

SMALL BUSINESS GRANT PROGRAM



FRESNO AREA
HISPANIC FOUNDATION

FRESNO

FRESNO COUNTY SMALL BUSINESS GRANT PROGRAM

The County of Fresno, in partnership with the Fresno Area Hispanic Foundation, is providing \$250,000 in grants to small businesses in Fresno County that have been affected by the COVID-19 pandemic. Grants in the amount of \$5,000 will be distributed throughout the 5 districts of Fresno County (including unincorporated areas). The City of Fresno is not included in this grant program; if your business is within the City of Fresno, please visit this site to apply for another grant opportunity www.fresnoahf.org or call 559-222-8705.

PROGRAM GUIDELINES

1. Grant funds will be equitably distributed by County Districts
2. Grants must be limited to one (1) grant per business entity
3. Grant funds are to be used for working capital (rent, payroll, utilities, or other fixed operating expenses)

ELIGIBILITY CRITERIA

Businesses must meet all of the following criteria:

1. Business must be for-profit, physically located and operating in Fresno County (including unincorporated areas)
2. Business must have 10 or less full-time equivalent employees (as of March 15, 2020, prior to COVID-19)
3. Business must be operating for at least 2 full years prior to March 15, 2020
4. Business must demonstrate it has been impacted by COVID-19
5. Business cannot have been approved or received disaster relief funding such as Paycheck Protection Program, SBA Economic Injury Disaster Relief Loan, City of Fresno Save Our Small Business Loan to Grant, or County of Fresno HUB Grant
6. Business cannot have any outstanding local, state, federal tax liens or judgement (if so, must have a payment plan)
7. Cannot have a bankruptcy within the last 3 years (if so, bankruptcy must be related to COVID-19)

BUSINESSES MUST MEET ALL OF THE ELIGIBILITY CRITERIA, OTHERWISE WILL BE DEEMED INELIGIBLE TO APPLY. DURING THE PROCESS OF FILLING OUT YOUR APPLICATION, IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US AT 559-222-8705.

APPLICATION DEADLINE: September 29, 2020 at 11:59 p.m.

If filling out this application in paper, please fax to 559-222-8706

1. PLEASE SELECT ALL THAT APPLY TO VERIFY ELIGIBILITY

- I have a for-profit business physically located in Fresno County (outside the City of Fresno limits)
- I have 10 or less full-time equivalent employees
- I have been affected by COVID-19
- I have not been approved for or received any disaster relief funding
- I have no outstanding local, state, federal tax liens or judgments (If I do, I have a payment plan)
- I have been in business for two full years
- I have not filed for bankruptcy within the last 3 years (if I have, it is related to COVID)

2. BUSINESS INFORMATION

Business Legal Name:			
Business Tax ID#:			
Business Street Address:	Business City:	Zip Code:	
Business Phone (include area code):	Business Email:		
Business Structure:			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
Number of Full-Time Equivalent Employees as of March 15, 2020. (Employee working 40 hours per week equals 1.0 FTE; Employee working 20 hours per week equals .5 PTE):			
2019 Annual Gross Sales:	Year Business was Established in Fresno County:		
Business Industry:			
<input type="checkbox"/> Beauty Salon/Barber	<input type="checkbox"/> Construction	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Health and Wellness
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Restaurant/Food Vendor	<input type="checkbox"/> Retail	<input type="checkbox"/> Service
<input type="checkbox"/> Transportation	<input type="checkbox"/> Other:		

Business County Supervisor District

District 1
 District 2
 District 3
 District 4
 District 5

Click on the following link to find your District: <https://voterlookup.co.fresno.ca.us/addresslookup.aspx>
 Follow the steps to enter your address and list your "Supervisorial District" in the question above.

3. OWNER INFORMATION**How many legal business owners?**

One
 Two
 Three
 Four or more

Primary Owner Name:**Primary Owner SSN/ITIN:****Primary Owner DOB (Month, day, year):****Primary Owner Street Address:****City:****Zip Code:****State:****Primary Owner Email:****Primary Owner Gender:**

Female
 Male
 Prefer not to say

Primary Owner Ethnicity

American Indian/Alaska Native
 Asian
 Black or African American
 Hispanic/Latino
 Native Hawaiian or Pacific Islander
 Two or More Races
 White

Secondary Owner Name:**Secondary Owner SSN/ITIN:****Secondary Owner DOB (Month, day, year):****Secondary Owner Street Address:****City:****Zip Code:****State:****Secondary Owner Email:****Secondary Owner Gender:**

Female
 Male
 Prefer not to say

Secondary Owner Ethnicity

- American Indian/Alaska Native Asian Black or African American
- Hispanic/Latino Native Hawaiian or Pacific Islander
- Two or More Races White

4. OTHER INFORMATION

USE OF FUNDS: Funds must be used by Dec. 30, 2020. Please indicate how you will use the \$5,000 funds and how much for each category: Rent, Payroll, Utilities, or Other Fixed Operating Expenses

I would like to receive assistance for my business in (mark all that apply):

- Finances Human Resources/Staffing Legal Management
- Marketing Personal Protective Equipment COVID-19 Regulations
- Other:

How did you hear about this grant opportunity?

- Social Media Word of Mouth (Family/friend) Television/Radio
- Website Non-profit Organization Other:

GRANT DOCUMENTATION

If selected, please be prepared to provide the following documentation:

1. Either a Business License OR Fictitious Business Name Statement OR Seller's Permit OR Tax Returns reflecting a date prior to **March 15, 2018**
2. W9 Form
3. 590 Form

5. Applicant Declaration

To the best of my knowledge and belief, I certify the information in this application is correct and complete.

I authorize the FRESNO AREA HISPANIC FOUNDATION to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

I authorize FRESNO AREA HISPANIC FOUNDATION to request and obtain additional information pertaining to how the Grant funds were used to benefit the business six (6) months from the date of receipt.

I hereby grant permission to FRESNO AREA HISPANIC FOUNDATION, its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I understand that the media will be utilized in FRESNO AREA HISPANIC FOUNDATION's marketing and promotional items, included but not limited to its web site, newsletter, press releases, social media, and other mediums of communication.

I understand that FRESNO AREA HISPANIC FOUNDATION and partners have the right to edit, duplicate and disseminate these materials. I waive the rights to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the media materials (stories, accounts, reflections, etc.).

I declare under penalty of perjury, that the foregoing is true and correct.

Primary Owner Name:	
Signature:	Date:
Secondary Owner Name:	
Signature:	Date: