

Small Business Emergency Economic Relief Grant Program For City of Kingsburg Businesses Impacted by COVID-19

KINGSBURG SMALL BUSINESS GRANT PROGRAM

To mitigate the impact of COVID-19 on Kingsburg businesses and their employees, the City of Kingsburg (City) will commit up to \$60,000 in CARES Act funds to create a temporary Small Business Emergency Economic Relief Fund to assist local businesses negatively impacted by COVID-19.

PROGRAM GUIDELINES

The City is offering up to \$60,000 in grants (funding provided through CARES Act) to businesses with up to 25 full-time equivalent employees for temporary economic relief. Grants up to \$3,000 per business are available until funds are exhausted. Businesses will have to attest that they have been impacted negatively by public health orders or other pandemic related events.

Applications will be accepted from all industries, however those professions most impacted via closures (barbershops, salons, personal care services, etc.) will receive priority.

ELIGIBILITY CRITERIA

Businesses must meet all of the following criteria:

1. Business must be for-profit, physically located and operating in the City of Kingsburg.
2. Have a physical establishment within the City of Kingsburg (no home-based businesses)
3. Independent contractors may be eligible but will receive lower rankings in the scoring matrix.
4. Business must have 25 or less full-time equivalent employees (as of March 15, 2020, prior to COVID-19)
5. Business must be operating for at least 1 year prior to March 15, 2020
6. Business must demonstrate it has been impacted by COVID-19
7. The business continues to operate legally during the COVID-19 crisis (following State/County public health guidelines – no known notices of violations or citations)
8. Business cannot have any outstanding local, state, federal tax liens or judgement
9. Businesses that have not received funding through the CARES Act, such as Payroll Protection, Program loans, will be given priority. (EDD unemployment is not considered assistance for this application)

BUSINESSES MUST MEET ALL OF THE ELIGIBILITY CRITERIA, OTHERWISE WILL BE DEEMED INELIGIBLE TO APPLY. DURING THE PROCESS OF FILLING OUT YOUR APPLICATION, IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US AT 559-897-5821. THE SCORING CRITERIA USED FOR RANKING APPLICATIONS IS INCLUDED AT THE END OF THIS APPLICATION.

APPLICATION DEADLINE: Friday, October 16, 2020

**APPLICATIONS CAN BE MAILED TO: 1401 DRAPER St. or emailed to
Jolene Polyack at jolene@polyack.com**

1. PLEASE SELECT ALL THAT APPLY TO VERIFY ELIGIBILITY

- I have a for-profit business physically located in the City of Kingsburg
- I have 25 or less full-time equivalent employees
- I have been affected by COVID-19
- I have a current City of Kingsburg business license.
- I have no outstanding local, state, federal tax liens or judgments
- I have been in business in Kingsburg for at least one year as of March 15, 2020
- I have been operating legally under public health orders and received no notices of violations that have not been corrected.

2. BUSINESS INFORMATION

Business Legal Name:		
Business Tax ID#:		
Business Street Address:	Business City:	Zip Code:
Business Phone (include area code):	Business Email:	
Business Structure:		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company		
Number of Full-Time Equivalent Employees as of March 15, 2020. (Employee working 40 hours per week equals 1.0 FTE; Employee working 20 hours per week equals .5 PTE):		
2019 Annual Gross Sales:	Year Business was Established in Kingsburg:	
Business Industry:		
<input type="checkbox"/> Beauty Salon/Barber <input type="checkbox"/> Restaurant/Dining <input type="checkbox"/> Retail <input type="checkbox"/> Health and Wellness		
<input type="checkbox"/> Personal Service <input type="checkbox"/> Other:		

3. OWNER INFORMATION

How many legal business owners?			
<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four or more
Primary Owner Name:			
Primary Owner Street Address:	City:	Zip Code:	State:
Primary Owner Email:	Primary Owner Phone:		
Secondary Owner Name:			
Secondary Owner Street Address:	City:	Zip Code:	State:
Secondary Owner Email:			

4. OTHER INFORMATION

Percentage of Revenue lost in 2020 compared to same timeframe in 2019 (April 1 – June 30)		
<input type="checkbox"/> 50%+ decline	<input type="checkbox"/> 25% to 49.9% decline	<input type="checkbox"/> 25% or less
Other Assistance Already Received related to COVID-19		
<input type="checkbox"/> Have received other funding (PPP, SBA Loan, etc.)	<input type="checkbox"/> Have Not Received any other assistance	
USE OF FUNDS: Funds must be used by Dec. 30, 2020. Please indicate how you will use the funds and how much for each category: Rent, Payroll, Utilities, or Other Fixed Operating Expenses.		

Approval Process

Grant applications will be reviewed by a grant committee consisting of City staff on an ongoing basis until all funds are disbursed. Funding decisions will be made within 30 days of receiving a complete application. If the City determines that additional information or supporting documents are needed to review an application, then the application is not considered complete. Funding may be released within two weeks of approval.

GRANT DOCUMENTATION

If selected, please be prepared to provide the following documentation:

1. Either a Business License OR Fictitious Business Name Statement OR Seller's Permit OR Tax Returns reflecting a date prior to **March 15, 2019**
2. W9 Form
3. 590 Form

5. Applicant Declaration

To the best of my knowledge and belief, I certify the information in this application is correct and complete.

I authorize the CITY OF KINGSBURG to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

I authorize CITY OF KINGSBURG to request and obtain additional information pertaining to how the Grant funds were used to benefit the business six (6) months from the date of receipt.

I hereby grant permission to CITY OF KINGSBURG, its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I understand that the media will be utilized in CITY OF KINGSBURG'S marketing and promotional items, included but not limited to its web site, newsletter, press releases, social media, and other mediums of communication.

I understand that CITY OF KINGSBURG and partners have the right to edit, duplicate and disseminate these materials. I waive the rights to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the media materials (stories, accounts, reflections, etc.).

I declare under penalty of perjury, that the foregoing is true and correct.

Primary Owner Name:	
Signature:	Date:
Secondary Owner Name:	
Signature:	Date:

**CARES ACT – SMALL BUSINESS GRANT
SCORING CRITERIA**

% of revenue lost compared to same timeframe in 2019 (April 1-June 30)	50% decline	3
	>25% to 49.9%	2
	25% or less	1
Number of Employees (FTE)	Independent contractor	1
	1-10	3
	11-25	5
Number of Years of Operation in Kingsburg	1-4	1
	5+	2
Previous COVID related funding received (PPP, SBA Loan, etc.) *EDD is not considered COVID related funding.	Some funding received.	0
	No previous funding received	2
Type of business	Other	1
	Retail (no physical closure experienced)	2
	Retail (w/ closure)/Restaurant	3
	Personal Care (barber shop, salon, other)	4