

# SMALL BUSINESS GRANT PROGRAM



FRESNO AREA  
HISPANIC FOUNDATION

## 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/judgements (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

<b>Business Legal Name:</b>		
<b>Business Tax ID or SSN#:</b>		
<b>Business Street Address:</b>	<b>Business City:</b>	<b>Zip Code:</b>
<b>Business Phone (include area code):</b>	<b>Business Email:</b>	
<b>City of San Joaquin Business License #:</b>	<b>Number of Employees:</b>	
<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		
<b>2019 Annual Gross Sales:</b>	<b>Date business was established:</b>	
<b>Did you receive SBA PPP/EIDL relief funds?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Did you receive a grant from the County of Fresno?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please select your essential/non-essential business industry:</b> <b>Essential:</b> <input type="checkbox"/> Accounting, bookkeeping, payroll <input type="checkbox"/> Agriculture/Farming <input type="checkbox"/> Alarm and security companies <input type="checkbox"/> Appliance sales, repair <input type="checkbox"/> Auto repair, service, supplies, and smog testing <input type="checkbox"/> Auto sales <input type="checkbox"/> Banks and other financial services <input type="checkbox"/> Car washes (exterior only, customer remains in vehicle) <input type="checkbox"/> Childcare and adult care facilities <input type="checkbox"/> Construction <input type="checkbox"/> Convenience/Retail stores <input type="checkbox"/> Dry cleaners <input type="checkbox"/> Exterminators		

- 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

<b>Primary Owner Name:</b>			
<b>Primary Owner Street Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>State:</b>
<b>Primary Owner Email:</b>	<b>Owner Cell Phone:</b>		

<b>Primary Owner Gender:</b>		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<b>Primary Owner Ethnicity</b>		
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian or Southeast Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Indian or Middle Eastern	<input type="checkbox"/> Native Hawaiian/Pacific
<input type="checkbox"/> Two or More Races	<input type="checkbox"/> White	<input type="checkbox"/> Other:

**4. OTHER INFORMATION**

<b>I would like to receive assistance for my business in (mark all that apply):</b>			
<input type="checkbox"/> Finances	<input type="checkbox"/> Human Resources/Staffing	<input type="checkbox"/> Legal	<input type="checkbox"/> Management
<input type="checkbox"/> Marketing	<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> COVID-19 Regulations	
<input type="checkbox"/> Other:	<input type="checkbox"/> I don't need assistance at this time		
<b>How did you hear about this grant opportunity?</b>			
<input type="checkbox"/> Social Media	<input type="checkbox"/> Word of Mouth (Family/friend)	<input type="checkbox"/> Television/Radio	
<input type="checkbox"/> Website	<input type="checkbox"/> Non-profit Organization	<input type="checkbox"/> 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.

<b>Primary Owner Name:</b>	
<b>Signature:</b>	<b>Date:</b>