

AMADOR CITY

COVID-19 Small Business Assistance Grant 2020

To assist the Amador City Business Community to respond to the COVID-19 pandemic, Amador City Council has committed up to \$10,000.00 in one-time funds to create a local and small for-profit business grant fund. Individual grants, if awarded, will be no greater than \$1,000.00. The objective of this program is to offer immediate financial assistance to local small businesses located in Amador City to aid in maintaining their business and workforce.

Eligibility Requirements

- * Must operate a physical commercial storefront within the city limits of Amador City.
- * Applicants must verify the business has experienced a loss of income due to COVID-19.
- * Applicant must submit a current copy of its W-9 form.
- * Applicants who are involved or have been involved in legal or financial issues may not qualify.
- * Applicant must have been in operation in Amador City for at least one year.
- * Funds granted must be applied to either 1) rent, 2) utilities, 3) payroll.
- * Documentation of expenditure satisfactory to the City must be submitted if applicant approved.

Recipients must remain in business for at least 1 year after receiving the grant. If the business closes within a year, the grant must be repaid in full, without interest, within 1 year of the close of business.

The grant process intends to be simple and efficient. To be considered for this grant, applicants must submit a completed and signed application form to City Hall by July 10, 2020. The application form can be mailed to City Hall / Attn: Joyce Davidson, at 14531 East School Street P.O. Box 200 Amador City, CA 95601, or email to cityclerk@amadorcity.net by the above deadline. Late submissions will not be considered. Once the application cycle is complete, all applications will be reviewed and considered by a Selection Committee. Recipients can expect to receive funds in July. If you have any questions please contact the City Clerk at (209) 267-0682 during posted business hours, or email cityclerk@amadorcity.net.

Application Form

COVID-19 Business Assistance Grant 2020

1. Applicant must complete this application to be considered for grant funds.
2. Awards will be made on a first come, first served basis.
3. If awarded, the application becomes a binding contract between the applicant and Amador City, and applicant acknowledges and agrees that the above eligibility criteria are incorporated here by this reference and made a part of the agreement if approved.
4. If awarded, the funds may only be used for 1) rent, 2) utilities, 3) payroll.
5. 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 the 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 the agreement and applicant grants such authority as a condition for approval.
6. City reserves the right to terminate this program at any time and for any reason; furthermore, the City may deny any application based on conflict of interest rules.

APPLICANT DETAILS

Business Name:* _____

*If your business is a sole-proprietorship and you are doing business in your own name, put down your legal name.

Designated Responsible Party or Agent:*

*A designated responsible party or agent for the applicant must include proof of authority to act on behalf of the entity as an attachment to this application.

Full Name and Title: _____

Address for Notice: _____

Primary Phone No. _____

Email Address: _____

Consent to Electronic Service:*

By checking this box and signing below, I consent to receive all notices and other correspondence via email.

* Emails sent by Amador City shall be sent to the email address given; emails sent shall be presumed received upon delivery.

When did the economic impact start and what is the estimated end date?

What were your businesses' revenues during the same period of the year prior?

Amount of business interruption insurance received or anticipated, if any:

Please provide a brief, but detailed, explanation of what adverse economic effects the disaster had on your business:

How many people did you employ prior to the disaster?

How many people do you currently employ?

Number of employees forecasted to lose?

Please provide details of your lease and landlord (if applicable) including, amount of rent owed, name, amount of monthly rent, and describe your economic hardship in maintaining the lease, and how the economic disaster caused it:

Have you received any other support from the state or the federal government, such as the Payroll Protection Program/Loan?

How long have you been in business in Amador City?

What other efforts have you made in order to continue to operate your business during and after the COVID-19 crisis?

How much are you applying for?

(Please justify your request and explain how you will use these funds. Each eligible business can apply up to \$1000.)

Please confirm exactly where you intend to expend funds, if a grant is awarded to you:

Please check if you agree to the terms of the grant:

- a. You/Business will maintain in operation for the next year. [yes / no]
- b. You will repay this grant if you close within 12 months from the date of the grant.
[yes / no]

- c. You agree that the City of Jackson can release your business name and location to the general public and media if you receive this grant. [yes / no]
- d. You authorize Amador City to audit records reasonably necessary to ensure compliance with this application and to confirm expenditure of funds in compliance with this application and its criteria? [yes / no]
- e. You acknowledge and agree that this application will become a contract if, and only if, a grant is awarded to you. You further acknowledge and agree that nothing in this application binds Amador City to awarding you funds, nor to a continuation of the program which may be terminated by the City unilaterally and in its sole discretion. [yes / no]
- f. Please state what, if any, financial or political ties you have with Amador City, particularly, but not limited to, holding any political office with Amador City now or in the past five years:

(if none, please indicate so by marking “n/a”).

By signing this application form, I certify that all information submitted is true and correct to the best of my knowledge and I will submit additional information if requested for consideration of my application.

<p>_____</p> <p>(Signature)</p>
<p>On Behalf Of:</p> <p>_____</p>
<p>By: _____</p>
<p>Its: _____</p>