



# Microbusiness COVID-19 Relief Grant Application and Agreement

## APPLICANT INFORMATION

**Name of Business:** Click or tap here to enter text.

### Business Address

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**State:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

**County:** Click or tap here to enter text.

**Name of Business Owner(s):** Click or tap here to enter text.

**Contact Person Name and Title:** Click or tap here to enter text.

**Contact Person E-mail:** Click or tap here to enter text.

**Contact Person Phone:** Click or tap here to enter text.

**Business Type (i.e. food vendor, childcare, cleaning services, etc.):** Click or tap here to enter text.

**If selected for award, please list the address where the grant funds should be mailed below:**

Click or tap here to enter text.

## ELIGIBILITY REQUIREMENTS

### 1. Please review the following eligibility requirements:

- The business had less than fifty thousand dollars (\$50,000) in gross revenues (revenues after taxes and expenses) in the 2019 taxable year.
- The business began operations prior to December 31, 2019
- The business currently has fewer than five full-time equivalent employees and had fewer than five full-time equivalent employees in the 2019 and 2020 taxable years.
- The business owner is the majority owner and manager of the qualified business
- The business owner's primary means of income in the 2019 taxable year was the business

- The microbusiness was significantly impacted by the COVID-19 pandemic, as evidenced by at least a 10% reduction in revenue from the 2019 to 2020 taxable years, and/or a signed attestation and narrative describing significant impact from COVID-19.
- The business has not been previously granted the California Small Business COVID-19 Relief Grant.
- The business is currently active and operating or has clear plans to reopen once permitted to do so.

**Does the business and the applicant certify that they meet the aforementioned eligibility requirements?**

Yes       No

## ELIGIBLE USES OF FUNDS

**Funds must be used for one or more of the following eligible expenses:**

- The purchase of new certified equipment including, but not limited to, a cart.
- Investment in working capital.
- Application for, or renewal of, a local permit including, but not limited to, a permit to operate as a sidewalk vendor
- 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

## REQUIRED ATTACHMENTS

**Please attach ONE the following:**

- Local business permit or license
- Bank statement
- Tax return
- Trade account

**If none of these documents are available, please contact Frank Schneegas at [frank.schneegas@yolocounty.org](mailto:frank.schneegas@yolocounty.org) or call (530) 908-1597).**

## OPTIONAL DEMOGRAPHIC INFORMATION

**Ethnicity (check one):**

- Hispanic or Latino
- Not Hispanic or Latino

**Gender:**

- Man
- Woman
- Other

**Race (check all that apply):**

- African American
- Alaskan Native
- Asian
- Hawaiian Native
- Native American
- Other Pacific Islander
- White
- Other

**Are you a veteran?**

- Yes
- No

## GRANT TERMS

1. Grant applications must be submitted electronically between **March 2, 2022 9 a.m.** through **October 15, 2022 5 p.m.** required documentation must be uploaded and submitted with the application otherwise the application will be deemed incomplete and will not be considered for grant funding. Documentation will not be accepted separately from the submitted application.
2. In order to ensure efficient distribution of funds across the County, applications will be reviewed, and funds will be distributed on a first come first serve basis up to the amount of available funds for eligible applications. First review of applications will begin on March 15.
  - 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. If awarded, this application becomes a binding contract between the entity named above and Yolo County.
4. If awarded funding, the County reserves the right to audit the applicant's books and records for compliance with terms in this Agreement.
5. Grant funds will be issued upon County approval/execution of this application.

Please direct any questions to [frank.schneegas@yolocounty.org](mailto:frank.schneegas@yolocounty.org) or call (530) 908-1597.

**By my signature below, I have read and understand the Microbusiness COVID-19 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 Yolo (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 \$2,500.
- 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 the Microbusiness COVID-19 Grant Relief 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 Grant Program has been violated.

**Applicant Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Name of Business:** Click or tap here to enter text.

**TO BE COMPLETED BY COUNTY STAFF IF APPLICATION IS APPROVED:**

**Grant Application Approved?**  Yes  No

**County Representative Signature:**