

Fresno County Small Business Grant
Program
Helping Underserved Business (HUB)

<u>Eligible Uses:</u> Working Capital	<u>Credit Score:</u> No minimum	<u>Geography:</u> Fresno County	<u>Grant Amount</u> \$5,000 Per Entity
--	------------------------------------	------------------------------------	---

Grant Program Guidelines:

1. Applicants shall be a for profit business physically located and operating in Fresno County with a demonstrated economic need and negatively impacted by COVID19.
2. Grant funds will be equitably distributed by County Districts.
3. Grants must be limited to one (1) per business entity.
4. Business must have 10 full time equivalent employees or less. Self-employed business owners are eligible.
5. Business applicant will NOT be eligible to apply if business has been approved or has received disaster relief funding such as Paycheck Protection Program, SBA Economic Injury Disaster Relief Loan or City of Fresno Save Our Small Business Loan.
6. Business applicant must have no outstanding local, state, federal tax liens nor judgements. Applicant with existing payment plan is eligible.
7. Applicants must have no bankruptcies within the last three years; bankruptcies must have a discharge date dating back at least three (3) years at time of application.
8. It must be demonstrated and certified that the business applicant has been operating for at least two full years prior to March 4, 2020 (business license, utility bill, lease agreement).
9. Selected businesses will be required to sign a technical assistance and annual reporting agreement to be carried out throughout the term of the grant.

Fresno County Small Business Grant Program APPLICATION

1. APPLICANT INFORMATION

Business Legal Name:		Employer/Tax ID #:	
Business Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC			
Business Main Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Phone/Cell:		Email:	

Referral Source:			
<input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Other			
Business Tax Certificate Number:		Expiration Date:	
2019 Annual Gross Sales:		# of Employees FT _____ PT _____	
Year Business Established In Fresno County:		Industry Type:	

All owners with >20% ownership must apply..

Owner Name:		SSN#	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owners Ethnicity:	
Owner Name:		SSN#	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	

2. BUSINESS INFORMATION

- A. Have you been approved for or have received an SBA Economic Injury Disaster Loan (EIDL)?
 Yes
 No
- B. Have you been approved for or have received a Paycheck Protection Program Loan?
 Yes
 No
- C. Have you been approved for or received a Save Our Small Business Loan to Grant from the City of Fresno?
 Yes
 No
- D. Does the business have any unpaid local, state, federal tax liens or judgements?
 Yes
 No
- E. Has your business filed for bankruptcy protection in the last three (3) years?
 Yes
 No

- E. Does business have a valid business license/tax certification filed prior to March 2020?
 Yes
 No

3. Use of Funds:

Working Capital: <i>(rent, payroll, utilities or other fixed operating expenses)</i>	Grant Amount: \$5,000
--	-----------------------

4. ADDITIONAL QUESTIONS

Has your business been negatively impacted (closed completely) by the state or local emergency “Shelter in Place” orders?
 Yes
 No

Has your business been partially closed due to the state or local emergency “Shelter in Place” order?
 Yes
 No

Have you been operating for more than two years prior to March 4, 2020?
 Yes
 No

Do you give Grant Processor permission to request and verify information from Fresno County on status of local, state or federal tax liens including judgements?
 Yes
 No

5. REQUIRED APPLICATION DOCUMENTS

- 2 years of business tax returns
- Driver’s License from all 20%+ owners
- Business License if applicable

6. CERTIFICATION

To the best of my knowledge and belief, I certify: The information in this application is true, correct and complete. By signing this document, I authorize Access Plus Capital to obtain a credit report on my business as listed above.

Name applicant:	Title:
Signature:	Date:

Name co-applicant:	Title:
Signature:	Date: