



## **City of Calipatria CARES Economic Stability Grant Program**

In an effort to support our business community during the novel Coronavirus COVID-19 pandemic, the City of Calipatria has established the Economic Stability Grant Program. Eligible businesses can apply for up to \$3,000.00 in financial assistance on a first-come, first-serve basis. Funds awarded will be based on the applicant's successful completion of all documents proving financial hardship due to COVID-19. A total of \$30,000.00 is available for this program.

### **Eligibility Restrictions**

Qualifying businesses must be located within the City of Calipatria city limits, possess a valid City of Calipatria business license, and be in good standing (i.e. no code violations) with the City. Must adhere to federal guidance and the state's stay-at-home requirements and other Imperial County Public Health Department requirements. Must have experienced mandatory shutdown or substantial change in business operations. Voluntary shutdowns are ineligible. Must be a for-profit business. Must have been in business at a minimum for one year. Business start ups are not eligible.

### **Businesses Eligible to Apply:**

- Be an existing For-Profit business as of March 1st, 2020 located within the City of Calipatria
- Be able to demonstrate adverse business impacts from the COVID-19 pandemic

Businesses **NOT ELIGIBLE** to receive ESGP funds include, but are not limited to:

- Nonprofits
- Illegal businesses
- Businesses which generate passive income
- Cannabis-related businesses
- Adult entertainment businesses
- Religious organizations
- Lending and investment institutions
- Insurance companies
- Chain Stores and franchises

## **Application Submittal**

Submit your application and all supporting documents to the City of Calipatria by email at [n\\_saucedo@calipatria.com](mailto:n_saucedo@calipatria.com) or deliver to 125 N. Park Avenue before 12:00 PM on Friday October 30, 2020.

## **Required Documents**

- Application
- Coronavirus Impact Report
- Cost Estimate Form
- I Pledge Certification Form
- City of Calipatria Business License (copy)
- W-9 Form
- 941 for 2020: Employer's Quarterly Federal Tax Return (1<sup>st</sup> and 2<sup>nd</sup> Quarter 2020)
- Current Income Statement or 2019 Federal Taxes
- Current Balance Sheet

*This program is funded in whole with CARES Act Coronavirus Relief Fund Monies provided to the City of Calipatria by the State of California Department of Finance.*

Please be sure to review all eligible criteria and supporting documentation carefully. Complete all fields to ensure we can process your application more quickly. Completed applications will be processed on a first-come, first-serve basis. Incomplete applications will not be reviewed until all documents have been received. If documents are not received within the specified time frame, the application will be deemed ineligible.

If you would like one-on-one assistance in completing your application please contact [n\\_saucedo@calipatria.com](mailto:n_saucedo@calipatria.com) or call (760) 348-4141 to make an appointment.

*Please note, due to current health restrictions all one-on-one consultations will be held on a virtual meeting platform such as Zoom or by telephone conference.*

## BUSINESS ASSISTANCE APPLICATION

SECTION 1: BUSINESS PROFILE	
Legal Business Name *	
Type of Business * Please briefly explain the goods/services your business provides	
Business Physical Address *	
Is this a home-based business? *	Yes                      No
Is location owned or leased? *	Owned                      Leased Property Owner (if Leased)
Business License Information	
Does your business have a valid City of Calipatria Business License? *	Yes                      No City of Calipatria Business License Number
Business Organization Information	
Organization Type *	Corporation              Sole                      Proprietorship Partnership              Limited Partnership Limited Liability Entity
How many years has this company been in business? * Please provide number of years (Enter, for example, "2 years". If less than one year, enter the number of months)	
Since when has the business been under the current management? *	Month                      Year

**SECTION 2: APPLICANT AND CONTACT INFORMATION**

Applicant's Legal First and Last Name *	
Federal EIN (if applicable)	
Trade Name (if different from legal name)	
Phone * ###-###-####	
E-mail * name@example.com	
Additional Contact Information Alternate business phone, business e-mail, mobile phone etc.	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other

**Mailing Address**

Street Address * Number, Street and/or Post Office Box		
City *	State *	Zip *
Address Type	<input type="checkbox"/> Business Home <input type="checkbox"/> Temporary <input type="checkbox"/> Other	

**SECTION 3: ESTIMATED ADVERSE ECONOMIC IMPACT TO BUSINESS**

Provide a brief explanation of what adverse economic effects the COVID-19 (Coronavirus) pandemic has had on your business. Please address impact on revenues, number of employees, modified business hours, etc. (verification may be required) \*

When did the impact start? *	When do you expect the impact to end? *
Month                      Year	Month                      Year

Provide a narrative on how you intend to utilize the Economic Stability Grant Program funds to prevent, prepare for, or respond to COVID-19. \*

**Jobs Affected**

The calculation of full-time equivalent (FTE) is the total employee scheduled hours divided by 40 for the 40-hour full-time workweek. *Example: if you have three employees who work 20 hours, 20 hours, and 40 hours respectively (or a combined 80 hours), you have 2 FTEs*

Number of FTE employees BEFORE impact *	Number of (FTE) employees CURRENTLY (at time of application submission) *
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**Monetary Impact**

What were your business's revenues during the affected period? * Please enter a dollar amount. \$	What were your business's revenues during the SAME period in 2019? * Please enter a dollar amount. \$
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What amount of business interruption insurance did you receive or anticipate, if any? * Please enter a dollar amount. \$	What have been the estimated monetary value of your losses? * Please enter a dollar amount. \$
<b>Insurance Coverage (if any)</b>	
Name of Insurance Company	Name of Insurance Agent
Coverage Type	Policy Number
<b>Additional Economic Relief (if any)</b>	
Please detail whether you have applied for (or already received) any other relief funding. * List name(s) of each organization providing funding and the funding amount your business has sought from each organization.	

<b>SECTION 4: BUSINESS OWNER(S) INFORMATION AND ELIGIBILITY</b>	
Please list any individuals or other businesses that have ownership. Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.	
<b>Owner 1 Information</b>	
Legal Last Name *	Legal First Name *
Title/Office *	% Ownership *
Marital Status *	SSN (Last 4 digits only) *
Phone *	E-mail *
United States Citizen * Yes No	Date of Birth * (Format mm/dd/yyyy)
<b>Owner 1 Home Address</b>	

Street Address * Number, Street and/or Post Office Box		
City *	State *	Zip *

<b>Owner 1 Questionnaire</b>	
For the applicant business and each owner listed in Section 4, please respond to the following questions.	
A. Has the business or the listed Owner 1 ever been involved in a bankruptcy or insolvency proceeding? *	
Yes	No
B. Does the business or the listed Owner 1 have any outstanding judgments, tax liens, or pending lawsuits against them? *	
Yes	No
C. In the past year, has the business or the listed Owner 1 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
D. Has the business or the listed Owner 1 ever had or guaranteed a federal loan or a federally guaranteed loan? *	
Yes	No
E. Is the business or the listed Owner 1 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts, or federal grants? *	
Yes	No
F. Does the listed Owner 1, owner's spouse, or household member work for the City of Calipatria? *	
Yes	No
G. Is the applicant or the listed Owner 1 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans? *	
Yes	No

H. Is the listed Owner 1 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 violate – 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

**Owner 2 information (if applicable) \***

Legal Last Name	Legal First Name	
Title/Office	% Ownership	
Marital Status	SSN (Last 4 digits only)	
Phone	E-mail	
United States Citizen Yes No	Date of Birth (Format mm/dd/yyyy)	
<b>Owner 2 Home Address</b>		
Street Address Number, Street and/or Post Office Box		
City	State	Zip

**Owner 2 Questionnaire**

For the applicant business and each owner listed in Section 4, please respond to the following questions.

A. Has the business or the listed Owner 2 ever been involved in a bankruptcy or insolvency proceeding?  
 Yes No

B. Does the business or the listed Owner 2 have any outstanding judgments, tax liens, or pending lawsuits against them?  
 Yes No



C. In the past year, has the business or the listed Owner 2 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

D. Has the business or the listed Owner 2 ever had or guaranteed a federal loan or a federally guaranteed loan?

Yes

No

E. Is the business or the listed Owner 2 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts, or federal grants?

Yes

No

F. Does the listed Owner 2, owner's spouse, or household member work for the City of Calipatria? Yes No

G. Is the applicant or the listed Owner 2 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?

Yes

No

H. Is the listed Owner 2 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 violate – 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

## AGREEMENTS

I/We understand that this application will be used by City of Calipatria to assess which resources might be appropriate and available for my/our business and that we are not guaranteed a grant or any form of financial assistance.

I/We understand that additional information and documentation may be required to assist the City of Calipatria in assessing which resources might be appropriate and available for my/our business and/or in making the determination regarding Economic Stability Grant Program.

I/We will be advised in writing as to such required information and documentation.

I/We authorize the City of Calipatria to verify information provided in this application, and additional information or documentation submitted, as needed to process and service Economic Stability Grant Program. This includes authorization for my/our insurance company, bank, financial institution, or other creditors to release to City of Calipatria all records and information necessary to process this application.

I/We understand that if Economic Stability Grant Program is provided for my/our business that I/We will be required to certify compliance with applicable federal, state and/or local regulations that may include but not be limited to:

- Project Assurances
- Debarment/Suspension Certification
- Environmental Certification
- Non-Discrimination Certification
- Person Completing Certifications

I/We authorize City of Calipatria, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, SBA Resource Partners) for the purpose of assisting me with my/our City of Calipatria Economic Stability Grant Program application evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We understand that if Economic Stability Grant Program assistance is approved, additional information and/or documentation may be required prior to closing and funds disbursement.

I/We understand that only one person may submit this application on behalf of a business and that only one form may be submitted per business.

**Acceptance of Conditions \***

By signing this intake form, I certify that all information submitted with this form is true and correct to the best of my knowledge, and that I will submit truthful information in the future. \*

Yes \_\_\_\_\_ No \_\_\_\_\_

Name (Print) \*

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Signature \*

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Exhibit A

Coronavirus COVID-19 Negative Impact Report

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

<b>COVID-19 IMPACTS TO BUSINESS</b>		<b>Yes</b>	<b>No</b>
1.	Business Currently Closed/Unable to Operate	<input type="checkbox"/>	<input type="checkbox"/>
2.	Business Currently Open for Customer Pick-Ups/Delivery Only	<input type="checkbox"/>	<input type="checkbox"/>
3.	Reduction in Operating Days and/or Hours	<input type="checkbox"/>	<input type="checkbox"/>
4.	Reduction in Consumer Demand	<input type="checkbox"/>	<input type="checkbox"/>
5.	Reduction in Production	<input type="checkbox"/>	<input type="checkbox"/>
6.	Reduction in Ability to Fulfill Product and Service Orders	<input type="checkbox"/>	<input type="checkbox"/>
7.	Employee Layoffs Required	<input type="checkbox"/>	<input type="checkbox"/>
8.	Reduction in Employees Forecasted/Imminent Reduction in Labor Force	<input type="checkbox"/>	<input type="checkbox"/>
9.	Reduction in Total Weekly Work Hours Assigned to Employees	<input type="checkbox"/>	<input type="checkbox"/>
10.	Employees Required to Work Remotely	<input type="checkbox"/>	<input type="checkbox"/>
11.	Increased Employee Paid Leave	<input type="checkbox"/>	<input type="checkbox"/>
12.	Ongoing Reduction in Business Revenue	<input type="checkbox"/>	<input type="checkbox"/>
13.	Increased Operating Costs	<input type="checkbox"/>	<input type="checkbox"/>
14.	Unable to Pay Rent/Lease Due	<input type="checkbox"/>	<input type="checkbox"/>
15.	Unable to Pay Utility Costs Due	<input type="checkbox"/>	<input type="checkbox"/>
16.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>
18.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>

Exhibit B  
Cost Estimate Form

The City of Calipatria will use the information provided below to determine eligibility of expenses that grant funds will be used for. Please provide complete information on how your funds will be expended. Attach additional documents if needed.

	<b>BUDGET LINE ITEM</b>	<b>AMOUNT</b>
1.	Salaries & Wages (Retained Job)	\$
2.	Fringe Benefits (Retained Job)	\$
3.	Rent	\$
4.	Utilities	\$
5.	Working Capital	\$
6.		\$
7.		\$
8.		\$
<b>TOTAL GRANT REQUEST</b>		\$

**RETAINED JOB TITLE (cannot be owner):** \_\_\_\_\_

**RETAINED JOB MONTHLY SALARY: \$** \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibit C  
*I Pledge Certification*

The City of Calipatria asks that you take The Pledge to do your part to safely re-open. The number of cases and the spread of COVID-19 is preventing us from moving forward with re-opening. Help us stop the spread of the virus so that we can quickly and safely reopen our businesses.

Take the Pledge. Stop the Spread. Re-open Business.

I pledge to abide by the standards outlined in the Industrial Guidance issued by the State of California.

I pledge to implement and follow Health and Safety Guidelines as ordered by Local, State and Federal Officials.

I pledge to provide a safe working environment for my staff and customers.

I pledge to respect Social Distancing and refrain from group gatherings in my establishment.

I pledge to do my part and make a difference for the Calipatria Community.

Business Owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_