



## **INTRODUCTION**

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The California Microbusiness COVID-19 Relief Grant Program (MBCRG) was created to assist qualified businesses that have been significantly impacted by the COVID-19 pandemic in California with a focus being given to business owners from historically underserved communities including, but not limited to, minority populations, women, veterans, and individuals with disabilities or those in rural locations as long as they meet the eligibility requirements.

San Joaquin County will disburse funds on behalf of the California Office of the Small Business Advocate (CalOSBA) to eligible businesses that operate within the county boundaries. With this grant, 316 businesses will be eligible to receive grants in an amount of \$2,500 from California's MBCRG and an additional \$2,500 from San Joaquin County with the use of American Rescue Plan Act (ARPA) funds, for a total grant of \$5,000.

The objective of this program is to offer financial assistance to the hardest hit businesses that are in geographically dispersed areas or industries severely impacted by COVID-19 health and safety orders.

## **OVERVIEW**

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1. Grants are for qualified businesses in San Joaquin County that have incurred harm due to the COVID-19 pandemic.
2. Grants will be awarded on a first-come, first-served basis so long as funding is available.
3. Grant funds must be utilized for one or more of the following eligible expenditures:
  - a. The purchase of new certified equipment including, but not limited to, a food cart.
  - b. Investment in working capital.
  - c. Application for, or renewal of, a local permit including, but not limited to, a permit to operate as a sidewalk vendor.
  - d. Payment of business debt accrued due to the COVID-19 pandemic.
  - e. Costs resulting from the COVID-19 pandemic and related health and safety restrictions, or business interruptions or closures incurred as a result of the COVID-19 pandemic.
4. All payments will be mailed to the address on the submitted W-9.
5. Only one grant per individual.
6. There is no appeal process for this grant.



### **ELIGIBILITY REQUIREMENTS**

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1. The business currently has **fewer than five full-time equivalent employees** and had fewer than five full-time equivalent employees in each of the 2019, 2020, and 2021 tax years.
2. The business made less than \$50,000, but more than \$1,000, in **gross revenues** in each of the 2019, 2020, and 2021 taxable years.
3. The business was **in operation prior to December 31, 2019** and is currently active and operating in San Joaquin County.
4. The business was significantly impacted by the COVID-19 pandemic, as evidenced by at least a 10% reduction in gross revenue from the 2019 to 2020 taxable years, and/or a signed attestation and narrative describing significant impact from COVID-19.
5. Must meet the definition of a qualified business owner:
  - a. The business owner is the majority-owner and manager of the qualified business.
  - b. The business owner's primary means of income in the 2019, 2020, and 2021 taxable years was the qualified business.
  - c. The business owner did not receive a grant under the California Small Business COVID-19 Relief Grant Program.
6. The business owner can demonstrate their eligibility as a qualified business owner by providing a **government issued photo identification** (state, domestic, or foreign), and **documentation** that includes the owner's name and may include, but is not limited to, **ONE** of the following: *(items cannot be expired)*
  - a. A local business permit or license
  - b. A business bank statement
  - c. A business tax return
  - d. Additional documentation to verify a business is qualified, as deemed appropriate by the County.



**TO BE COMPLETED BY OWNER/OWNER REPRESENTATIVE**

**Note:** Please complete the entire application in order to facilitate a timely review.

<b>NAME OF BUSINESS:</b>	
<b>NAME OF BUSINESS OWNER(s):</b>	
<b>ADDRESS FOR BUSINESS LOCATION:</b>	
<b>OWNER E-MAIL:</b>	
<b>OWNER PHONE:</b>	
<b>PROFIT CATEGORY:</b>	
<b>BUSINESS DESCRIPTION:</b>	<b>If Other, list here:</b> _____
<b>DEMOGRAPHIC INFORMATION TO ASSIST IN PROVIDING ADDITIONAL SERVICES (NOT REQUIRED):</b>	
<b>YEAR OF BIRTH:</b>	
<b>GENDER:</b>	<b>If Other, list here:</b> _____
<b>RACE:</b>	<b>If Other, list here:</b> _____
<b>ETHNICITY:</b>	<b>If Other, list here:</b> _____
<b>DISABLED:</b>	
<b>MILITARY VETERAN:</b>	
<b>OTHER DISADVANTAGE:</b>	

**TO BE COMPLETED BY REPRESENTATIVE IF DIFFERENT FROM OWNER ABOVE**

<b>NAME OF REPRESENTATIVE:</b>	
<b>ADDRESS OF REPRESENTATIVE:</b>	
<b>RELATIONSHIP TO OWNER:</b>	
<b>REPRESENTATIVE E-MAIL:</b>	
<b>REPRESENTATIVE PHONE:</b>	
<b>PRIMARY CONTACT:</b>	



**ELIGIBILITY VERIFICATION**

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1. What category best describes the business?	
2. Does the business have <i>less</i> than the equivalent of five (5) full-time employees?	
3. Is the business owner the majority-owner and manager of the business?	
4. Was this business your primary means of income in each of the 2019, 2020, and 2021 taxable years?	
5. Did the business have more than \$1,000 and less than \$50,000 in gross revenues in each of the 2019, 2020, and 2021 taxable years?	
6. Was the business significantly impacted by the COVID-19 pandemic, as evidenced by at least a 10% reduction in gross revenue from each year of 2019 to 2020 and 2021?	
7. Is the business currently open and operating?	
8. Is a current copy of government issued photo identification (state, domestic, or foreign) of the business owner included?	
9. Have you attached documentation that includes the business owners name that demonstrates the business is a qualified business?	
10. Did the business receive a grant under the California Small Business COVID-19 Relief Grant Program? <i>(This does not include local or county grants)</i>	
11. Is a current copy of the businesses W-9 (2018 version, signed and dated for March 2022 or later) attached?	
12. Did the business start operation within San Joaquin County prior to December 31, 2019?	



## Microbusiness COVID-19 Relief Grant (MBCRG)

### DESCRIPTION OF HOW COVID-19 HARMED YOUR BUSINESS

Describe in detail how COVID-19 adversely impacted the business. For example, was the business subject to government mandated closure (provide dates)? Or did the business experience a reduction in sales or revenues due to lower demand during the pandemic? Or did the business incur expenses for Personal Protective Equipment (PPE) or other accommodations, such as outdoor seating/shelter arrangements, or barriers/translucent dividers?

### DESCRIPTION OF HOW THIS GRANT WILL BENEFIT YOUR BUSINESS

Describe in detail how receiving this grant will positively impact the business. For example, will this grant assist in retaining staff or hiring new staff? Or will this help increase sales due to improvements made to equipment or new equipment gained? Or help pay off business debt accrued due to the COVID-19 pandemic? Or will this allow the business to acquire necessary permits or licenses? Or will this assist the business in securing necessary PPE or other accommodations, such as outdoor seating/shelter arrangements, or barriers/translucent dividers?



Please direct any questions to [SmallBusinessGrantQuestions@sjgov.org](mailto:SmallBusinessGrantQuestions@sjgov.org)



### GRANT APPLICATION PROCESS

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1. Application must be e-mailed directly to **SmallBusinessGrant@sjgov.org** starting April 1, 2022 and will be accepted until no funds are available. *Applications emailed prior to April 1, 2022 will not be eligible for this grant.*
2. Businesses must complete and include the following to be considered:
  - ☐ Completely filled out, signed, and dated application
  - ☐ Current copy of a W-9 (2018 version, dated no earlier than April 2021)
    - Form can be found at **<https://www.irs.gov/pub/irs-pdf/fw-9.pdf>**
  - ☐ Government-issued photo ID (state, domestic, or foreign)
  - ☐ Documentation with owners and business name to verify a business is an eligible business
3. If application is found complete, application will be reviewed for eligibility and applicants will receive a notice of award.
4. 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.
5. 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.
6. Awards will be made on a first-come, first-served basis to qualified applicants, so long as funding is available.
7. The maximum grant available under this program is \$5,000; \$2,500 from CalOSBA and \$2,500 from San Joaquin County.
8. If awarded, this application becomes a binding contract between the entity named above and San Joaquin County.
9. If awarded, funds may only be used for eligible expenditures as follows:
  - ☐ A local business permit or license
  - ☐ A business bank statement
  - ☐ A business tax return
  - ☐ The purchase of new certified equipment including, but not limited to, a food cart.
  - ☐ Investment in working capital.
  - ☐ Payment of business debt accrued due to the COVID-19 pandemic.
  - ☐ Costs resulting from the COVID-19 pandemic and related health and safety restrictions, or business interruptions or closures incurred as a result of the COVID-19 pandemic.
10. Businesses receiving funding certify by submission of application and acceptance of grant award that the funds received will be utilized as required. The County reserves the right to audit the applicant's books and records for compliance with terms in this agreement.
11. Grant funds will be issued upon County approval of this application.



## Microbusiness COVID-19 Relief Grant (MBCRG)

### GRANT APPLICATION TERMS

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**By my signature below, I have read and understand the Microbusiness COVID-19 Relief Grant Application Packet. I make the following representations and acknowledge agreement to the following terms and conditions:**

1. Upon approval of this application, this application becomes a binding contract between the entity named above and the County of San Joaquin (Agreement).
2. The information presented in this application is true and correct.
3. I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
4. If funds are provided by the County, the funds will be used for the purposes set forth above.
5. In no event shall the County's financial responsibility exceed the approved amount of \$5,000.
6. 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.
7. 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.
8. 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.
9. The representations made by the applicant in this application are material terms of the Agreement, as is compliance with Microbusiness COVID-19 Relief Grant. 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 Microbusiness COVID-19 Relief Grant Program has been violated.
10. I verify and declare that I have read the foregoing application packet, along with the associated supporting documents, and know its contents. I declare that funds received will be utilized for the purpose they are intended as outlined in this document. I declare under penalty of perjury under the laws of the State of California that the information provided in this document is true and correct.

**PRINT NAME:** \_\_\_\_\_

**OWNER SIGNATURE:\*** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*All signatures must be in wet ink, Adobe Sign, or DocuSign verified.**