City of Santa Clara
The Center of What's Possible

SMALL BUSINESS ASSISTANCE GRANT APPLICATION

INTRODUCTION

To mitigate the impact of COVID-19 on Santa Clara small businesses and their employees, the City of Santa Clara has committed up to $500,000 in one-time funds to create a Small Business Assistance Grant Program.

The objective of this program is to offer immediate financial assistance to nonprofits and small businesses located in the City of Santa Clara to aid in maintaining their business and workforce.

OVERVIEW

1. Grants of $10,000 for qualified small businesses with at least one and no more than 25 full-time employees that have been deemed non-essential under the County of Santa Clara Public Health Department order dated March 16, 2020.
2. Grants of $5,000 for qualified small businesses with at least one and no more than 25 full-time employees that have been deemed essential under the County of Santa Clara Public Health Department order dated March 16, 2020.
3. Grant funds may only be used to cover the following items: payroll or lease payments for business premises.
4. Grants will be awarded on a first-come, first-serve basis for qualified applicants.

ELIGIBILITY

Please carefully review the eligibility requirements below.

- For a $10,000 grant award, applicants must be a small business with at least one and no more than 25 full-time employees that has been deemed non-essential under the County of Santa Clara Public Health Department order dated March 16, 2020.
- For a $5,000 grant award, applicants must be a small business with at least one and no more than 25 full-time employees that has been deemed essential under the County of Santa Clara Public Health Department order dated March 16, 2020.
- Applicants must verify the business has experienced a loss of income due to COVID-19 by completing the Estimated Disaster Economic Injury Worksheet.
- Applicants must submit a current copy of its W-9 form.
- Applicants must operate out of a physical commercial storefront within the city limits of Santa Clara.
- Applicants must have an active City of Santa Clara Business License.
- Applicants must be in good standing with the City.
- Applicants who are involved or have been involved in legal or financial issues may not qualify.
- Applicants must have been in operation in the City of Santa Clara for at least one year as of March 1, 2020.
- **PLEASE NOTE**: Chains (national or local with 3 or more locations) will not be eligible for award.

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SMALL BUSINESS ASSISTANCE GRANT APPLICATION

TO BE COMPLETED BY APPLICANT

Name of Business: _____

Name of Business Owner(s): _____

Business Address: _____

Contact Person Name and Title: _____

Contact Person E-mail: _____

Contact Person Phone: _____

Business Type (select one):

☐ **Sole Proprietorship** ☐ **Limited Liability Entity**

☐ **Partnership** ☐ **Nonprofit Corporation**

☐ **Limited Partnership** ☐ **Cooperative Corporation**

☐ **Corporation**

If the business is a non-profit, please attach proof of non-profit status to this application.

Please mark what type of assistance you are seeking grant funding for:

Payroll ☐ Lease Payment ☐ Both ☐

If selected for award, would you like to receive the funds electronically?

Yes ☐ No ☐

If not, please list the address where the grant funds should be mailed below:

_____

_____

ELIGIBILITY VERIFICATION

1. What type of business do you operate? _____

2. Is your business a small business with at least one and no more than 25 full-time employees that has been deemed non-essential under the County of Santa Clara Public Health Department order dated March 16, 2020?

   Yes ☐ No ☐

3. Is your business a small business with at least one and no more than 25 full-time employees that has been deemed essential under the County of Santa Clara Public Health Department order dated March 16, 2020?

   Yes ☐ **No** ☐

4. Have you enclosed a completed copy of the Estimated Disaster Economic Injury Worksheet and certify that the business has experienced a loss of income as a result of COVID-19?

   Yes ☐ **No** ☐

5. Have you enclosed a current copy of the W-9?

   Yes ☐ **No** ☐

6. Do you operate out of a physical commercial storefront within the city limits of Santa Clara?

   Yes ☐ **No** ☐

   Please list the address of the location:

   _____

   _____

7. Do you have an active City of Santa Clara Business License?

   Yes ☐ **No** ☐ **Business License No**. _____

8. Has the business been in operation in the city of Santa Clara for at least one year as of March 1, 2020?

   Yes ☐ **No** ☐ **Business Start Date:** _____

9. Does the business or applicant own a chain with three or more locations (national or local)?

   Yes ☐ **No** ☐

10. Is the business or the applicant in good standing with the City of Santa Clara?

    Yes ☐ **No** ☐

11. Has the business or the applicant ever been involved in a bankruptcy or insolvency proceeding?

    Yes ☐ **No** ☐

12. Does the business or the applicant have any outstanding judgments, tax liens, or pending lawsuits against them?

Yes ☐ **No ☐**

13. In the past year, has the business or the applicant been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

Yes ☐ **No ☐**

14. Is the business or the applicant delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts or federal grants?

Yes ☐ **No ☐**

15. Is the applicant currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?

Yes ☐ **No ☐**

16. Is the applicant presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense - other than a minor vehicle violation - 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

Yes ☐ **No ☐**

DESCRIPTION OF HOW GRANT FUNDS WILL BE USED

Describe in detail what the grant funds will be used for and how it will help sustain your business. For example, how many months of lease payments will the grant award allow you to pay and/or how many full-time employees will the grant award allow you to retain.

Describe what other forms of assistance you have sought or are seeking.

Have you received grant funding from the City of Santa Clara in the past?
If yes, please describe when, how much was received, and how the funds were used.

GRANT APPLICATION PROCESS AND TERMS

1. Grant applications must be emailed directly to SmallBusiness@SantaClaraCa.gov **NO EARLIER THAN APRIL 17, 2020 AT 10:00 AM PST.**
   Businesses must complete and include the following with this application:
   - ☐ Estimated Disaster Economic Injury Worksheet
   - ☐ Current copy of a W-9
   - ☐ Proof of non-profit status (if applicable)

2. If application is found complete, application will be reviewed for eligibility and applicants will receive a notice of award within a target of one to two weeks following submission.
   a. In all cases, the City reserves the right to reject any and all applications in the event the City identifies a potential conflict of interest or the appearance of a conflict of interest.
   b. Submission of an application in no way obligates the City to award a grant and the City reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.

3. Awards will be made on a first come, first served basis.

4. If awarded, this application becomes a binding contract between the entity named above and the City of Santa Clara.

5. If awarded, funds may only be used for applicant's payroll expenses or lease payments.

6. Businesses receiving funding are required to:
   a. Certify via a written statement how many jobs were retained or how many months of lease payments for the business premises were paid allowing the business to continue operations.
   b. Submit evidence that the grant funds have been spent in the manner and for the purposes stated in this application within thirty (30) days of the payment date. Evidence provided must be to the satisfaction of the City.
   c. The City reserves the right to audit the applicant's books and records for compliance with terms in this Agreement.

7. Businesses receiving funding are encouraged to:
   a. If applicable, adopt Federal and State guidance for operating their businesses (social distancing, clean down procedures, limiting in-store occupancy, etc.).
   b. If applicable, prioritize delivery of food and services to seniors and economically vulnerable populations.

8. Grant funds will be issued upon execution of this application.

9. The program will remain in effect during the City of Santa Clara's declared state of local emergency and while funds are available.

Please direct any questions to SmallBusiness@santaclaraca.gov or call (408) 615-2210.

By my signature below, I have read and understand the Small Business Assistance Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the City Manager below, this application becomes a binding contract between the entity named above and the City of Santa Clara (Agreement).
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the City, the funds will be used for the purposes set forth above.
- In no event shall the City's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City does not endorse the specific business.
- Applicant shall defend and indemnify the City and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with Small Business Assistance Grant Program. The City may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Small Business Assistance Grant Program has been violated.

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY CITY STAFF

Grant Application Granted? **Yes** ☐ **No** ☐

If yes, list amount of grant: _____

If no, provide reason for denial: _____

Grant Payment Date: _____

If no, has notification been sent to applicant? Yes ☐ No ☐

City Manager Signature: _____ **Date:** _____

Post-award Audit Completion Date: _____

Signature of Staff Person Completing the Post-award Audit: _____