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#### **GRANT APPLICATION PROCESS AND TERMS**

To mitigate the impact of COVID-19 on Calabasas based small businesses and our local economy, the City of Calabasas has committed up to \$500,000 in one-time funds to create the Calabasas Open Small Business Grant Program. This program will provide a one-time emergency grant, up to \$10,000, to eligible Calabasas based small businesses to assist with COVID-19 reopening costs.

Businesses must submit the following to be considered for a Calabasas Open Small Business Grant:

- Completed Calabasas Open Small Business Grant Program Application
- Current W-9 Form

THE APPLICATION SUBMISSION PERIOD STARTS FRIDAY, JUNE 12 AT 10:00 AM, AND ENDS FRIDAY, JUNE 19 AT 5:00 PM.

#### Calabasas Open Small Business Grant Program Eligibility Requirements:

The Calabasas Open Small Business Grant Program requires a business grantee to:

- 1. Operate out of a physical (brick and mortar) retail or restaurant storefront, open to the public, within the city limits of Calabasas
- 2. Be established as a for-profit, small business with at least one, but no more than 100 employees
- 3. Be closed, or partially closed, under the County of Los Angeles Public Health Department Safer At Home Order
- 4. Submit an accurate and complete Calabasas Open Small Business Grant Program Application
- 5. Be in good standing with the City
- 6. Been in operation in the City of Calabasas for at least one year as of March 1, 2020

Please Note: Sales tax and transit occupancy tax generating small businesses will be given priority. Publicly traded companies and corporate owned retail chains or franchises are not eligible.

#### Calabasas Open Small Business Grant Program Terms and Processes Below:

- 1. Applications will be reviewed for eligibility and completeness. If application is approved, applicant will receive a notice of grant award.
- 2. Awards will be made on a first come, first served basis, with first come defined as the date and time the application is received by the City of Calabasas.
- 3. Applicants with multiple businesses at one address are not eligible for more than one grant.
- 4. If awarded, this application becomes a binding contract between the business owner(s) and the City of Calabasas.
- 5. If denied, the determination is final and there is no appeals process.
- 6. After application has been verified and approved, grant reimbursements are provided via check to the address provided on Page 2 of this application.
- 7. Grant funds may be used to cover costs of business reopening, including: equipment, supplies, signage, and remodeling as required by the County of Los Angeles Department of Public Health Safety Reopening Protocols. Program grant funds may also be used for advertising and promotional activities related to business reopening.
- 8. Within 60 days of receiving grant award, the grantee must submit sufficient documentation verifying that reopening expenses were incurred in the manner and for the purposes stated in this application. Appropriate documentation includes receipts, invoices or credit card statements.
- 9. The City reserves the right to audit the applicant's books and records for compliance with the terms of this Agreement, and to seek to recover funds not used in accord with the terms of this Agreement.

Please direct any questions related to the Calabasas Open Grant Program to: CalabasasOpen@CityofCalabasas.com

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|---|------------------------------------|--|--|
| Current W9 Attachment *   |                                    |  |  |
| Upload or drag files here.  |                                    |  |  |
| Please attach current W9  |                                    |  |  |
| Name of Business: *   |                                    |  |  |
|   |                                    |  |  |
| Name of Business Owner(s): *  |                                    |  |  |
|   |                                    |  |  |
| Business Address: *   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
| Contact Person Name and Title: *  |                                    |  |  |
|   |                                    |  |  |
| Contact Person E-mail: *  |                                    |  |  |
|   |                                    |  |  |
| Contact Person Phone: *   |                                    |  |  |
|   |                                    |  |  |
| Business Type (select one): *   |                                    |  |  |
| O Sole Proprietorship   | O Partnership                      |  |  |
| Limited Partnership   | O Corporation                      |  |  |
| <ul><li>Limited Liability Entity</li><li>Cooperative Corporation</li></ul>    | Other                              |  |  |
| Cooperative Corporation   | Otner                              |  |  |
| Provide Corporation number, if applicable:                                    |                                    |  |  |
|   |                                    |  |  |
| Provide tax identification number: *  |                                    |  |  |
|   |                                    |  |  |
| Please mark what type of assistance you are seeking grant funding for         |                                    |  |  |
| ☐ Physical Reopening Costs  | ☐ Advertising or Promotional Costs |  |  |
| Dollar amount of grant request (up to a maximum of \$10,000): *               |                                    |  |  |
|   |                                    |  |  |
| If awarded grant, please list the address where the funds should be mailed: * |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
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|--|--|--|
| ELIGIBILITY VERIFICATION   |  |  |
| 1. What type of business do you operate? *   |  |  |
|  |  |  |
| 2. Is your business classified as a for-profit business? *   |  |  |
| ○ Yes ○ No   |  |  |
| 3. Is your business publicly traded or a corporate owned franchise? *  |  |  |
| ○ Yes ○ No   |  |  |
| 4. Does your business employ at least one, but no more, than 100 employees? *  |  |  |
| O Yes O No   |  |  |
| 5. How many employees does your business employ? *   |  |  |
|  |  |  |
| 6. Has your business been required to close, or partially close, in compliance with a COVID-19 County of Los Angeles Health Officer Order? *                   |  |  |
| ○ Yes ○ No   |  |  |
| 7. Does your business operate out of a physical (brick and mortar) retail or restaurant storefront, open to the public, within the city limits of Calabasas? * |  |  |
| ○ Yes ○ No   |  |  |
| Please list the address location below: *  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 8. Has your business been in operation in the City of Calabasas for at least one year as of March 1, 2020? *   |  |  |
| O Yes O No   |  |  |
| 9. How long has your business been operating in Calabasas? *   |  |  |
| 3. now long has your business been operating in calabasas:   |  |  |
| 10. Is your business in good standing with the City of Calabasas? *  |  |  |
| Yes No   |  |  |
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| <b>DESCRIPTION OF HOW GRANT FUNDS WILL BE USED</b> By stating in the box below, in addition to providing supporting documents, please describe in detail what the grant funds will be used   |
|--|
|  |
| for; a line item listing is preferable. As a reminder, these grant funds may only be used to assist with business reopening costs related (1) complying with required safety protocols and (2) advertising and promotional activities. |
| Grant Funds Use Supporting Documents:  |
| Upload or drag files here.   |
| Please attach suppporting documents. Multiple files are allowed.   |
| Grant Funds Use Description Statement: *   |
|  |
|  |
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### **ACKNOWLEDGEMENTS**

By my signature below, I have read and understand the Calabasas Open Small Business Grant Program Process and Terms. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval, this application becomes a binding contract between the entity named above and the City of Calabasas (Agreement).
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- I agree that the entity named above meets all Calabasas Open Small Business Grant Program Eligibility Requirements.
- I agree that I have read and will abide to the Agreement's Process and Terms.
- If funds are accepted by the entity, the funds will be used for the purposes set forth above.
- In no event shall the City's financial responsibility exceed the approved amount, set forth above.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City.
- I understand that all application materials become public records upon submitting an application and may be disclosed in accordance with the California Public Records Act.
- I understand that the grant award amount and business entity name will be disclosed to the public via the City of Calabasas website.
- 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.
- Applicant shall defend and indemnify the City and its employees 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 funds provided under this
  program.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with the Calabasas Open Small Business Grant Program terms. The City may cancel this Agreement, and seek recovery of any improperly used grant funds, at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Calabasas Open Small Business Grant Program has been violated.

| Signature * |        | <b>Date</b> 6/4/2020 |
|-------------|--------|----------------------|
|             |        |                      |
| •           |        |                      |
|             |        |                      |
| Back        | Submit |                      |