CITY OF SAN JOAQUIN SMALL BUSINESS GRANT PROGRAM

The Fresno Area Hispanic Foundation is collaborating with The City of San Joaquin in a relief program to provide grants to small businesses impacted by COVID-19. This program offers grants of up to $5,000 to small businesses in the City of San Joaquin. Grants awarded are subject to availability of funds. Please call 559-222-8705 to help you apply.

PROGRAM GUIDELINES

1. Grants must be limited to one (1) grant per business entity in the City of San Joaquin
2. Grant funds are to be used for working capital (rent, payroll, utilities, or other fixed operating expenses—excluding City of San Joaquin utility bills)

BUSINESS ELIGIBILITY

Businesses must meet all of the following criteria to submit a grant application.

1. Business must be for-profit and physically located in the City of San Joaquin
2. Business must have a valid business license with the City of San Joaquin
3. Business must be operating prior to March 1, 2020
4. Business cannot have any outstanding tax liens/judgments (or must have a payment plan)

Applicants must meet all of the eligibility criteria, otherwise will be deemed ineligible to apply. Priority will be given to non-essential businesses that have not received any relief funds or grants. During the process of filling out your application, if you have any questions, please do not hesitate to contact the Fresno Area Hispanic Foundation at 559-222-8705.

If filling out this application in paper, please fax to 559-222-8706

APPLICATION DEADLINE: DECEMBER 15, 2020 at 11:59 p.m.
1. **PLEASE SELECT ALL THAT APPLY TO VERIFY ELIGIBILITY**

- [ ] I have a for-profit business physically located in the City of San Joaquin
- [ ] I have been affected by COVID-19
- [ ] I have a valid business license with the City of San Joaquin
- [ ] I have been in business since at least March 1, 2020
- [ ] I have no outstanding local, state, federal tax liens or judgments (If I do, I have a payment plan)

2. **BUSINESS INFORMATION**

<table>
<thead>
<tr>
<th>Business Legal Name:</th>
<th></th>
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<tbody>
<tr>
<td>Business Tax ID or SSN#:</td>
<td></td>
</tr>
<tr>
<td>Business Street Address:</td>
<td>Business City:</td>
</tr>
<tr>
<td>Business Phone (include area code):</td>
<td>Business Email:</td>
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<tr>
<td>City of San Joaquin Business License #:</td>
<td>Number of Employees:</td>
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<tr>
<td>Business Structure:</td>
<td></td>
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<tr>
<td>Sole Proprietor</td>
<td>Partnership</td>
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<tr>
<td>2019 Annual Gross Sales:</td>
<td>Date business was established:</td>
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<tr>
<td>Did you receive SBA PPP/EIDL relief funds?</td>
<td>Did you receive a grant from the County of Fresno?</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Please select your essential/non-essential business industry:</td>
<td></td>
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<tr>
<td><strong>Essential:</strong></td>
<td></td>
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<tr>
<td>[ ] Accounting, bookkeeping, payroll</td>
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<tr>
<td>[ ] Agriculture/Farming</td>
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<tr>
<td>[ ] Alarm and security companies</td>
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<tr>
<td>[ ] Appliance sales, repair</td>
<td></td>
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<tr>
<td>[ ] Auto repair, service, supplies, and smog testing</td>
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<tr>
<td>[ ] Auto sales</td>
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<td>[ ] Banks and other financial services</td>
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<tr>
<td>[ ] Car washes (exterior only, customer remains in vehicle)</td>
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<tr>
<td>[ ] Childcare and adult care facilities</td>
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<tr>
<td>[ ] Construction</td>
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<tr>
<td>[ ] Convenience/Retail stores</td>
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<tr>
<td>[ ] Dry cleaners</td>
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<tr>
<td>[ ] Exterminators</td>
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</tbody>
</table>
- Florists (only to supply funerals)
- Food and goods delivery services
- Food trucks/ mobile vendor
- Gas stations
- Grocery stores
- Hardware stores
- Healthcare providers
- Hotels and motels
- HVAC services
- Laundromats
- Manufacturing of essential consumer and business goods
- Media
- Plumbers
- Professional services - legal, accounting, payroll, insurance, etc.
- Property management
- Real estate sales
- Recyclers, including electronics recyclers
- Rental cars, trucks, trailers
- Restaurants -- take-out, delivery, drive thru
- Storage facilities
- Transportation
- Towing

**Non-Essential:**
- Banquet halls
- Barbers and hair salons
- Bars
- Bookstores
- Clothing stores
- Dance halls
- Decoration / rental of tables, chairs, and bouncers
- Drive-in theaters
- Furniture stores
- Gym/Fitness Center
- Industrial and manufacturing not expressly permitted
- Liquor stores (but grocery and convenience stores permitted)
- Massage parlors
- Music events
- Nightclubs
- Pool and billiards lounges
- Second hand/thrift stores
- Swap meets/flea markets
- Tattoo and body piercing
- My business is not on this list

### 3. OWNER INFORMATION

<table>
<thead>
<tr>
<th>Primary Owner Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Primary Owner Street Address:</td>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Primary Owner Email:</td>
<td>Owner Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>
Primary Owner Gender:

- [ ] Female
- [ ] Male
- [ ] Prefer not to say

**Primary Owner Ethnicity**

- [ ] American Indian/Alaska Native
- [ ] Asian or Southeast Asian
- [ ] Black or African American
- [ ] Hispanic/Latino
- [ ] Indian or Middle Eastern
- [ ] Native Hawaiian/Pacific
- [ ] Two or More Races
- [ ] White
- [ ] Other:

4. **OTHER INFORMATION**

**I would like to receive assistance for my business in (mark all that apply):**

- [ ] Finances
- [ ] Human Resources/Staffing
- [ ] Legal
- [ ] Management
- [ ] Marketing
- [ ] Personal Protective Equipment
- [ ] COVID-19 Regulations
- [ ] Other: [ ] I don’t’ need assistance at this time

**How did you hear about this grant opportunity?**

- [ ] Social Media
- [ ] Word of Mouth (Family/friend)
- [ ] Television/Radio
- [ ] Website
- [ ] Non-profit Organization
- [ ] Other:

5. **Applicant Declaration**

To the best of my knowledge and belief, I certify the information in this application is correct and complete. I authorize the FRESNO AREA HISPANIC FOUNDATION to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

I authorize FRESNO AREA HISPANIC FOUNDATION to request and obtain additional information pertaining to how the Grant funds were used to benefit the business six (6) months from the date of receipt. I hereby grant permission to FRESNO AREA HISPANIC FOUNDATION, its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I understand that the media will be utilized in FRESNO AREA HISPANIC FOUNDATION’s marketing and promotional items, included but not limited to its web site, newsletter, press releases, social media, and other mediums of communication. I understand that FRESNO AREA HISPANIC FOUNDATION and partners have the right to edit, duplicate and disseminate these materials. I waive the rights to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the media materials (stories, accounts, reflections, etc.).

I declare under penalty of perjury, that the foregoing is true and correct.

**Primary Owner Name:**

**Signature:**

**Date:**