

INTRODUCTION

To mitigate the impact of COVID-19 on San Joaquin County small businesses and their employees, the County of San Joaquin has created a Small Business Assistance Grant Program.

The objective of this program is to offer immediate financial assistance to small businesses located in the boundaries of San Joaquin County, in both the unincorporated and incorporated portions of the County, to address unfunded expenses resulting from impacts caused by the COVID-19 pandemic. The focus is reimbursement for COVID-19 related expenses realized.

OVERVIEW

1. Grant for qualified small businesses in San Joaquin County that have documented, unfunded expenditures incurred due to the COVID-19 pandemic.
2. Grant funds may only be used to cover expenditure incurred between March 1, 2020 and the date of the grant application.
3. Grants will be awarded on a first-come, first-served basis for qualified applicants.

ELIGIBILITY

Please carefully review the eligibility requirements below.

- For a grant award, applicants must be a small business that operates in San Joaquin County with at least one (not counting the owner) and no more than 50 full-time employees. This requirement of having at least one full-time employee, not counting the owner, does not apply to independent health-care providers and health-care clinicians.
- Applicants must verify the business has experienced unfunded expenditures due to COVID-19 by completing the Estimated COVID-19 Economic Injury Worksheet. The unfunded expenditures must have occurred at the applicant's place of business in San Joaquin County between March 1, 2020 and the date of the grant application. Only COVID-19 related payroll, rent/lease or personal protective equipment expenses qualify. See FAQ Q3 for more details
- Applicants must submit a current copy of its W-9 form.
- Applicants must operate out of a physical commercial storefront within the boundaries of San Joaquin County. The applicant's operation can be in either an incorporated or unincorporated portion of the County. This requirement does not apply to independent health-care providers and health-care clinicians. Independent health-care providers and health-care clinicians must have a primary residence in the County to qualify.
- Applicants must have an active Business License in San Joaquin County.
- Applicants must be in good standing with the County and any associated city within San Joaquin County.
- Applicants who are involved or have been involved in legal or financial issues may not qualify.
- Applicants must have been in operation in San Joaquin County for at least one year as of March 1, 2020.

TO BE COMPLETED BY APPLICANT

Please note - Any section of the application not completed will deem the application as incomplete and the grant application will not be considered for funding

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):

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Entity |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Cooperative Corporation |
| <input type="checkbox"/> Corporation | |

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

Please mark what type of COVID-19 expenditure you are seeking grant funding for:

Payroll **Rent/Lease Payment** **Personal Protective Equipment**

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 50 full-time employees?

Yes **No**

3. Have you enclosed a completed copy of the Estimated COVID-19 Economic Injury Worksheet, certified that the business has experienced costs due to COVID-19 and related business closures, and provided documentation that substantiates these expenses?

Yes **No**

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

Yes **No**

5. Do you operate out of a physical commercial storefront within the limits of San Joaquin County?

Yes **No**

Please list the address of the location:

6. Do you have an active Business License in San Joaquin County and have you enclosed a copy?

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

License Issued By: _____

7. Has the business been in operation in the boundaries of San Joaquin County for at least one year as of March 1, 2020?

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

8. Is the business or the applicant in good standing with San Joaquin County and other cities within the County?

Yes **No**

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

Yes **No**

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

Yes **No**

11. 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**

12. 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**

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

Yes **No**

14. 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, will the grant help you cover already realized, unfunded expenditures such as lease payments or certain payroll costs for full-time employees.

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

Have you received grant funding or a loan from the San Joaquin County 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 SmallBusinessGrant@sjgov.org by June 30, 2020. Businesses must complete and include the following with this application:
 - Estimated COVID-19 Economic Injury Worksheet and associated documents
 - Current copy of a W-9
 - Current copy of business license
 - 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 approximately two weeks following submission.
 - a. In all cases, the County reserves the right to reject any and all applications in the event the County identifies a potential conflict of interest or the appearance of a conflict of interest.
 - b. Submission of an application in no way obligates the County to award a grant and the County 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 to qualified applicants.
4. If awarded, this application becomes a binding contract between the entity named above and San Joaquin County.
5. If awarded, funds may only be used for eligible unfunded expenditures resulting from the COVID-19 public health emergency that occurred between March 1, 2020 and the date of the grant application.
6. Businesses receiving funding are required to certify via a written statement that the reimbursed expenses were realized as presented in the Estimated COVID-19 Economic Injury Worksheet. The County 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, State, and County 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 County approval/execution of this application.
9. The program will remain in effect during calendar year 2020 and while funds are available.

Please direct any questions to SmallBusinessGrantQuestions@sigov.org.

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 County representative below, this application becomes a binding contract between the entity named above and the County of San Joaquin (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 County, the funds will be used for the purposes set forth above.
- In no event shall the County'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 County.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The County does not endorse the specific business.

- Applicant shall defend and indemnify the County 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 County 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 COUNTY STAFF

Grant Application Approved? Yes No

If yes, list amount of grant: _____

If no, provide reason for denial: _____

Grant Reviewer Signature: _____ **Date:** _____

Grant Payment Date: _____

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

County Representative Signature: _____ **Date:** _____

Post-award Audit Completion Date: _____

Signature of Person Completing the Post-award Audit: _____