



CITY OF RIO VISTA BUSINESS ASSISTANCE PROGRAM APPLICATION

All questions/fields are required unless otherwise noted.

CONTACT INFORMATION

Contact Name & Title:	
Contact Phone Number:	
Contact Email Address:	

BUSINESS INFORMATION

Business Legal Name:	
DBA or Trade Name <i>(if applicable)</i> :	
Owner(s) Name(s):	
TIN (EIN, SSN):	
SAM.gov Unique Entity Identification (UEI):	
Business Address:	
Mailing Address <i>(if different than business address)</i> :	
Business Phone Number:	

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GRANT REQUEST

1. How much funding is the business requesting?

2. Indicate how the funding will be utilized (must total amount requested):

Type of Expense	Amount (\$)	Description
Payroll		
Insurance		
Lease/Mortgage		
Inventory		
Marketing		
Accounting		
Other:		

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Other:		
Total:		

ELIGIBILITY QUESTIONS

1. Was the business negatively affected by the COVID-19 pandemic? If yes, please describe how it was affected by either direct or indirect economic impact from COVID-19 by describing how the business was impacted by COVID-19 and attach any supporting documentation, if available, such as higher costs as a result of the pandemic, including rising costs of fuel, natural gas, food, healthcare, childcare or additional costs for masks and disinfection

2. How many full-time equivalent (FTE)* workers does the business employ?

*The calculation of full-time equivalent (FTE) is an employee's scheduled hours divided by the employer's hours for a full-time workweek. When an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs.

3. Do these employees receive a W-2 for tax purposes? Yes No

4. Has any owner of the business ever obtained a direct or guaranteed loan from the Small Business Administration or any other federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government? Yes No

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|---|---------------------------------|--------------------------------|
| 5. Is the business related to cannabis or any activity that does not comply with local, state, or federal laws? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 6. Is the business located in a physical storefront or commercial/industrial space? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 7. Does the business have a valid City of Rio Vista business license? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 8. Is the business operating for-profit? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 9. Was the business in operation prior to the COVID-19 pandemic (March 2020)? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 10. Is the business in good standing (i.e., no tax liens)? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 11. Has the business registered with the System for Award Management (SAM) at sam.gov/content/entity-registration ? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

DUPLICATION OF BENEFITS

Duplication of benefits (DOB) is not allowed under the program. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

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1. Fill in the table below with *all* assistance received from local, state, and/or federal sources or insurance pay outs. Include grants *and* loans.

Name of Assistance	Amount (\$)	Use (Be Specific)
EXAMPLE: PPP Loan	EXAMPLE: \$50,000	EXAMPLE: May 2020: Payroll, rent, utilities June 2020: Payroll, supplies, utilities July 2020: Rent, utilities

LOW- TO MODERATE-INCOME BENEFIT

The City of Rio Vista's Business Assistance Program is funded with Community Development Block Grant CARES Act (CDBG-CV) funding. CDBG-CV funding must primarily be used to benefit low- to moderate-income (LMI) persons. Businesses receiving funding must create a job for an LMI person or retain a job for an LMI person that would have otherwise been lost. An LMI person is someone **earning less than \$64,050 annually** (2023 income limits for Solano County).

1. Describe the job being created or retained including its education/training requirements, and its salary/hourly wage.

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2. How many hours per week will the employee in this job work on average?

3. If a job is being retained, would the job have been lost without funding from the City of Rio Vista? Explain.

DOCUMENTATION

Provide the following documents in PDF format with your application submission:

- Completed and signed application
- 2019 and 2020 business tax returns
- 2019 and 2020 payroll statements
- Most recent month's payroll statement
- 2019 and 2020 profit-loss statements
- IRS form W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Copy of valid City of Rio Vista business license
- If assistance is to be used for reimbursement of lease or mortgage payments:
 - Landlord or lender's IRS Form W-9
 - Copy of current business lease or deed
- Copies of receipts/invoices for reimbursement (must match with budget above)
- Signed agreements for PPP, EIDL, other local/state grants or loans, or insurance payouts received
- Proof of System for Award Management (SAM) registration

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ACKNOWLEDGMENT, AGREEMENT, AND CERTIFICATION

Acknowledgment: I/We understand that this grant is being provided by the City of Rio Vista based upon the information that I/we have provided in this application. I/We am/are also verifying that there are no outstanding tax liens or legal judgments against the business. Additionally, I/we verify that a low- to moderate-income job will be created or retained for no less than one (1) year as a result of receiving program funding.

Certification: I/We agree that this application authorizes the City to request additional documentation that may be necessary to verify information for the program. I/We also agree that this form authorizes the City to verify the assistance received for this business in connection with coronavirus pandemic. By signing below, I/we certify that the above statements are true and correct to the best of my/our knowledge. I/We understand that a false statement may disqualify me/us from benefits.

Owner Signature

Date

Co-Owner Signature *(if applicable)*

Date