



CITY OF BANNING SMALL BUSINESS GRANT PROGRAM APPLICATION

The purpose of the City of Banning (City) Small Business Grant Program (Program) is to address the negative economic impacts caused by the COVID-19 pandemic on eligible businesses. The City will process applications on a **first-come, first served** basis until all funding is exhausted. The maximum grant award available per business is \$10,000. Businesses are not expected to pay back grant funds. The City will award all grants by or before **December 31, 2024**, and grantees must fully expend all grants by or before **December 31, 2026**. The City will perform subrecipient monitoring for the Federal Government on an annual basis until awards are fully expended.

Submit Completed Applications to Marisol Lopez:

- **Email:** Marisol Lopez at Marisol.Lopez@banningca.gov
- **Mail:** PO Box 998, Banning, CA 92220
- **Deliver in Person to:** Banning City Hall, 99 E. Ramsey St., Banning, CA 92220, Monday through Friday from 8 AM to 5 PM

This Grant Program will offer **one-time grants of up to \$10,000** to eligible businesses. The Business **MUST** be located within the City of Banning. **Please type or complete in ink, applications in pencil will be returned.** Do not leave any blank spaces and answer "N/A" if a question does not apply to your business.

STEP ONE: **Determine your eligibility.** (All conditions must apply, except if not applying for Premium Pay grant, the final criteria will not apply.)

- Business is physically located within the City's jurisdictional limits.
- Business has been operational for at least 6 months prior to the date of application and employees 25 or less employees, including the owner.
- Business holds a current business license.
- Business is in good standing with the City and does not have existing violations of the Banning Municipal Code.
- Business can provide documentation of a reduction in gross receipts of at least 25% for one quarter of 2020 or 2021 compared to the same quarter in 2019.
- Business has obtained a Data Universal Numbering System (DUNS) Number or will obtain a DUNS Number upon award of Program grant.
- If applying for a Premium Pay grant, business is engaged or provides services in one of the following sectors: healthcare, education and childcare, transportation, sanitation, social and human services, grocery and food production, public health, and/or public safety.

STEP TWO: Submit the following documents:

- Completed Small Business Grant Program Application (this entire packet).
- Statement of intended use of grant funds.
- Summary of Costs: Business Expenses (Attachment A).
- Summary of Costs: Premium Pay (Attachment B).
- Payroll reports, tax documents, or other official documents noting the number of staff employed by the business.
- Financial documents demonstrating the business suffered a reduction in gross receipts of at least 25% for one quarter in 2020 or 2021 compared to the same quarter in 2019: (1) comparison of the business's annual gross revenue as reported on the tax return in 2020 and 2021 to 2019; or (2) comparison of the business's gross revenue in any quarter in 2020 or 2021 with revenue in the same quarter of 2019.
- Copy of current business license.
- Completed Form W-9 Request for Taxpayer Identification Number and Certification.

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



CITY OF BANNING SMALL BUSINESS GRANT APPLICATION

The City is offering one-time grants of up to \$10,000 through the City's Small Business Grant Program (Program) to offer immediate financial assistance to small businesses located in the City to aid in maintaining their business location. The Program funds are made possible with the American Recovery Plan Act (ARPA) and Coronavirus State and Local Fiscal Recovery Funds (CSLFRF). These funding sources may be used to provide **assistance to businesses facing financial hardship due to the impacts of COVID-19**. As a result, businesses must **meet all requirements** to be eligible for the Program. The City may audit businesses awarded grant funds and/or request additional information of such businesses.

1. Applicant Information

Business Owner Name(s): _____

Mailing Address: _____ City, State, Zip: _____

Email Address: _____

Business Name: _____

Location Address: _____ City, State, Zip: _____

Business Phone: _____ Business License No.: _____

Business Website: _____ Business Open Date: _____

IRS Tax ID / EIN: _____ DUNS No.*: _____

Organizational Structure: LLC S. Corporation Sole Proprietorship
 Corporation Other: _____

**If your application is approved, a DUNS number is required for all federally funded programs. You can obtain a DUNS number for free by calling 1-866-705-5711 or by applying online at <http://fedgov.dnb.com/webform>.*

2. Background Information

2.1. 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

2.2. 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

2.3. 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, please describe:

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

No Yes, please describe:

2.5. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?

No Yes, please describe:

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

No Yes, please describe:

2.7. 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, please describe:

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

No Yes, please describe:

3. Financial Information

3.1. Has the business been financially impacted by the COVID-19 pandemic?

No Yes

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

3.3. List your business industry (e.g., restaurant, retail, manufacturing, etc.).

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

Permanent Full-time: _____ Seasonal Full-time: _____

Permanent Part-time: _____ Seasonal Part-time: _____

3.5. How do you intend to use the grant funds?

- Business Expenses – *Complete Attachment A*
- Premium Pay – *Complete Attachment B*
- Both – *Complete Attachments A and B*

3.6. How will grant funds be used to decrease the hardships caused by the pandemic and associated response?

4. **Certification**

By signing below, I certify that all the information I have provided in this application, including all applicable attachments, is true and correct to the best of my knowledge. I agree to notify the City promptly in writing upon any material change in the information provided herein. I understand that the City and its consultants reserve the right to request additional documentation to determine eligibility.

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 applicant and attachments.
- If I am granted Program funds, I will use the funds for the purposes stated in this application.
- In no event shall the City be financially responsible for any business expenses that exceed the approved grant funding amount, if approved.
- I bear full responsibility for any and all tax consequences related to my receipt of grant funds, if awarded, including, but not limited to, issuance of an IRS Form 1099 by the City.
- I understand that there is no agency, employment, joint venture, or other such relationship created by virtue of award of the grant, if granted. The City does not endorse the specific business.
- I agree to indemnify the City, 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 in which the business uses the awarded Program funds.
- 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 (ADA). 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.

BUSINESS OWNER:

Name

Signature

Date

ADDITIONAL BUSINESS OWNER (if applicable):

Name

Signature

Date



ATTACHMENT A

Summary of Costs: Business Expenses

Grant funds are intended to help businesses address the negative economic impacts caused by the COVID-19 pandemic. Use of funds for eligible activities is at the business owner(s)' discretion. Examples of eligible activities include:

- Overhead expenses;
- Rent and/or utility expenses;
- Business services to increase capacity to carryout business activities (e.g., web site development);
- Labor expenses (excluding owner(s)) for business inventory and supplies;
- Personal Protective Equipment (PPE); and/or
- Capital or equipment purchases necessary for the business operation, excluding vehicles.

Business Owner(s) Name(s): _____

Business Name: _____

Business Location Address: _____

Amount Being Requested: _____

Item / Expense	Cost
Total Requested Funding	

