



**CITY OF SIERRA MADRE
SIERRA MADRE CARES
ROUND 3 – COMPETITIVE GRANT**

COVID-19 SMALL BUSINESS GRANT PROGRAM APPLICATION
Grant Applications Due October 1st, 2020 at 4:00 p.m. (Email Submittal Only)
City of Sierra Madre, Department of Administrative Services
232 W. Sierra Madre Blvd., Sierra Madre, CA 91024, (626) 355-7135,
jcarlson@cityofsierramadre.com

BUSINESS APPLICANT INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER FIRST AND LAST NAME(S): _____

TELEPHONE: _____ EMAIL: _____

PLEASE PROVIDE INTENDED USE OF GRANT FUNDS:

PROGRAM REQUIREMENTS CHECKLIST - City staff will verify accuracy of all answers

Definitions for specific terms can be found in the Program Guidelines and Requirements.

Number of full-time equivalent (FTE) employees (specify owners and/or independent contractors):

Does your business have a commercial storefront, including public access, within the Commercial or Manufacturing Zone, or 561 Woodland Dr.? Yes No

Does your business have an active City of Sierra Madre Business License? Yes No

Does your business have any unresolved municipal code violations and/or delinquent penalties? Yes No

GRANT CRITERIA - City Staff will verify accuracy of all answers

Definitions for specific terms can be found in the Program Guidelines and Requirements. Additional information may be included as an attachment.

1. COVID-19 FINANCIAL NEED OBJECTIVES – Note: At time of grant issuance business may be asked to provide City with requested support documents for the responses provided below as needed to verify.

1. Have you experienced reduced revenue/cash flow of at least 60% since the COVID-19 outbreak in March 2020 compared to this same time-period 12 months prior, or compared to January and February of the 2020 calendar year?

Yes No

2. Has your business been prohibited from operating due to state and local health orders? Or, is your business able to operate outdoors, but has been denied the authority to do so by licensing and permitting agencies?

Yes No

Please briefly explain:

3. Will the current finances of your business, in combination with a \$5,000 (expected average award) grant allow your business to remain open (or re-open following easing of restrictions) for a minimum period of at least 60 days following awarding of the grant, unless ordered to close under State or local orders?

Yes No

4. As a result of the COVID-19 pandemic, have you had to layoff, furlough, or reduce the number of weekly working hours of one or more employees considered low-moderate income as defined in Attachment A of this application?

Yes No

Please briefly explain:

5. Will the grant be used all or in part to pay wages of an employee that is considered low-moderate income as defined in Attachment A of this application, or otherwise used to meet the requirement of hiring or maintaining at least one low-moderate income job?

Yes No

6. Please explain what individual restrictions enacted by the Safer at Home Order affected your business' ability to operate. (Restrictions listed do not need to be currently in place.)

7. Please explain how Safer at Home Order restrictions affected your ability to do business as compared to other types of businesses in Sierra Madre.

ACKNOWLEDGEMENT

I/We HEREBY CERTIFY that the aforementioned facts are true and correct. Furthermore, if approved, I/We will provide additional documentation and certification of the information provided on the application form prior to grant issuance. I/We will be liable for all costs incurred through the program if any information provided is determined to be false and/or incorrect which may have initially qualified me/us for the Small Business Grant Program.

Applicant's signature

Date

.....
FOR OFFICE USE ONLY

Date and Time Submitted: _____

Total Score: _____ Eligibility: _____

Evaluator: _____ Date Evaluated: _____

ATTACHMENT A: LOW-MODERATE INCOME GUIDELINES

For purposes of this application, “low-moderate income” persons and jobs are those whose household income is at or less than 80% of the Median Household Income for Los Angeles County, as defined under the CDBG 2020 Program Income Guidelines listed below:

Number of Persons In Household	Maximum Combined Household Income
1	\$63,100
2	\$72,100
3	\$81,100
4	\$90,100
5	\$97,350
6	\$104,550
7	\$111,750
8	\$118,950