CITY OF RIALTO
SMALL BUSINESS GRANT PROGRAM

Applications will be processed on a first come, first served basis.
Applications will be processed until all funding is exhausted

The purpose of the City of Rialto's (City) Small Business Grant Program (Program) is to address the negative economic impacts caused by the COVID-19 pandemic by providing Premium Pay for essential workers and/or providing assistance for business expenses. This Program offers one-time $10,000 grants to eligible businesses in the City.

Please type or use ink. Do not use pencil. Write legibly. Do not leave any blank spaces. All blank spaces must be completed. If a question does not apply, you still need to respond by writing "N/A" (not applicable) instead of leaving the space blank.

Submit a completed application with the required support documents to rialtocares@rialtoca.gov or drop off the application at City Hall to the attention of Janet Franco, 150 S. Palm Ave, Rialto, CA 92376.

CHECKLIST

STEP ONE. Determine your eligibility for the program (The following items in Step 1 must **All** be checked to establish eligibility:

- ☐ Business must be physically located within Rialto city limits.
- ☐ Business address must be within a qualified census tract **OR** the business must demonstrate that it suffered a reduction in gross receipts of at least 25% for one quarter in 2020 or 2021 compared to the same quarter in 2019. (Please reference the Qualified Census Tract Verification found on page 5).
- ☐ Business must have a current business license.

STEP TWO. Submit the following documents:

- ☐ Completed Small Business Grant Application (This form).
- ☐ Attachment A: Qualified Census Tract.
- ☐ Attachment B: Summary of Costs: Business Expenses (if applicable).
- ☐ Attachment C: Summary of Costs: Premium Pay (if applicable).
- ☐ Copy of Business License.
- ☐ Payroll reports, Tax documents, **OR** other documents noting the number of staff employed by the business.
- ☐ Completed W-9 Form (will be provided by staff if approved).
- ☐ Financial documents demonstrating loss of revenue (if applicable).
- ☐ Any additional financial documents requested by staff to determine eligibility.

SMALL BUSINESS GRANT APPLICATION

1. APPLICANT INFORMATION DATE: _____

Business owner name(s): _____

Mailing address: _____

E-mail address: _____ Phone: _____

Business name: _____

Business address (location): _____

Business phone: _____ Website: _____

Business License #: _____ Business Start Date: _____

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

Tax ID number/IRS EIN # : _____ D-U-N-S #*: _____

*If your application is approved, **a DUNS number is required for all federally funded programs. Obtaining a DUNS number is free.** Obtain one by calling **1– 866–705–5711** or by applying online at http://fedgov.dnb.com/webform. Staff are available to assist.

2. FINANCIAL INFORMATION (Should you run out of space below, please use extra sheets and attach the sheets to your application.)

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

_____
_____
_____
_____

b. List your business industry (e.g. Restaurant, Retail, Manufacturing, etc.)

_____
_____

c. List the number of **staff** your business employs directly:

- Full-time _____
- Part-time _____

Are these permanent or seasonal positions?

_____
_____

d. Please explain how your business was impacted by the COVID-19 pandemic.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

e. How will these funds be used to decrease the hardships caused by the pandemic?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

☐ Business expenses (complete Attachments A and B)
☐ Premium Pay (complete Attachments A and B)
☐ Both (complete Attachments A, B, and C)

3. ASSURANCES AND SIGNATURES

By signing below, I certify that all the information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of Rialto (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 Agreement.
- If funds are provided by the City, the funds will be used for the purposes set forth above.
- In no event shall the City financial responsibility exceed the approved amount, set forth in this application.
- I bear full responsibility for any and all tax consequences and of receiving grant funds, 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. 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 chooses to use 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. 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.

Applicant Name Date

Applicant Signature Date

Attachment A:
Qualified Census Tract

To be eligible for this grant, the business must meet the Low Mod Area Benefit (LMA) criteria. The business meets the LMA National Objective if, (1) the service activity is primarily residential where at least 51 percent of the residents are LMI persons, and (2) the business' services meet the needs of the service area residents.

Please complete all information below. If you need additional guidance, please contact Avant Garde staff by calling (909) 816-2408 or (909) 816-2863.

BUSINESS INFORMATION

Business owner name(s): _____

Business name: _____

Business address (location): _____

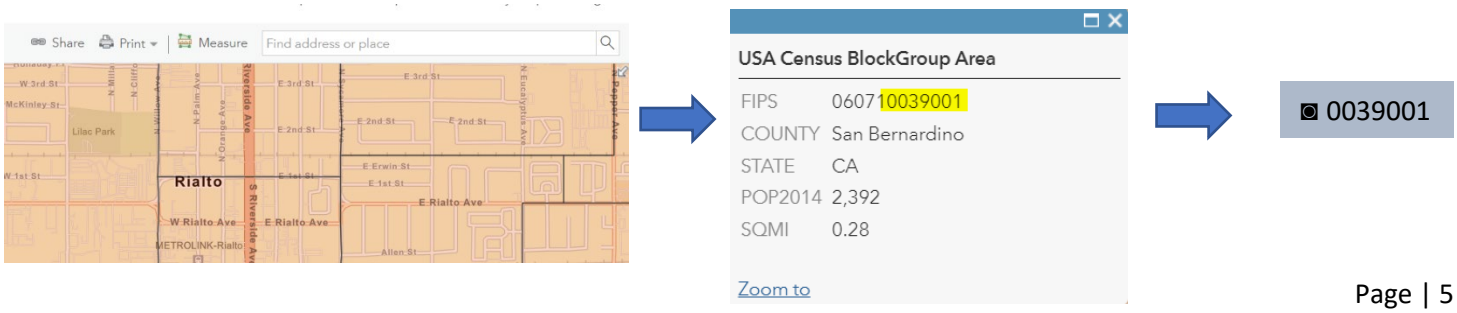
Business start date: _____

DETERMINING CENSUS TRACT & BLOCK GROUP

To determine if your business falls within an eligible census tract/block group, please complete the following steps.

1. Visit the website below:
   - https://arcg.is/vPmrb
2. Enter your business address.
3. Click on the map where your address is located. Find the number under the "FIPS" section: the last 7 digits is your Census Block Group.

   Example:



4. Please Check the corresponding census track / block group number below.

☐ 0023061	☐ 0035052	☐ 0036071	☐ 0038031
☐ 0034032	☐ 0035061	☐ 0036091	☐ 0039001
☐ 0034041	☐ 0035062	☐ 0036093	☐ 0039002
☐ 0034052	☐ 0035091	☐ 0036122	☐ 0040032
☐ 0034053	☐ 0035101	☐ 0037001	☐ 0040041
☐ 0035051	☐ 0035102	☐ 0037002	☐ 0043011
☐ 0043023			

☐ **My business address is not in a census tract listed above. I understand and acknowledge that I must submit financial documents with my application demonstrating my 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.**

Attachment B:
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 is at the business owner's discretion. Examples of eligible activities are:

- Overhead expenses;
- Rent and utilities;
- Business services (website development) to increase capacity;
- Labor expenses (excluding the owner) business inventory and supplies;
- Personal Protective Equipment (PPE); and
- Capital or equipment purchases necessary for the business operation excluding vehicles.

Please complete all information below. If you need additional guidance, please contact Avant Garde staff by calling (909) 816-2408 or (909) 816-2863.

Name of Applicant: _____

Business Name: _____

Business Address: _____

Amount Requested: _____

Item/Expense:	Cost:
	$
	$
	$
	$
	$
	$
	$
Total:	$

Applicant Signature Date

Attachment C:
Summary of Costs: Premium Pay

Grant funds may also be used to provide Premium Pay to workers. Premium Pay is meant for essential workers, offering additional support to those who have borne the greatest health risks because of their services in critical infrastructure sectors. See program guidelines for more information regarding Premium Pay. Premium Pay is only available for essential workers performing regular in-person essential work in the following sectors:

- Healthcare
- Education and childcare
- Transportation
- Sanitation
- Social and human services
- Grocery and food production
- Public health and safety sectors

Please complete all the information below. If you need additional guidance, please contact Avant Garde staff by calling (909) 816-2408 or (909) 816-2863.

Name of Applicant: _____

Business Name: _____

Business Address: _____

Amount Requested: _____

Name of Employee	Title	Current Hourly Wage	Proposed Premium Pay Increase	Average Weekly Hours Worked	Total New Hourly Wage
Jane Doe	*Nurse*	*$15*	*$3*	*35*	*$18*
			$		$
			$		$
			$		$
			$		$
			$		$
			$		$

Applicant Signature Date