



# CITY OF SOUTH GATE & SOUTH GATE CHAMBER OF COMMERCE SMALL BUSINESS GRANT PROGRAM



[www.cityofsouthgate.org](http://www.cityofsouthgate.org)

[www.southgatecc.org](http://www.southgatecc.org)

The City of South Gate & South Gate Chamber of Commerce offers the Small Business Grant Program to address the negative economic impacts caused by the COVID-19 pandemic by providing businesses with grants to help cover business expenses and/or providing Premium Pay for essential workers. This Program offers one-time grants of up to \$10,000 to eligible businesses in the City. The program will prioritize businesses who have not received any prior assistance in the previous 12 months.

**Completed applications with required support documents and should be submitted to [admin@southgatecc.org](mailto:admin@southgatecc.org), mail or drop-off to South Gate Chamber of Commerce 3350 Tweedy Blvd., South Gate, CA 90280 Hours: Monday-Thursday 9:00am-5:00pm**

## **CHECKLIST**

### **STEP ONE.** Determine your eligibility for the program

- Business must be physically located within South Gate city limits
- Business address must be within a qualified Census tract **OR** the business must demonstrate that it suffered a reduction in gross receipts of at least 25% for one quarter in 2020 or 2021 compared to the same quarter in 2019
- Business has a current business license.
- Business employs a minimum of one (1) employee but no more than 75 employees.
- Business has been operational for at least six (6) months.
- Business does not have any existing municipal code violations.

### **STEP TWO.** Submit the following documents:

- Completed Small Business Grant Application
- Attachment A: Qualified Census Tract
- Attachment B: Summary of Costs: Business Expenses (if applicable)
- Attachment C: Summary of Costs: Premium Pay (if applicable)
- Copy of Business License
- Payroll reports, Tax documents, **OR** other documents noting the number of staff employed by the business.
- Completed W-9 Form
- Financial documents demonstrating loss of revenue *(Only provide if business is not part of eligible census tract)*



# SMALL BUSINESS GRANT APPLICATION



## 1. APPLICANT INFORMATION

DATE: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Business License #: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Organizational Structure:  LLC  S Corp.  Sole Proprietorship  Corporation  Other: \_\_\_\_\_

Tax ID number/IRS EIN #: \_\_\_\_\_ UEI #\*: \_\_\_\_\_

**\*The Unique Entity ID (UEI) number is required for all entities receiving federal funds. Obtaining a UEI number is free.** Obtain one by applying online at <https://sam.gov/content/entity-registration>. Staff are available to assist.

## 2. BACKGROUND INFORMATION

a. Provide a description of your business, including the types of services and/or products you provide.

b. List your business industry (e.g., Restaurant, Retail, Manufacturing, etc.)

c. List the number of staff your business employs directly:

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Are these Permanent \_\_\_ or Seasonal \_\_\_ positions?



d. Please explain how your business was impacted by the COVID-19 pandemic.

**3. FINANCIAL INFORMATION** (Should you run out of space below, please use extra sheets and attach the sheets to your application.)

a. Is the business and/or business owner(s) presently suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by a Federal department or agency?

No     Yes    If yes, please describe below.

b. Is the business compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of the business?

No     Yes    If No, please describe below.

c. Has the business received any grant or loan assistance in response to the COVID-19 pandemic?

No     Yes    If yes, please describe below.



- d. How do you intend to use the grant funds?
- Business expenses (complete Attachments A and B)
  - Premium Pay (complete Attachments A and C)
  - Both (complete Attachments A, B, and C)

**4. ASSURANCES AND SIGNATURES**

**By signing below, I certify that** all the information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of South Gate and South Gate Chamber of Commerce promptly in writing upon any material change in the information provided herein. I understand that the City and its consultants reserve the right to request additional documentation to determine eligibility.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this Agreement.
- If funds are provided by the City, 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 in the approved agreement.
- I bear full responsibility for any and all tax consequences and of receiving grant funds, including but not limited to, issuance of an IRS Form 1099 by the City.
- I understand that 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.
- I agree to indemnify the City, its employees, and its consultants 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 activity in which the business chooses to use funds.
- I agree to comply with all applicable local, state, and federal regulations, including but not limited to business licenses and permits, zoning (e.g., signage), building, and other regulations regarding the operation of the business.
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

---

Applicant Name

---

Applicant Signature Date



# Attachment A: Qualified Census Tract



## ALL APPLICANTS SUBMIT

Follow the steps below to determine if your business is in an eligible census tract. Eligible census tracts are determined by the federal government as low-moderate income areas that have been disproportionately affected by the COVID-19 pandemic. If your business is not in an eligible census tract, staff will ask for additional financial documents to determine COVID-19 economic impact to the business.

### BUSINESS INFORMATION

Business owner name(s): \_\_\_\_\_

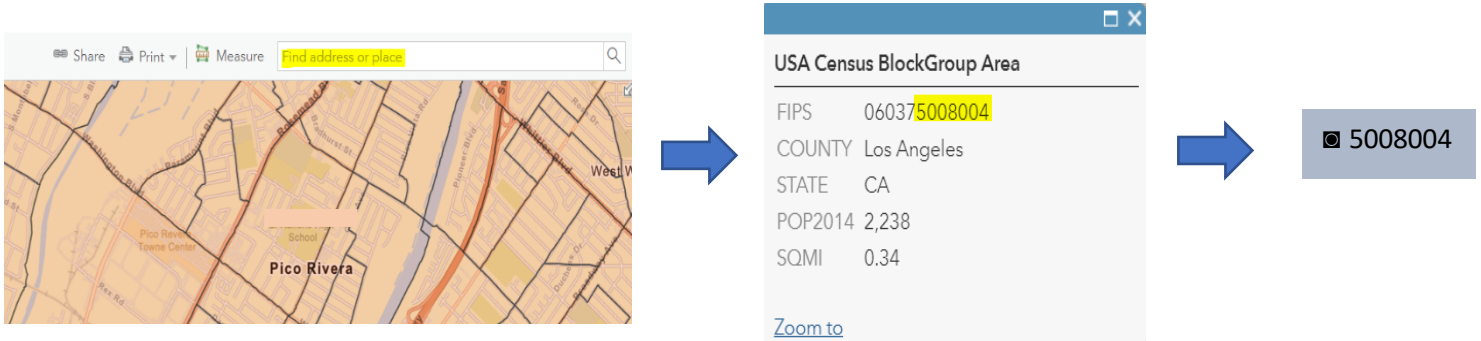
Business name: \_\_\_\_\_

Business address (location): \_\_\_\_\_

### DETERMINING CENSUS TRACT & BLOCK GROUP

To determine if your business falls within an eligible census tract/block group, please complete the following steps.

1. Visit the website below:
  - <https://arcg.is/vPmrb>
2. Enter the business address.
3. Click on the map where the address is located. Find the number under the "FIPS" section. The last seven (7) digits is the business Census Block Group.



4. Please check the corresponding census tract / block group number from the list below.

- |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 5355011 | <input type="checkbox"/> 5356073 | <input type="checkbox"/> 5358024 | <input type="checkbox"/> 5360001 |
| <input type="checkbox"/> 5355012 | <input type="checkbox"/> 5356074 | <input type="checkbox"/> 5358031 | <input type="checkbox"/> 5360002 |
| <input type="checkbox"/> 5355021 | <input type="checkbox"/> 5357011 | <input type="checkbox"/> 5358032 | <input type="checkbox"/> 5361021 |
| <input type="checkbox"/> 5355022 | <input type="checkbox"/> 5357012 | <input type="checkbox"/> 5358033 | <input type="checkbox"/> 5361023 |
| <input type="checkbox"/> 5355031 | <input type="checkbox"/> 5357013 | <input type="checkbox"/> 5358041 | <input type="checkbox"/> 5361031 |
| <input type="checkbox"/> 5356031 | <input type="checkbox"/> 5357021 | <input type="checkbox"/> 5358042 | <input type="checkbox"/> 5361033 |
| <input type="checkbox"/> 5356032 | <input type="checkbox"/> 5357022 | <input type="checkbox"/> 5359011 | <input type="checkbox"/> 5361041 |
| <input type="checkbox"/> 5356041 | <input type="checkbox"/> 5357023 | <input type="checkbox"/> 5359012 | <input type="checkbox"/> 5361043 |
| <input type="checkbox"/> 5356042 | <input type="checkbox"/> 5357024 | <input type="checkbox"/> 5359013 | <input type="checkbox"/> 5362001 |
| <input type="checkbox"/> 5356051 | <input type="checkbox"/> 5358021 | <input type="checkbox"/> 5359014 | <input type="checkbox"/> 5362003 |
| <input type="checkbox"/> 5356052 | <input type="checkbox"/> 5358022 | <input type="checkbox"/> 5359021 | <input type="checkbox"/> 5362004 |
| <input type="checkbox"/> 5356061 | <input type="checkbox"/> 5358023 | <input type="checkbox"/> 5359024 | <input type="checkbox"/> 5362005 |
| <input type="checkbox"/> 5356072 |                                  |                                  |                                  |

**My business address is not in a census tract listed above. I understand and acknowledge that I must submit financial documents with my application demonstrating my business suffered a reduction in gross receipts of at least 25% for one quarter in 2020 or 2021 compared to the same quarter in 2019.**



# Attachment B: Summary of Costs: Business Expenses



## ALL APPLICANTS SUBMIT

Grant funds are intended to help businesses address the negative economic impacts caused by the COVID-19 pandemic. Use of funds is at the business owner’s discretion. Examples of eligible activities are:

- Overhead expenses;
- Rent and utilities;
- Business services (website development) to increase capacity;
- Labor expenses (excluding the owner) business inventory and supplies;
- Personal Protective Equipment (PPE); and
- Capital or equipment purchases necessary for the business operation excluding vehicles.

Business Owner: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Item/Expense:	Cost:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	\$

Applicant Signature

Date



## Attachment C: Summary of Costs: Premium Pay



### ONLY SUBMIT IF USING GRANT TO OFFER PREMIUM PAY

Grant funds may also be used to provide Premium Pay to workers. Premium Pay is meant for essential workers, offering additional support to those who have borne the greatest health risks because of their services in critical infrastructure sectors. See program guidelines for more information regarding Premium Pay. Premium Pay is only available for essential workers performing regular in-person essential work in the following sectors:

- Healthcare
- Social and human services
- Education and childcare
- Grocery and food production
- Transportation
- Public health and safety sectors
- Sanitation

**Please review program guidelines to understand all requirements for offering premium pay.**

Business Owner: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Name of Employee	Title	Current Hourly Wage	Proposed Premium Pay Increase	Average Weekly Hours Worked	Total New Hourly Wage
<i>Jane Doe</i>	<i>Nurse</i>	\$15	\$3	35	\$18
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_