



CITY OF PICO RIVERA BUSINESS GRANT PROGRAM Application

The City of Pico Rivera offers one-time \$10,000 grants to help eligible small businesses impacted by the COVID-19 pandemic retain staff and continue to provide quality services to its residents. Businesses must meet all program requirements to be eligible for the program.

Please write legibly.

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 #: _____ UEI #*: _____

***The Unique Entity ID (UEI) number is required for all entities receiving federal funds. Obtaining a UEI number is free.** Obtain one by applying online at <https://sam.gov/content/entity-registration>. Staff from Avant-Garde may assist in obtaining this.

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Pico Rivera or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Pico Rivera's verification of various eligibility requirements.

2. BACKGROUND INFORMATION

a. 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:

b. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens?

No Yes If yes, please describe:

c. 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:

d. 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:

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3. FINANCIAL INFORMATION

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

- b. Who is your target market?

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

- d. List the number of staff your business directly employs:

Full-time _____ Part-time _____

Are these positions Permanent or Seasonal

- e. Grant funds are intended to help businesses address the negative economic impacts caused by the COVID-19 pandemic. Please list the expenses that the grant would pay for (include a description and amount).

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 a business finds it necessary to change their intended use of the funds, they MUST seek APPROVAL from the City in writing before making any changes and submit an updated itemized lists of business expenses.

	Item/Expense:	Cost:
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
	Total:	\$

4. COVID-19 IMPACT

- a. Please elaborate how your business was impacted by the COVID-19 pandemic.

- b. Please share how these how these funds will help retain employees or create jobs. Be as detailed as possible

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5. DUPLICATION OF BENEFITS

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

This certification must be completed by any business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits.

a. Please mark any of the boxes below which apply to your business regarding any prior assistance. Sources of funds from assistance include but are not limited to Federal, State, and local loan/grant programs, private or bank loans, nonprofit donations, or loans.

I, or my business, **have not** applied or received funding assistance from Federal, State, local, or other programs to assist my business.

I, or my business, **have** received funding assistance from the following programs to assist my business. Please complete the table below. Add pages, as needed.

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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6. 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.
- **I acknowledge that grant funds must be utilized by December 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.

Applicant Name

Date

Applicant Signature

Date

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PLEASE DIRECT ALL QUESTIONS TO:

Melissa Aguilar
Program Manager, Avant-Garde
Phone: (909) 816-2384
Email: maguilar@agi.com.co

**ALL APPLICATIONS MUST BE POSTMARKED OR RECEIVED BY TUESDAY, SEPTEMBER 6, 2022.
PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS TO:**

City of Pico Rivera Small Business Grant Program
C/O Al Rodriguez, Housing & CDBG Coordinator
6615 Passons Boulevard,
Pico Rivera, CA 90660

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