



# CITY OF PICO RIVERA BUSINESS GRANT PROGRAM Application

The City of Pico Rivera offers one-time \$10,000 grants to help small businesses retain staff and continue to provide quality services to its residents. The program is made possible with federal Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD), therefore businesses must meet all requirements to be eligible for the program.

**Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written.**

## 1. APPLICANT INFORMATION

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

Business owner name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address (location): \_\_\_\_\_

Business phone: \_\_\_\_\_ Website: \_\_\_\_\_

Business License #: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Organizational Structure:  LLC  S Corp.  Sole Proprietorship  Corporation  Other: \_\_\_\_\_

Tax ID number/IRS EIN #: \_\_\_\_\_ D-U-N-S #: \_\_\_\_\_

**\*The DUNS number is required for all federally funded programs. Obtaining a DUNS number is free.** Obtain one by calling 1- 866-705-5711 or by applying online at <http://fedgov.dnb.com/webform>. Staff from Avant-Garde may assist in obtaining this.

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## 2. BACKGROUND INFORMATION

- a. Is the business owner(s) or any individual owning 20% or more of the equity of the business subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction, or presently incarcerates, or on probation or parole?  
 No     Yes
- b. Within the last 5 years, for any felony, has the business owner(s) 1) been convicted, 2) plead guilty, 3) pleaded nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?  
 No     Yes
- c. Is the business owner(s) presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?  
 No     Yes     If yes, please describe:
- d. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens?  
 No     Yes     If yes, please describe:
- e. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?  
 No     Yes     If yes, please describe:

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f. Are there any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business owner(s)?

No     Yes     If yes, please describe:

g. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?

No     Yes     If no, please explain:

h. Has the business received any grant or loan assistance in response to the COVID-19 pandemic?

No     Yes     If yes, complete the Duplication of Benefit Worksheet:

### 3. FINANCIAL INFORMATION

a. Provide a description of your business, including the types of services and/or products you provide.

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b. Who is your target market?

c. List your business industry (e.g. Restaurant, Retail, Manufacturing, etc.)

d. What is your business's future goal(s)?

e. List the number of staff your business directly employs:

- Full-time \_\_\_\_\_
- Part-time \_\_\_\_\_

Are these permanent or seasonal positions?

f. Please list the expenses that the grant would pay for (include a description and amount).

*(If you intend to use funds to help prevent number of layoffs, provide an estimate of number of layoffs this grant will help prevent). **If the grant is awarded, the business will be required to submit supporting documentation on a quarterly basis (3 months) to demonstrate that grant funds are being used as intended and described here. If the business changes their intended use of funds, they MUST notify the City in writing five (5) days before using the funds.***

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g. Please describe other sources of funding for business expenses, including revenues, personal funds, grants or loans received since March 2020: \$\_\_\_\_\_.

h. Describe steps and resources needed to maintain your business operation over the next year.

#### 4. ASSURANCES AND SIGNATURES

**I understand and by signing agree** that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of Pico Rivera promptly in writing upon any material change in the information provided herein. The City of Pico Rivera and its consultants are authorized to make such inquiries as deemed necessary and appropriate to verify the accuracy of this application.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this Agreement.
- Upon approval of this application, this application becomes a binding contract between the applicant entity named below and the City of Pico Rivera
- If funds are provided by the City of Pico Rivera, the funds will be used for the purposes set forth above.
- I will voluntarily submit supporting documentation on a quarterly basis (every 3 months) to demonstrate that the grant funds are being used as intended and described here. If the intended use of funds changes, I must notify the City of Pico Rivera in writing at least five (5) days before the use of these funds.

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- **I acknowledge that grant funds must be utilized by June 30, 2022.** Funds not utilized by this date for eligible expenses will be forfeited. The City is under no obligation to extend this date.
- In no event shall the City of Pico Rivera’s financial responsibility exceed the approved amount, set forth above.
- I bear full responsibility for any and all tax consequences and of receiving grant funds, including but not limited to, issuance of an IRS Form 1099 by the City of Pico Rivera.
- I understand that there is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City of Pico Rivera does not endorse the specific business.
- I agree to indemnify the City of Pico Rivera, its employees, and its consultants 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.
- I agree to comply with all applicable local, state, and federal regulations, including but not limited to business licenses and permits, zoning (e.g. signage), building, and other regulations regarding the operation of the business.
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

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Applicant Name	Date
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Applicant Signature	Date
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**PLEASE DIRECT ALL QUESTIONS TO:**

Melissa Aguilar  
 Program Manager, Avant-Garde  
 Phone: (909) 979-6584  
 Email: [maguilar@agi.com.co](mailto:maguilar@agi.com.co)

**ALL APPLICATIONS MUST BE POSTMARKED BY FRIDAY, APRIL, 30, 2021. PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS BY MAIL TO:**

City of Pico Rivera Small Business Grant Program  
 C/O Jazmin Faccuseh, Senior Analyst  
 6615 Passons Boulevard,  
 Pico Rivera, CA 90660

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OFFICE USE ONLY

**REVIEW FOR COMPLETE APPLICATION Reference Eligibility Checklist to verify all required documents are collected**

- Application is complete
- Application includes Attachment A, B1, or B2
- Business license has been verified

**MEETING NATIONAL OBJECTIVE**

**Does the Applicant meet LMA National Objective?**

Yes (Provide Census Tract, Block Group information to support National Objective criteria attached to this application)

- Business address has been confirmed to be in an eligible census tract

**Census Tract:**

**LMI:**

- **Collect the following documentation**

- Print out from US Census with the business address and identified census tract
- The business is in a primarily residential area.

No

**Does the Applicant meet LMJ National Objective?**

Yes (Provide employee information attached to this application) *See Documentation section for more details.*

No

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Reviewer Name

Signature

Date

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