



**CITY OF SAN CLEMENTE
COMMUNITY DEVELOPMENT BLOCK GRANT
SMALL BUSINESS ASSISTANCE PROGRAM
GRANT APPLICATION**

Business Applicant Information:

Name of Business: _____

Name of Business Owner(s)/Applicant(s): _____

Date Business Opened in San Clemente: _____ Business License #: _____

Type of Business: _____

Restaurant, fitness, nail salon, retail shop etc.

Business Address: _____

Applicant phone number: _____

Applicant email: _____

Business Employee Information:

Number of Full Time Employees and/or Full Time Equivalent* (FTE) pre-Covid-19: _____

**Full Time Employees that work at least 40 hours per week in a month are counted as one full-time employee. Part-time employees are calculated by taking the hours worked by all part time employees in a week and dividing that amount by 40 to equal the full time equivalent.*

Current number of Full Time Employees and/or FTE: _____

Is Applicant/Owner considered one of the employees: _____

Business General Information:

Business Type: LLC Partnership Sole Proprietorship Other

If Other, please explain: _____

Does Business have any outstanding Code Violations or unresolved municipal code violations/and or fees due to the City of San Clemente? Yes No

If yes, please explain: _____

Are business sales down 15% or more from the previous year? (2019 vs 2020)

Yes No

Has Business needed to use reserves to continue operating? Yes No

Has Business received, been awarded, or applied for any other COVID-19 pandemic relief funds from any agency(ies): Yes No

If yes, please list the amount of funds received, requested and/or awarded, and for what purpose it was used for:

Does the Business have or agree to develop a safe reopening plan that addresses employee and customer health? Yes No

DUNS Number: _____ (to obtain one or look yours up, call 1-866-705-5711 or <https://www.dnb.com/duns-number.html>)

Business Impact Statement:

Please provide specific information on the adverse effects that the pandemic has had on your business. Include days you have been forced to close, modifications you have had to make and any other impacts that had had an effect on your business financially. Attach additional pages if necessary.

The Following Documents Must Be Attached:

- 2019 Tax Return and 2019 Profit and Loss Statement
- 2020 Preliminary Profit and Loss
- Documentation supporting economic impact from Covid-19 (i.e. revenue loss, reduction in employee hours, layoffs, modified business hours/closures etc.)
- Employee Information and Certification form with most current payroll register, including employees identified as created and/or retained, i.e. 941 returns for 2019 and 2020 if requesting assistance
- Invoices and/or proposal for PPE, canceled checks etc. if requesting assistance
- Utility Statements, if requesting assistance
- Lease Agreement and proof of payment, if requesting assistance

Proposed Use of Funds**Amount Requested**

Personal Protective Equipment for Business Use (masks, gloves, hand sanitizer, floor markings, plexiglass, and other physical barriers)	\$
Building Utilities Reimbursement (i.e. electricity, gas, water)	\$
Rent or mortgage payments for business address	\$
Payroll for employee retention	\$
Rental/temporary outdoor amenities	\$
Other approved use, specify: _____	\$

Total Grant Funds Request

\$ _____

Not to exceed \$10,000 (or \$7,500 for a microbusiness)

Business Certification and Acknowledgement:**Validity of Information, Penalty of Perjury:**

I hereby certify that the information on this application is complete and accurate. I have freely and voluntarily opted to apply for the CDBG Small Business Assistance Grant from the City of San Clemente. I acknowledge that the information provided may be subject to further verification by the City of San Clemente, and agree to provide additional documentation as requested to verify the information I have provided.

I certify that I commit to employ the new/retained employee for a minimum of 2 months after I receive funding.

Under penalty of perjury of the laws of the State of California, I certify that all the information I provided to obtain these funds from the City of San Clemente is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____