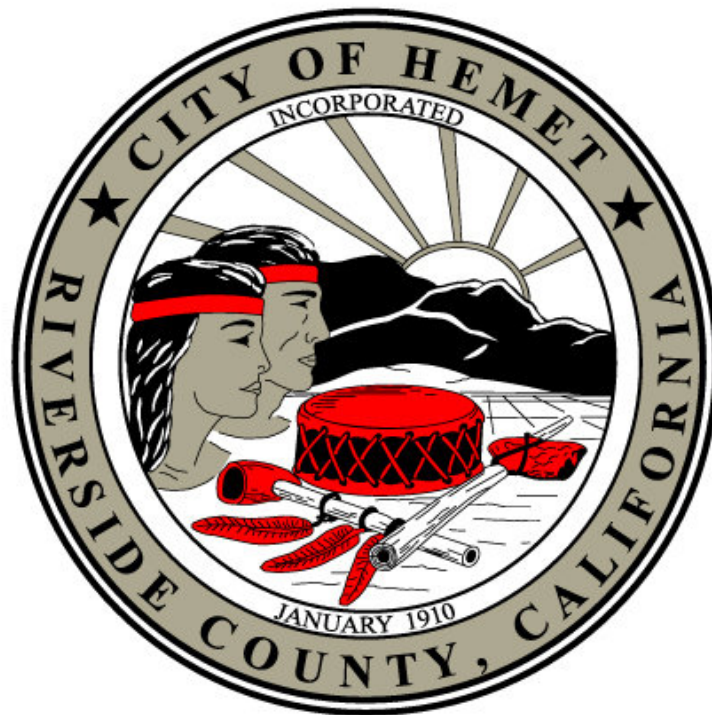


CITY OF HEMET CARES
**BUSINESS SUPPORT
GRANT PROGRAM**
APPLICATION



*
APPLICATION DEADLINE
APRIL 29, 2021
5:30 PM

*
CITY HALL 445 E
FLORIDA AVE,
HEMET, CA 92543

GRANT PERIOD: JULY 1, 2020 - JUNE 30, 2021



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

Application Check List

Check off the boxes to help you keep track of the required documents for your application.

- A Completed Hemet CARES Business Support Grant Application
- Current City of Hemet Business License (1 year prior to application)
- Driver's License Official Identification/ State Identification
- Completed W-9 Form
- 2020 business and personal tax returns (all pages), or 2019 if 2020 has not been filed
- Monthly profit and loss statements, covering the period from July 1, 2020 through March 31, 2021
- Employee self-certification form(s) of household income for qualifying employee(s) as low/moderate income and/or Business owner self-certification form of household income for qualifying as a low/moderate business owner
- Bank statement to prove business's bank account's existence
- Copy of lease/grant deed demonstrating proof of commercial/industrial business address
 - If lease, documents must show the name of lessee and lease term
 - For grant deed, documentation must show the name of the property owner
- Other documentation supporting economic impact that has resulted from COVID-19 (details of economic impact, i.e., revenue loss, reduction in employee hours, layoffs, furloughs, modified business hours, etc.)

Scan and email this application along with the required supporting documents to HemetCares@hemetca.gov



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

| General Business Information | | |
|--|--------------------------------|--|
| Name of Business (including acronym or abbreviation(s), if any) | | |
| Full Name of Owner & Contact Person (include Mr., Mrs., Ms., etc.) | Owner: | Contact Person: |
| When was your business established? (month, year) Attach W-9 | Date: | Length of Time You Have Been in Business in Hemet: |
| Legal Status (circle one) | Sole Proprietor Partnership | Corporation LLC |
| Physical Address of Business (street, city, state, zip code) | | |
| Mailing Address (if different from physical address) | | |
| Phone Number of Contact Person (include country and area codes) | | |
| Business Description (use and attach extra paper if needed): | | |
| | | |



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

| General Business Information | | |
|---|----------------------|----|
| Fax Number (if applicable) | | |
| Email (most used for business) | | |
| Website (if applicable) | | |
| DUNS # | | |
| SAM CAGE # | | |
| Tax ID/EIN # | | |
| DBA (if applicable) | Prior to March 2020: | |
| | Current: | |
| Is the business in good standing with the City of Hemet? (attach business license) | YES | NO |
| If you lease, are you current with rent in Hemet through March 2021? | YES | NO |



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

| General Business Financial Information | | | |
|---|--|-----|----|
| Number of Employees | | | |
| Has the business filed for bankruptcy in the past 7 years? | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table> | YES | NO |
| YES | NO | | |
| Number of Jobs Expected to be Created or Retained by this Grant (can include fractions) | | | |
| Prior Year Revenues | | | |
| How have the government mandates during the COVID-19 emergency affected your business? Please include documentary evidence of the impacts as attachments to your application: | | | |
| | | | |
| Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? Circle: YES NO If yes, please explain why below: | | | |
| | | | |



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

Loan/Grant Application History

Have you applied for any other governmental assistance because of the COVID 19 emergency? Please attach additional pages if necessary.

| Source | Grant (Y/N) | Loan (Y/N) | Term | Rate | Amount | Use of Funds |
|-------------------------------|-------------|------------|------|------|--------|--------------|
| Paycheck Protection Program | | | | | | |
| Economic Injury Disaster Loan | | | | | | |
| Express Bridge Loan | | | | | | |
| Debt Relief Program | | | | | | |
| Other | | | | | | |
| Other | | | | | | |



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

HEMET - SMALL BUSINESS RELIEF GRANT UTILIZATION

Please use the below chart to describe how you intend to utilize the funds from this grant to support your business:

| Eligible Use | Amount | Use of Funds |
|--------------------------------------|--------|--------------|
| Rent/Mortgage | | |
| Personal Protection Equipment (PPE) | | |
| Payroll | | |
| Supplies/ Materials/ Equipment | | |
| Other | | |
| Total | | |



CITY OF HEMET CARES BUSINESS SUPPORT GRANT PROGRAM

The applicant warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the grant would be issued, or would otherwise receive a financial benefit from any grant which may be extended to applicant and/or for the business. By accepting this grant, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Hemet.

I attest that I have read and understood the application, and that the City of Hemet will review the same to determine whether or not to provide a grant. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The applicant confirms that the following attachments have been included in the application package:

- A completed City of Hemet CARES Business Support Grant Application
- Current City of Hemet Business License (1 year prior to application)
- Driver's License Official Identification/ State Identification
- A completed W-9 Form
- 2020 business and personal tax returns (all pages), or 2019 if 2020 has not been filed
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If selected, in order to comply with regulations set forth by the U.S. Department of Housing and Urban Development, additional information will be required from the business including demographic and economic data.

Name (Print) _____ Date _____

Signature _____ Date _____