECEIVED IN THE PREVIOUS ROUND?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. HOW MANY JOBS DID THE PREVIOUS GRANT HELP YOU SAVE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. HOW DO YOU INTEND TO USE ROUND 3 FUNDING IF AWARDED? HOW WILL THIS ADDITIONAL FUNDING ASSIST WITH YOUR BUSINESS OPERATIONS, HELP YOU STAY OPEN, AND KEEP YOUR WORKERS EMPLOYED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 6. DOCUMENTATION**

THE FOLLOWING DOCUMENTATION IS REQUIRED AND MUST ACCOMPANY YOUR APPLICATION. PLEASE ENSURE THAT NO DOCUMENTS ARE MISSING.

THE W-9 FORM, VENDOR DATA RECORD FORM, AND INVOICE FOR REIMBURSEMENT FORM ARE ALL AVAILABLE ON THE WEBSITE AT [www.montereycountywdb.org/monterey-county-cares/](http://www.montereycountywdb.org/monterey-county-cares/).

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| --- | --- |
|  | **Business License** A copy of your current Business License (**not expired**). This is required for all businesses except those located in an unincorporated area of the county. If you have more than one business license for more than one city, please upload them all.  Only if no Business License is available, provide a copy of the cover page of your 2020 Federal Tax Return. |
|  | **Payroll Record** Upload your company’s current payroll record showing proof of current number of employees. Contact us if you are unable to provide a payroll record. The record must be as recent as March 2021 or later. |
|  | **Form W-9** This form must be completed specifically for this application process for the County. It must be signed and dated. |
|  | **Vendor Data Record** This form must be completed with your business information in order to receive a check from the County, if awarded a grant. NOTE: The address listed on the VDR will be the address used to mail a check to you, if awarded a grant; if you want your check mailed to an address that is different from your business address, put it in the “Remit To” box on the form. |
|  | **Invoice** Review the Guidance on the website for details about the types of expenses that are eligible for reimbursement (payroll, rent, basic utilities, and PPE). Expenses are only eligible if they were paid for between July 1, 2020, and May 1, 2021. |
|  | **Proof of Payment** Review the Guidance on the website for examples of acceptable types of proof of payment, which include detailed payroll records, landlord receipts or bank statements showing rent payments, utility receipts, itemized receipts for purchase of personal protective equipment, etc.  If submitting rent expenses for reimbursement, you must provide a **current lease agreement** that indicates who the landlord and/or property management company are for the property (the entity to whom you pay your rent/lease).  *NOTE: Recipients of SBRP grants in previous rounds may NOT submit the same expenses for which they were reimbursed in the previous round.* |

**SECTION 7. CERTIFICATION BY AUTHORIZED BUSINESS REPRESENTATIVE**

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program. I also understand that up to 10% of grant award recipients will undergo a random monitoring.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved expenditures.

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE SIGNATURE DATE

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