



**City of Fountain Valley
COVID-19 Emergency Small Business
Employee Retention Grant**

APPLICATION PACKET

Applications accepted beginning April 13, 2020

The purpose of this grant is to assist small business owners in Fountain Valley that have been adversely effected by COVID-19 to retain jobs that are held by their low- and moderate income workers. Funds will be provided to assist with payroll costs for qualified small businesses that agree to keep their low- and moderate-income employees employed for two months after receiving the grant.

Who can apply?

1. Business must have been in operation for at least 6 months
2. Business must have been adversely affected by COVID-19,
3. Business must have employees earning an annual income of \$10,000 or less
4. Business must have designated employees to be retained
5. Business must have been in operation for at least 6 months after
- 6.



How much funding?

The grant provides funding for designated employees, for a maximum of \$10,000 a month, for two months. Staff will review payroll documentation to determine the amount of grant funding for each applicant. Half of the grant will be distributed upon approval. The second half will be provided after payroll documents are submitted for the month after the first half of the grant was received, confirming the designated employees are still working for the company.

How do I apply?

Complete the attached Grant Application and Participation Affidavit and email them, along with all the required information on the Document Check List, to Ashlyn.Newman@FountainValley.org. You will receive an email advising you that your application has been received within 24 hours. An incomplete application will delay the review of your application.

If you are unable to email the documents, call (714) 593-4428 to make arrangements to drop them off at City Hall, Due to COVID-19 City Hall is closed to the public and staff is conducting business by email and phone. Please be advised that all documents submitted in-person will be quarantined for 24 hours before they are reviewed due to the virus.

If you have any questions, please email Ashlyn Newman, Housing Coordinator at Ashlyn.Newman@FountainValley.org. You may also call (714) 593-4428, however email is the preferred method of communication. Funding is limited so please apply promptly.

COVID-19 Emergency Small Business Employee Retention Grant Application

| BUSINESS INFORMATION | | |
|---|---|------------------------------|
| Name of Business | | |
| Type of Business | | |
| Address of Business | | |
| Business Employer Identification Number (EIN) | | Years in Business |
| # of Employees | # of Employees Meeting Low Income Requirement | City Business License Number |

| OWNER INFORMATION | | | |
|--|---------------------------|--|---------------------------|
| OWNER | | CO-OWNER | |
| Name | | Name | |
| Social Security Number - - | Contact Phone (area code) | Social Security Number - - | Contact Phone (area code) |
| Present Address (street, city, state, zip) | | Present Address (street, city, state, zip) | |
| Email Address | | Email Address | |

| INCOME REQUIREMENTS | |
|---|----------------------|
| Eligible Employees must be below the following income level: | |
| Income Level | 1 person |
| HUD Low (80%) | \$66,500/year |

| BUSINESS INCOME INFORMATION | | | |
|----------------------------------|----|---|----|
| 2019 INCOME | | 2020 INCOME (USE THE SAME MONTHS AS 2019) | |
| Month #1 Sale Month of _____ | \$ | Month #1 Sales Month of _____ | \$ |
| Month #2 Sales Month of _____ | \$ | Month #2 Sales Month of _____ | \$ |

Please provide a brief explanation of the adverse economic effects COVID-19 has had on your business:

- REQUIRED DOCUMENTS – SEE DOCUMENT CHECKLIST FOR DOCUMENTS ACCEPTED FOR VERIFICATION**
- 1. Revenue statements for 2 months in 2020 verifying 25% less revenue than the same months in 2019**
 - 2. Revenue statements for the same two months in 2019**
 - 2. Annual revenue statement for 2019**
 - 3. Payroll records for each qualifying employee**

COVID-19 Emergency Small Business Employee Retention Grant Application

ACKNOWLEDGMENT, AGREEMENT AND CERTIFICATION

Acknowledgement: I/We understand that this grant is being provided by the City of Fountain Valley based solely upon the information that you have provided in this application. I am also verifying that there are no outstanding tax liens or legal judgements against the business.

Certification: I/We certify that the information provided in this application is true and complete to the best of my knowledge as of the date set forth opposite my/our signature(s) in this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.

By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

| | | | |
|----------------------|------|-------------------------|------|
| Owner Signature X | Date | Co-Owner Signature X | Date |
|----------------------|------|-------------------------|------|

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

| | | | | | | | | | |
|--|--------------------------------|--------------------------------|---|---|---|---|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> I do not wish to furnish this information | | | | | | OWNER | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Race/National Origin: (Check all that apply) | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (Specify): | Ethnicity: (Please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | | |
| <input type="checkbox"/> I do not wish to furnish this information | | | | | | CO-OWNER | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Race/National Origin: (Check all that apply) | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (Specify): | Ethnicity: (Please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | | |

City of Fountain Valley
COVID-19 Emergency Small Business Employee Retention Grant
Owner/ Employee Participation
Affidavit

Business Name: _____

Business Address: _____

In order to participate in the City of Fountain Valley COVID-19 Small Business Employee Retention Grant Program ("Program") and receive a grant, The City of Fountain Valley ("City") requires that you ("Recipient") and your staff, if applicable, certify the following:

- You own a small business that employs 10 or less people including owner(s)
- Your business is operating during the COVID-19 crisis and your qualified employees are working at the business
- You and/or your employee(s) that are holding the job(s) retained, make less than \$66,500 a year (low- and moderate- income requirement of $\leq 80\%$ of the Area Median Income for 1 - person)
- You have been in operation for at least six (6) months
- Your business has experienced a revenue decrease of at least 25% following the impact of COVID-19
- Your business is not a franchise or national chain
- You have not received funds from payroll insurance coverage
- **Upon receipt of the grant funds, you commit to keeping your employees employed at your business for a minimum of two months.**

Notwithstanding any other rights of the City under other Sections of this Affirmation or applicable law, if the Recipient violates any of the terms, covenants or provisions of the Affirmation, or if any representation or warranty made by the Recipient in this Affirmation or in any document or application submitted in connection with this Affirmation or the Program shall prove false or misleading, or if, in the sole judgment of the City, the conduct of the Recipient is such that the interests of the City have been or are likely to be impaired or prejudiced, the City shall thereupon have the right to:

Terminate any grant or withhold payments due under the Program and/or demand and obtain the return of payments already made which are equal to the damages the City may have already suffered due to a breach by the Recipient. Any such action by the City shall not give rise to any cause of action for damages against the City.

I, (print name of business owner) _____, hereby certify to the City of Fountain Valley as of the date of this affirmation that my business (business name) _____, has been in operation for at least six (6) months, employs _____ employees, and the information contained herein is, to the best of my knowledge, information and belief, accurate and complete.

List Employees:

| First Name | Last Name | Monthly Pay | Income Eligible? Y or N |
|------------|-----------|-------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

(1) I certify that as a result of COVID-19, my business experienced at least a 25% decrease in revenue for two (2) consecutive months after January 1st , 2020, compared to the average revenue for the same two-month period in calendar year 2019 (or average monthly revenue based on total 2019 sales).

(2) I certify that the business did not receive full coverage of employee payroll from an insurance provider or any other entity.

(3) I certify that my business is continuing to operate during the COVID-19 crisis.

(4) I certify that the business will retain and pay the listed employees their salary for a two- month period commencing on the date of receiving their reimbursement and the employee is working at the business.

(5) I understand that the business must comply with all laws and rules applicable to the program, including City, State and Federal laws. This certification shall be deemed executed in the City of Fountain Valley and State of California and shall be governed and construed in accordance with the laws of the State of California and the laws of the United States.

(6) I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the Program.

(7) I understand that willful or fraudulent submission of a materially false statement in connection with this certification may result in the Business being ineligible for the Program reimbursements and may subject the Business or the person making false statements to criminal charges.

By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

(Business Owner Signature)

(Date)

(Business Owner Signature)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

(Employee Signature- if applicable)

(Date)

City of Fountain Valley
COVID-19 Emergency Small Business Employee Retention
Grant Program – Document Checklist

| Document | Why we need this | Documents accepted |
|---|---|--|
| Signed participation affidavit | Verification that the business employs 10 or less employees, has experienced a loss of revenue, has a commitment to retain employees by participating in this program, owner or employees meet income qualifications and has not already been fully reimbursed by insurance for wages | |
| Revenue statements for two consecutive months in 2020 | Documentation of revenue following COVID-19 impact | One or more of the following for the entire impacted period: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, or CPA-certified profit & loss statements for two consecutive months in 2020 |
| Revenue statements for the same two consecutive months in 2019 | Comparison of typical operating revenue to verify loss of revenue as a result of COVID-19 | One or more of the following for the same two months in 2019: point- of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, or CPA- certified profit & loss statements for two consecutive months in 2019 |
| Annual revenue statements for 2019 | Comparison of typical operating revenue to verify loss of revenue as a result of COVID-19 | One or more of the following for total 2019 sales: point-of-sales reports, sales reports (demonstrating fees collected or earned income), bank statements, quarterly sales tax filings, 2019 tax returns, CPA-certified profit & loss statements, 2019 Tax Returns (all pages), or Federal 990 |
| Contact information | To advise you of grant status | Ensure your phone number and email address are legible on application so we can contact you in a timely manner |
| Payroll records for each employee | To calculate the grant amount | Payroll records or cancelled checks to each employee |
| Proof of Fountain Valley location | To verify that the business is located in the City | City of Fountain Valley business license number on application, signed federal tax forms, signed copy of lease agreement, or 3 months of operational bills <i>If you do not have a city business license you will be required to obtain one prior to fund distribution</i> |