

CITY OF HEMET CARES

BUSINESS SUPPORT GRANT PROGRAM

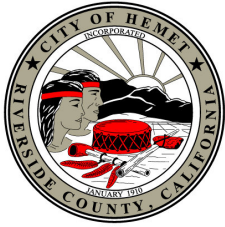
APPLICATION



*
APPLICATIONS ARE ACCEPTED
ON A ROLLING BASIS

*
CITY HALL
445 E FLORIDA AVE,
HEMET CA 92543

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



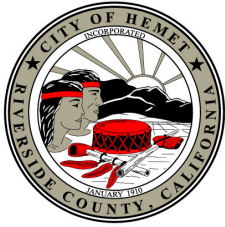
City of Hemet CARES Business Support Grant Program

Application Check List

Please submit your application along with the following required documents:

- A completed City of Hemet CARES Business Support Grant Application
- Current City of Hemet business license
- Driver's license official Identification/ state identification
- A completed W-9 Form
- Business AND personal tax returns (all pages)
 - Businesses established before January 2020, please submit 2019 and 2020 taxes
 - Businesses established since January 2020, please submit 2020 and 2021 taxes
- Monthly AND annual profit and loss (PL) statements
 - Businesses established before January 2020, submit 2019 and 2020 PL statements
 - Businesses established since January 2020, submit 2020 and 2021 PL statements
- Employee self-certification form(s) of household income for qualifying employee(s) as low/moderate income
- Business owner self-certification form of household income for qualifying as a low/moderate business owner
- Payroll list
- Recent bank statement to prove existence of business banking account
- 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

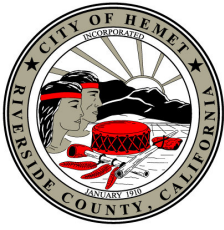


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General Business Information

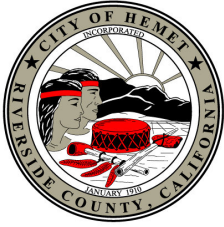
Name of Business (including acronym or abbreviation(s), if any)		
Full Name of Owner & Contact Person (include Mr., Mrs., Ms., etc.)	Owner:	Contact Person:
When was your business established? (month, year) Attach W-9	Date:	Length of Time You Have Been in Business in Hemet:
Legal Status (circle one)	Sole 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):



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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
Number of Employees		
Has the business filed for bankruptcy in the past 7 years?	YES	NO



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General Business Financial Information

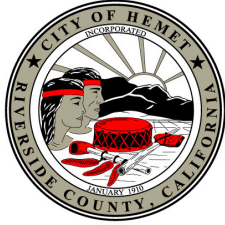
Number of Jobs Expected to be Created or Retained by this Grant (can include fractions)

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:

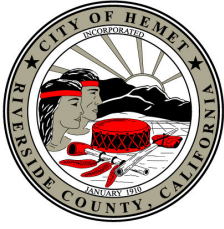


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Loan/Grant Application History

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

Source	Grant (Yes/No)	Loan (Yes/No)	Term	Rate	Amount	How did you use these funds?
Paycheck Protection Program						
Economic Injury Disaster Loan						
Express Bridge Loan						
Debt Relief Program						
Other						
Other						

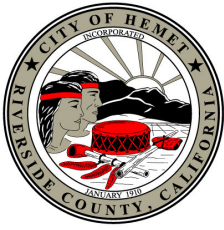


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Hemet - Small Business Relief Grant Utilization

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

Eligible Use	Amount	How will you use these funds?
Rent/Mortgage		
Personal Protection Equipment (PPE)		
Payroll		
Supplies/ Materials/ Equipment		
Other		
Total		



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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:

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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 _____