



# CITY OF *Walnut*

## **Business Grant Program Application – Business Information**

The American Rescue Plan Act (ARPA) provided State and Local governments’ fiscal support in an effort to maintain public services and build strong, resilient, and equitable recovery by “making investments that support long-term growth and opportunity.”

The City of Walnut Business Grant Program (“Business Grant Program”) will provide one-time grant funding for small businesses to help meet immediate financial needs due to the temporary loss of revenue and related impacts from the COVID-19 public health emergency. The purpose of the Program is to provide funding for small businesses to mitigate financial hardships caused by the impacts of the COVID-19 Pandemic.

Please note, sole proprietorships, home-based businesses, any business without a commercial storefront, and businesses with more than 25 full-time equivalent employees are not eligible for the Business Grant Program. For additional information, please refer to the **Business Grant Program Policy Guidelines** (<https://www.cityofwalnut.org/BusinessGrant>).

Do not submit more than one application per business. Businesses that submit more than one application are subject to disqualification.

### **PART 1**

#### **Business Owner/ Applicant Information \***

Applicants Name:	
Street Address:	
Address Line 2:	
City:	State:
Postal / Zip Code:	

#### **Contact Information \***

Phone Number:	Email:
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**Legal Business Information \***

Name of Business:	
Business Address:	
Address Line 2:	
City:	State:
Postal / Zip Code:	

**Business Contact Information\***

Phone Number:	Website / Email Address:
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**FEIN/ Tax ID Number** (a copy of your Form W-9 must be provided prior to receiving any grant funding)

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**Business Organization Type \***

- Partnership
- Corporation
- Cooperative
- Limited Liability Company
- Other: 

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**Ownership Type \***

- Privately Owned
- Franchise

**Business License Number \***

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**Business Opening Date \***

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Please briefly describe your business and the service it provides. *
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**PART 2**

To assist in verifying compliance with the Federal guidelines, please provide the requested information below to the best of your knowledge.

1. A. How many full-time and part-time employees (excluding yourself/ co-owners/ partners) are employed at your business?\*

# of Full-time Employees *	# of Part-time Employees *

- B. How many full-time equivalent (FTE) employees? *Note: FTE is defined as a single full-time employee or multiple part-time employees that work a total of 2,080 hours annually.*

- 25 or fewer
- More than 25

2. Does your business possess a valid City of Walnut Business License?

- Yes
- No

3. Is your business independently owned and operated?

- Yes
- No

4. Have you been in business for at least six (6) months?

- Yes
- No

5. Do you have a storefront (physical place of business) in the City of Walnut?

- Yes
- No

6. Is an owner of this business a City Official or staff member working in the City of Walnut?

- Yes
- No

7. Is your business a franchise?

- Yes
- No

8. Have you laid off staff as a result of COVID-19? \*

- Yes
- No

# of Full-time Employees Laid Off *	# of Part-time Employees Laid Off*

9. Is your business currently open? \*

- Yes, my business is open.
- My business is open in a limited capacity.
- Other, please explain:

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10. Please describe the negative economic impact that COVID-19 has had on your business. *For example, lost revenues of 25 percent or more compared to a previous three-month period (prior to February 15, 2020) or a comparable 3-month period in 2019 due to required closure, lay off employees, incur additional expense to comply with re-opening guidelines, one or more employees contracted COVID-19.*

### PART 3

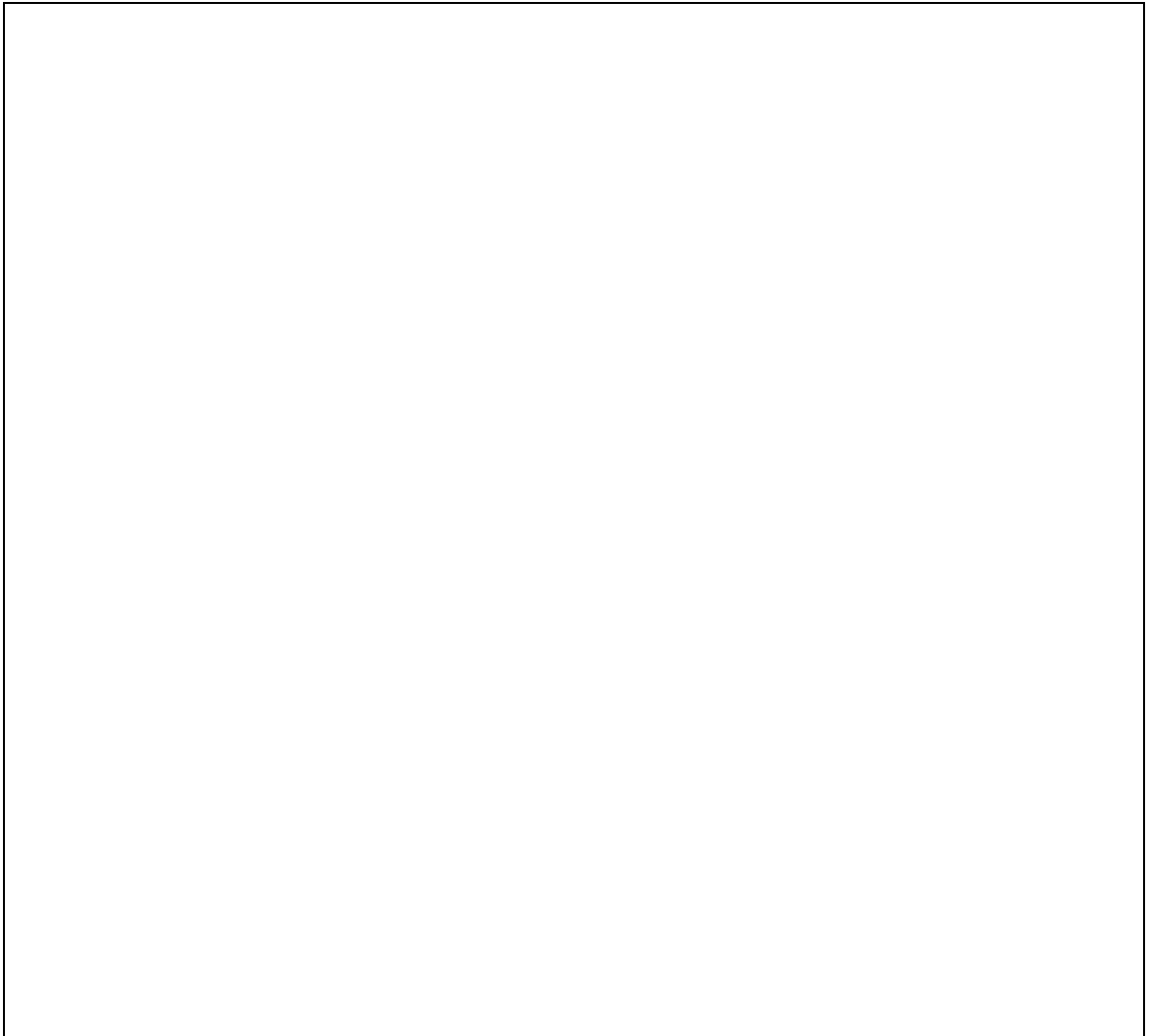
11. Business Grant Program funds shall be used to cover business-related expenses within the following categories: rent or lease payments, mortgage payments, utility expenses, insurance, personal protective equipment (PPE) and supplies, the purchase and installation of material and equipment to accommodate physical distancing—both internal and external improvements—and other temporary operation adjustments such as hands-free payment devices, sanitation supplies and Plexiglas partitions (to be approved on a case-by-case basis) consistent with the Business Grant Program Policy Guidelines.

Expenses must have been incurred on or after January 1, 2021 and must be documented by invoices, receipts, proof of payment, or other supporting documentation. Grant funds will be disbursed only on a reimbursement basis for documented eligible expenses.

Provide a detailed description of the business expenses you incurred after January 1, 2021, including:

- a. a breakdown of expenses the grant funds will be utilized for (e.g., utilities, PPE, temporary outdoor improvements, social distancing equipment, etc.).

Please attach copies of all receipts, statements, and written documents showing funds expended on eligible purchases. It should be noted that **all** pages of each submitted statement should be included [i.e. Statement containing six (6) pages should be submitted with all six (6) pages].



\*If you have questions regarding this application please email the Business Grant Program at [BRPrograms@ci.walnut.ca.us](mailto:BRPrograms@ci.walnut.ca.us), or call the Business Grant Program Coordinator at 909-595-7543 ext. 410.



# CITY OF *Walnut*

## **Business Grant Program Application – Self Certification**

The City of Walnut Business Grant Program (“Business Grant Program”) will provide one-time grant funding for small businesses to help meet immediate financial needs due to the temporary loss of revenue and related impacts from the COVID-19 public health emergency.

Federal guidelines recommend the underwriting criteria for eligible expenditures ensure that the grant amounts appropriate and will be used responsibly by applying the following criteria:

- (1) That project costs are reasonable;
- (2) That sources of project financing are committed;
- (3) That to the extent practical, grant funds are not substituting non-Federal financial support; and
- (4) That the project is financially feasible.

The Undersigned Certifies That:

- a) The information contained in this application and supporting documents is complete and accurate;
- b) The applicant shall comply with all Federal, State, and City laws, policies and requirements affecting the American Rescue Plan Act (ARPA) funded program; and
- c) If the project includes the purchase of equipment or facility improvements, the applicant shall maintain and operate the equipment and/ or facility for its approved use throughout its useful life.

Applicants Signature:

Name and Title of Applicant:

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Date of Submittal:

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For Office Use Only

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Business License Status:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_