**CALIFORNIA MICROBUSINESS**

**COVID-19 RELIEF GRANT APPLICATION**

**APPLICATION PREPARATION**

**All grant application guidance and forms may be found on the program website:** [**https://www.montereycountywdb.org/monterey-county-works/small-business-grants/**](https://www.montereycountywdb.org/monterey-county-works/small-business-grants/)

1. Review the grant program eligibility requirements and instructions carefully on the website.
2. Prepare these documents **before** beginning the application and attach them to your completed application:

* Government-Issued Photo Identification
* 2019 Federal Tax Return
* Payroll Record
* [W-9](http://www.montereycountywdb.org/wp-content/uploads/2022/03/MCWDB_IRS_Form_W9.pdf)
* [Vendor Data Record](http://www.montereycountywdb.org/wp-content/uploads/2022/03/MCWDB_Vendor_Data_Record.pdf)

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

**SECTION 1. BUSINESS AND CONTACT INFORMATION**

1. BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. DATE ESTABLISHED (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. BUSINESS PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

6. BUSINESS OWNER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. BUSINESS OWNER’S PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. VETERAN-OWNED BUSINESS:

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

10. WOMAN-OWNED BUSINESS: 11. MINORITY-OWNED BUSINESS:

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

12. RACE/ETHNICITY:

|  |  |
| --- | --- |
|  | American Indian or Alaska Native |
|  | Asian |
|  | Black or African American |
|  | Hispanic or Latino |
|  | Native Hawaiian or Other Pacific Islander |
|  | White |
|  | Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

13. PREFERRED LANGUAGE FOR COMMUNICATION:

|  |  |
| --- | --- |
|  | English |
|  | Spanish |
|  | Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

14. TOTAL NUMBER OF CURRENT FULL-TIME EMPLOYEES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. EMPLOYER’S FEDERAL ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. SELECT YOUR BUSINESS’ [NAICS](https://www.bls.gov/iag/tgs/iag_index_naics.htm):

|  |  |  |  |
| --- | --- | --- | --- |
|  | 11. Agriculture, Forestry, Fishing and Hunting |  | 53. Real Estate and Rental and Leasing |
|  | 21. Mining, Quarrying, and Oil and Gas Extraction |  | 54. Professional, Scientific, and Technical Services |
|  | 22. Utilities |  | 55. Management of Companies and Enterprises |
|  | 23. Construction |  | 56. Administrative and Support of Waste Management and Remediation Services |
|  | 31-33. Manufacturing |  | 61. Educational Services |
|  | 42. Wholesale Trade |  | 62. Health Care and Social Assistance |
|  | 44-45. Retail Trade |  | 71. Arts, Entertainment, and Recreation |
|  | 48-49. Transportation and Warehousing |  | 72. Accommodation and Food Services |
|  | 51. Information |  | 81. Other Services |
|  | 52. Finance and Insurance |  | 92. Public Administration |

17. DESCRIBE YOUR BUSINESS, MAKING SURE TO INCLUDE INFORMATION SUCH AS A BRIEF HISTORY, WHAT TYPE OF BUSINESS IT IS, AND THE GOODS/SERVICES SOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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18. HOW DID YOU LEARN ABOUT THIS GRANT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 2. COVID-19 IMPACT**

19. HOW HAS YOUR BUSINESS BEEN AFFECTED BY THE COVID-19 PANDEMIC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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20. DID YOU PREVIOUSLY RECEIVE FUNDING FROM THE CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM?

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

21. HAVE YOU PREVIOUSLY RECEIVED ANY OTHER COVID-19 RELATED GRANTS AND/OR LOANS?

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

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. HOW DO YOU PLAN TO USE THE FUNDS IF YOU ARE AWARDED THIS GRANT? \_\_\_\_\_\_\_\_\_\_\_\_

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

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23. ARE YOU INTERESTED IN RECEIVING ADDITIONAL FUNDS, SHOULD THEY BECOME AVAILABLE?

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

If yes, please describe in detail how the additional funds would be used to support your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 3. CERTIFICATION BY AUTHORIZED BUSINESS REPRESENTATIVE**

I. I hereby certify that I am an authorized business 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.

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

BUSINESS OWNER’S PRINTED NAME

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

BUSINESS OWNER’S SIGNATURE SIGNATURE DATE

II. I attest that my business meets all the requirements listed below:

* Currently has 5 or less full-time equivalent employees and also had 5 or less full-time equivalent employees in the 2019 and 2020 taxable years
* Is owned, operated, and headquartered in Monterey County
* Was established and in operation prior to December 31, 2019
* Made less than $50,000 in revenues in 2019
* Has been negatively impacted by the COVID-19 crisis, as evidenced by at least a 10% reduction in revenue from the 2019 and 2020 taxable years
* Did not receive a grant under the California Small Business COVID-19 Relief Grant Program
* Is able to provide government-issued photo identification and secondary documentation such as a bank statement, tax return, or business license
* Is currently open or has a reopening plan

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

BUSINESS OWNER’S PRINTED NAME

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

BUSINESS OWNER’S SIGNATURE SIGNATURE DATE

III. I declare under penalty of perjury that if awarded a grant, I commit to only using the funds for one or more of the following eligible expenses:

* The purchase of new certified equipment including, but not limited to, a cart
* Investment in working capital
* Application for, or renewal of a local permit including, but not limited to, a permit to operate as a sidewalk vendor
* Payment of business debt accrued due to the COVID-19 pandemic
* Costs resulting from the COVID-19 pandemic and related health and safety restrictions, or business interruptions or closures incurred as a result of the COVID-19 pandemic

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BUSINESS OWNER’S PRINTED NAME

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

BUSINESS OWNER’S SIGNATURE SIGNATURE DATE

*Once you have completed the application, submit it along with your required support documentation to the Monterey County Workforce Development Board in person or by mail:*

*Monterey County Workforce Development Board*

*344 Salinas Street, Suite 101*

*Salinas, CA 93901*

*The offices are open between 8:30 am – 4:30 pm for in-person drop-offs.*