

## **INTRODUCTION**

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To support the business community's need for critical personal protective equipment, the County of San Joaquin has established the Personal Protective Equipment (PPE) Grant Program.

## **OVERVIEW**

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1. The objective of this program is to offer PPE to businesses as part of a broader County strategy to combat the spread of COVID-19. The grant is intended to help businesses located in the boundaries of San Joaquin County, in both the unincorporated and incorporated portions of the County.
2. Grants will be awarded on a first-come, first-served basis for qualified applicants.
3. Currently, the PPE the County has available for this grant is limited to masks. The County intends to add other PPE (hand sanitizer, disinfectant wipes, etc.) to the grant program as it becomes available.
4. The number of masks provided will be determined based upon the number of workers the business currently has employed (full-time, part-time, contract, etc.). The PPE will be awarded as follows:
  - 1 employee – 40 masks
  - 2 - 5 employees – 80 masks
  - 6 – 12 employees – 160 masks
  - 13 – 25 employees – 320 masks
  - More than 25 employees – 400 masks
5. Approved grant applicants will be directed to a County-owned facility to pick up the grant-awarded PPE. The date and time that the applicant can pick up the PPE will be determined once the grant application is approved.

## **ELIGIBILITY**

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Please carefully review the eligibility requirements below.

- For a grant award, applicants must be a business that operates in San Joaquin County.
- Applicants must operate out of a physical commercial storefront, or a residence that is open to the public for normal business operations, 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.

**TO BE COMPLETED BY APPLICANT**

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

**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 PPE you are seeking:**

☐ Masks (not N 95 rated)

**ELIGIBILITY VERIFICATION**

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1. What type of business do you operate?

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**PERSONAL PROTECTIVE EQUIPMENT  
GRANT APPLICATION**

2. 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:

3. If you do not operate out of a physical commercial storefront, do you operate out of a residence that is open to the public during normal business hours?

**Yes** ☐      **No** ☐

Please list the address of the location:

4. 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:** \_\_\_\_\_

5. How long has the business been in operation in the boundaries of San Joaquin County?

**Time in business in San Joaquin County:** \_\_\_\_\_

**Business Start Date:** \_\_\_\_\_

6. How many workers (full-time, part-time, contract, etc.) does your business currently employee at your operation(s) in the boundaries of San Joaquin County?

**Number of workers:** \_\_\_\_\_

**PERSONAL PROTECTIVE EQUIPMENT  
GRANT APPLICATION**

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

**Yes** ☐ **No** ☐

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

**Yes** ☐ **No** ☐

9. 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** ☐

10. 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** ☐

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

**Yes** ☐ **No** ☐

12. 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 THE PPE PROVIDED BY THIS GRANT WILL BE USED**

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**Describe in detail how the PPE provided by this grant will be used and how it will help your business. For example, the masks provided by this PPE grant program will be provided to customers who enter the business without a mask.**

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

**GRANT APPLICATION PROCESS AND TERMS**

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1. Grant applications must be emailed directly to [PPEGrant@sjgov.org](mailto:PPEGrant@sjgov.org). Businesses must complete and include the following with this application:
  - ☐ 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.

**PERSONAL PROTECTIVE EQUIPMENT  
GRANT APPLICATION**

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. PPE provided to the grant recipient cannot be sold.
6. Businesses receiving funding are expected to:
  - a. 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.

Please direct any questions to [PPEQuestions@sigov.org](mailto:PPEQuestions@sigov.org).

**By my signature below, I have read and understand the Personal Protective Equipment 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 PPE is provided by the County, the PPE will be used for the purposes set forth above and will in no case be sold.
- In no event shall the County's responsibility exceed the approved amount of PPE.
- I bear full responsibility for any and all tax consequences of receiving the PPE grant.
- 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.

**PERSONAL PROTECTIVE EQUIPMENT  
GRANT APPLICATION**

- 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 Personal Protective Equipment 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 Personal Protective Equipment Grant Program has been violated.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**TO BE COMPLETED BY COUNTY STAFF**

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**Grant Application Approved?**      Yes ☐      No ☐

**If yes, list PPE authorized:** \_\_\_\_\_

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