



## **City of Imperial Coronavirus Relief Fund Small Business Assistance Micro-Grant Program**

In an effort to support our business community during the novel Coronavirus COVID-19 pandemic, the City of Imperial is soliciting applications for a second round of small business assistance through the Economic Stability Grant Program (ESGP). A separate category has been established in this 2<sup>nd</sup> round for independent contractors; i.e. licensed beauticians, barbers, massage therapists, fitness trainers, etc. Eligible contractors can apply for up to \$2,500.00 in financial assistance. Established businesses can apply for up to \$5,000.00 in financial assistance. **Please be sure to complete the appropriate application for your business type.** Funds in both categories will be awarded based on the applicant's successful completion of all documents and proving financial hardship due to COVID-19. A total of \$100,000.00 is available for this program.

### **Eligibility Restrictions**

Qualifying contractors and businesses must be located within the City of Imperial city limits, possess a valid City of Imperial business license, and be in good standing (i.e. no code violations) with the City.

#### Businesses Eligible to Apply:

- Be an existing independent contractor within an existing business as of March 1<sup>st</sup>, 2020; or
- Be an existing For-Profit business as of March 1st, 2020 located within the City of Imperial; and
- 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

\*Please note: in order to avoid duplication of benefits, businesses that have already received funding through this program are not eligible for this round of solicitations. If a business having

received funding has independent contractors in their employment, those contractors are eligible to apply; i.e. beauty salons, barber shops, etc. Please review independent contractor application.

### **Application Submittal**

Submit your application and all supporting documents to the City of Imperial by email at [emagallanes@cityofimperial.org](mailto:emagallanes@cityofimperial.org), or deliver to 420 S Imperial Avenue, Imperial, CA 92251 before 4 PM Friday, October 30 2020.

### **Required Documents**

- ESGP Application
- Coronavirus Impact Report
- Cost Estimate Form
- Work Site Specific Plan
- I Pledge Certification Form
- City of Imperial 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)
- Income Statement
- Current Balance Sheet

### **Application Workshop Webinar**

In an effort to better assist applicants, the City will be holding two webinars to review application guidelines and requirements. Registration is available on the City of Imperial's website, [www.cityofimperial.org](http://www.cityofimperial.org).

**October 22, 2020 @ 3:00 PM**

**October 27, 2020 @ 3:00 PM**

If you would like one-on-one assistance in completing your application please contact [emagallanes@cityofimperial.org](mailto:emagallanes@cityofimperial.org) or call (760) 355-4373 and make an appointment with the City Manager's Office.

*This program is funded in whole with CARES Act Coronavirus Relief Fund Monies provided to the City of Imperial 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.

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

## APPLICATION GRANT CHECKLIST

To process your grant application under the City of Imperial’s Economic Stability Coronavirus Relief Program, please use this document as a resource to ensure all materials are submitted with your application. Should you have questions, or request special considerations, please contact the City Manager’s Office at [emagallanes@cityofimperial.org](mailto:emagallanes@cityofimperial.org).

<b>ECONOMIC STABILITY CORONAVIRUS RELIEF GRANT PROGRAM</b>	<b>YES</b>	<b>NO</b>
<b>DOCUMENT LIST</b>		
<b>Grant Application</b>		
<b>Agreement</b>		
<b>Negative Impact Report</b>		
<b>Grant Scope Cost Estimate Form</b>		
<b>I Pledge Form</b>		
<b>Work Site Specific Plan</b>		
<b>*Required Attachments</b>		
<b>Copy of Current Applicant’s Business License</b>		
<b>IRS W9 Form</b>		
<b>Income Statement for 2019</b>		
<b>Current Balance Sheet</b>		
<b>Most Recent Business Quarterly Federal Tax Return</b>		

## BUSINESS GRANT 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 Imperial Business License? *	Yes                      No City of Imperial 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	Phone E-mail Other

**Mailing Address**

Street Address * Number, Street and/or Post Office Box		
City *	State *	Zip *
Address Type	Business Home Temporary 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? \*

Month                      Year

When do you expect the impact to end? \*

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) \*

**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.  
\$

<p>What amount of business interruption insurance did you receive or anticipate, if any? * Please enter a dollar amount. \$</p>	<p>What have been the estimated monetary value of your losses? * Please enter a dollar amount. \$</p>
<p><b>Insurance Coverage (if any)</b></p>	
<p>Name of Insurance Company</p>	<p>Name of Insurance Agent</p>
<p>Coverage Type</p>	<p>Policy Number</p>
<p><b>Additional Economic Relief (if any)</b></p>	
<p>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.</p>	

**SECTION 4: BUSINESS OWNER(S) INFORMATION AND ELIGIBILITY**

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.

**Owner 1 Information (If Different than Applicant Profile)**

Applicant's Legal First and Last Name *	
Federal EIN (if applicable)	
Trade Name (if different from legal name)	
Phone * ###-###-####	
E-mail * name@example.com	
<b>Additional Contact Information</b> 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

**Applicant Questionnaire**

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

F. Does the listed Owner(s), owner's spouse, or household member work for the City of El Centro? \*

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

Owner 2 information (if applicable) *	
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	Phone E-mail Other

## AGREEMENTS

I/We understand that this application will be used by City of Imperial 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 Imperial 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 Imperial 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 Imperial 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 Imperial, 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 Imperial 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 is approved, additional information and/or documentation may be required prior to closing and funds disbursement.

I/We understand if awarded funding, it is the expectation of the City of Imperial that those funds be used in accordance with the guidelines set forth and my/our store front to remain operational in the City of Imperial.

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) \*** \_\_\_\_\_

**Signature \*** \_\_\_\_\_

**Electronic Signature Agreement (if signing electronically)**

I agree to electronically sign and to create a legally binding request for Economic Stability Grant Program funds between the City of Imperial and the business I am authorized to represent.

## 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"/>

## COST ESTIMATE FORM

The City of Imperial 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 used. 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> <i>*Not to exceed \$5,000.00</i>		\$

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

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

## *I Pledge Certification*

The City of Imperial 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 Imperial Community.

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

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



# WORKSITE-SPECIFIC PROTECTION PLAN



**BUSINESS NAME:**

**SITE ADDRESS:**

**A. SIGNAGE:**

Signage of this Worksite-Specific Protection Plan is posted at each public entrance to the business and in employee break areas.

Signage is posted at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; must wear facial coverings, and, where possible, maintain a six-foot distance from one another.

**B. MEASURES TO PROTECT EMPLOYEE HEALTH (*Check all that apply*):**

All employees who can carry out their work duties from home have been directed to do so.

Hours of business operation have been altered based on the building size and number of employees so that there is sufficient time to clean and/or restock.

All employees have been informed not to come to work if sick.

Daily universal screening of all employees has been implemented for cough, shortness of breath, OR at least TWO of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.

All employees have been provided a cloth mask/face covering for mandatory use during working time or as otherwise specified in the State's Industry Guidance documents.

Employees have been provided with adequate physical distancing/barrier protections whenever possible, including six feet physical distancing and shields/barriers at registers and check-out areas to separate cashiers and customers. Adequate measures have been implemented in the following manner:

Meetings and/or trainings are conducted virtually (phone, internet, zoom, etc.,) as much as possible. If a meeting or training must be held in person, the meeting is limited to the fewest number of employees possible to ensure social distancing. When needed, multiple meetings are scheduled to cover all necessary employees.

Work start and stop times for employees have been staggered when practical to prevent gatherings of large groups entering/leaving the premises at the same time.

Employee break times are staggered to reduce the number of employees on break at any given time so that social distancing requirements are followed.



# WORKSITE-SPECIFIC PROTECTION PLAN



Hand washing is required for employees at least every hour. Additional hand washing will be required as deemed necessary including hand washing before and after employee breaks.

Soap and running water for hand washing are available to all employees at the following location(s):

Hand sanitizer is available to employees in the following areas:

Disinfectant and related supplies are available to all employees at the following location(s):

Customers who bring their own bags will be required to bag their own items/groceries; employees are required use new bags when bagging customer items/groceries.

Optional (Describe other measures):

## **C. MEASURES TO PROTECT CUSTOMER SAFETY (Check all that apply):**

Employee(s) assigned at public entrance(s) to ensure that the maximum number of people in the facility set forth below is not exceeded.

Maximum occupancy has been reduced from \_\_\_\_\_ to \_\_\_\_\_ which will always allow customers and employees to easily maintain social distancing.

Visitors and customers are required to wear a cloth mask/covering. Individuals not wearing a cloth mask/face covering will be denied entry.

Touch-free payment devices have been implemented.

All payment portals, pens, and styluses will be disinfected after each use.

All high-contact surfaces will be disinfected frequently (e.g., door handles, counters touched by customers).

Hand sanitizer or disinfecting wipes are located at all entrances and exits.



## WORKSITE-SPECIFIC PROTECTION PLAN



Employees shall wipe down all carts and baskets with disinfectant between usage.

Dedicated hour(s) of operation for senior and high-risk customers have been established on the following days \_\_\_\_\_ and times \_\_\_\_\_.

Optional (Describe other measures):

### **D. MEASURES TO KEEP PEOPLE AT LEAST 6 FEET APART (Check all that apply):**

Signs have been placed outside of the business reminding people to be at least 6 feet apart, including when in line.

Social distancing is ensured through clearly marked one-way aisles and clearly marked check-out lines with at least 6 feet in between customers.

Tape/markings have been placed at least 6 feet apart in customer line areas inside of the facility and on sidewalks at public entrances with signs directing customers to use the markings to maintain a 6-foot distance from other individuals.

Customer order areas have been separated from pick-up/delivery areas to prevent customer gathering.

Per person limits will be placed on goods that are selling out quickly to reduce crowds and lines.

Multiple check-out lines are present; therefore, a maximum of every other register will be in use at any point in time. After every hour customers and employees will rotate to the previously closed registers. The previously open registers and the surrounding area will be cleaned, including payment machines (unless touch-free) following each rotation.

Multiple check-out lines are not present.

Copies of the Worksite-Specific Protection Plan have been distributed to all employees.

Optional (Describe other measures):



# WORKSITE-SPECIFIC PROTECTION PLAN



## **E. MEASURES TO INCREASE SANITATION (Check all that apply):**

In addition to maintain pre-existing cleaning protocols established in this business, high through areas will be cleaned and disinfected routinely in accordance with guidelines issued by the Centers for Disease Control and Prevention (CDC) in spaces that are accessible to customers, tenants, or other individuals.

Breakrooms, restrooms, and other common areas are being disinfected frequently, and on the following schedule:

Breakrooms:

Restrooms:

Other:

The following protocols have been established for execution upon discovery that the business has been exposed to a person who is a probable or confirmed case of Covid-19.

Optional (Describe other measures):

## **F. ADDITIONAL MEASURES BY JURISDICTION OF AUTHORITY:**



# WORKSITE-SPECIFIC PROTECTION PLAN



*NOTE: Additional pages supporting this Worksite-Specific Protection Plan have been attached to describe any additional measures.*

**You may contact the person listed below with any questions or comments about the Worksite-Specific Protection Plan:**

Name:

Phone Number (Required):

Title:

Date Form Completed:

E-mail (Optional):