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COVID-19 BUSINESS RENTAL ASSISTANCE PROGRAM APPLICATION

DUE: Monday, September 21, 2020 at 5:00 p.m.

QUESTIONS: EconDevDivision@cityofrosemead.org

To qualify for the COVID-19 Business Rental Assistance Program (BRAP), business must: 1) have a verifiable loss in revenue during the months of March 2020 to August 2020; 2) submit all requested documentation by the due date with the completed application; 3) qualify as a small business per the SBA Small Business Size Standards; 4) must have been in business for at least one year prior to March 1, 2020; 5) must have five or more full time equivalent employees (FTE); and 6) business must be located within the City of Rosemead. Non-franchise, retail businesses are encouraged to apply. Limited funding available, \$10,000 to \$20,000 one-time grant per business, depending on the total number of qualifying applications received. All qualifying applications submitted by due date, that also include all required supporting documentation, will be assigned a random number and entered into a lottery. Awardees are expected to receive notification within three weeks.

PART 1: BUSINESS INFORMATION

Contact Information

Primary Applicant First and Last Name: _____

Best Daytime Phone #: _____ Email: _____

Business Operations

Business Name: _____

Business Address: _____ Rosemead, CA 91770

Business Mailing Address (if different): _____

Must provide copy of valid City of Rosemead business license.

North American Industry Classification System (NAICS) Code

A NAICS code is required to participate in the BRAP. If you do not know your business NAICS code, you can search for the code here: <https://www.naics.com/search/>.

NAICS Code: _____

DUNS Number

A DUNS Number (for business owner) is required to participate in the BRAP. **Important:** If you do not have a DUNS number for your business, you may apply for one at www.dnb.com and submit proof of application with this BRAP application. Dun and Bradstreet, Inc. provides this number at no charge and is required for funding recipients.

DUNS Number: _____

Employees

How many full-time employees do you have? _____ How many part-time employees do you have? _____

Business Type and Ownership

Federal Tax ID or EIN: _____

If you do not have a Federal Tax ID or EIN, Business Owner/Applicant Social Security Number: _____

Sole Proprietorship: Yes No

List ALL Proprietors/Business Partners Below:

	Owner First and Last Name	% of Ownership
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Add additional business owners on a separate sheet.*Must provide Valid CA Driver's License or CA Identification Card showing your name and address.****Must provide Personal and Business Tax Returns.**

- 2019 Business Federal 1040 Tax Return (all pages and schedules); **AND**
- 2019 Personal Federal 1040 Tax Return (all pages and schedules)

PART 2: PROGRAM QUALIFICATIONS**Business Site/Location**

Does your business have a physical (brick and mortar) location in the City of Rosemead? Yes No

If yes, choose one: ☐ I rent a retail space ☐ I own a retail space

If no, do you work out of your home: Yes No

If no, describe the nature of your business: _____

of Years in Business: _____ # of Full-Time Employees: _____ # of Part-Time Employees: _____

Business License, check best response:

- ☐ Yes, I have a valid City of Rosemead Business license
- ☐ Yes, I have an expired Business License, but I am willing to renew
- ☐ No, I do not have a City of Rosemead business license

Must provide a copy of valid Business License

Are there any tax liens against your business? Yes No

Has your business experienced a dramatic loss of revenue/income and cannot pay your commercial rent due to COVID-19?
Yes No

Has your business received any other business assistance for the payment of your business/commercial rent, including federal, state or county governments, Small Business Administration, Small Business Development Center, Chamber of Commerce, etc.? Yes No

Did you receive a PPP loan*? Yes No

If yes, were the funds used for commercial rent for your business in the City of Rosemead? Yes No

**PPP loan will not count against you, unless it was used for commercial rent.*

I understand that if I have received a duplication of benefit (other funds to pay my commercial rent) the City of Rosemead award may need to be repaid. _____(initial)

Is the applicant (if an individual) or any individual owner 20% or more of the equity presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency or presently involved in any bankruptcy? Yes No

Is the applicant (if individual) or any individual owning 20% or more of the equity subject to an indictment, criminal investigation, arraignment or other? Yes No

Has the applicant (if individual) or any individual owning 20% or more of the equity ever obtained a direct or guaranteed loan from the SBA or other federal agency that is currently delinquent or had defaulted in the last seven (7) years and caused a loss to the government? Yes No

Has the applicant (if individual) or any individual owning 20% or more of the equity, been convicted within the last five (5) years for any felony and/or 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; 5) been placed on any form of parole or probation? Yes No

PART 3: BUSINESS RENTAL INFORMATION

Monthly Rent: _____ I am behind on my rent: Yes No

Landlord Contact Name: _____

Landlord or Management Company Address: _____

Landlord Office Phone #: _____ Landlord Cell #: _____

Landlord/Contact Email: _____

Must provide copy of rental agreement indicating monthly rent.

PART 4. LOSS OF BUSINESS REVENUE/INCOME

To qualify for assistance, the **business must have a verifiable loss of revenue/income** due to COVID-19 that justifies the need for assistance.

Must provide proof of loss/reduction in revenue/income due to COVID-19. Profit and loss statements must include information for the months of October, November and December 2019 and January, February, March, April, May, June, July, and August 2020. Profit and Loss Statement attached.

Must provide business bank statements or personal bank statements if used for business deposits for the months of October, November, and December 2019 and January, February, March, April, May, June, July, and August 2020.

Conflict of Interest

Applicants for BRAP shall not be an employee, agent, consultant, officer or elected official or appointed official of the City of Rosemead who exercises or have exercised any function or responsibilities with respect to activities relating to this Program or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or financial benefit from this program, or the proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

☐

I DO have a conflict of interest.

☐

I DO NOT have a conflict of interest.

PART 5: ACKNOWLEDGEMENT, AGREEMENT & CERTIFICATION

Acknowledgment

I (We) understand that this grant is being provided by the City of Rosemead based solely upon the information that I have provided in this application. I (We) am (are) also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification

I (We) certify that the information provided in this application is true and complete to the best of my knowledge as of the date set forth by my (our) signature(s) in this application and acknowledge my (our) understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.

Neither I (we) nor my business have received other government grant funds for the payment of commercial rent and I (we) understand that if I (We) am (are) found to have received or receive funds in the future for the payment of commercial rent that I (we) am (are) have duplication of benefit and my (our) City of Rosemead award may need to be repaid.

I (We) agree to provide, upon request, further documentation on all income sources to the City of Rosemead and/or the U.S. Department of Housing and Urban Development (HUD) or other Federal Agency overseeing the CARES Act funding. I (We) also agree that this form authorizes the City of Rosemead to verify all sources of incomes including, but not limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any unemployment benefits currently being received.

I (We) also agree that this form authorizes the City to verify the business owner(s) Small Business Administration (SBA) loans/grants received for this business in connection with COVID-19, coronavirus pandemic and/or CARES Act.

By signing below, I (We) certify that the above statements are true and correct to the best of my knowledge. I (We) understand that a false statement may disqualify me from benefits.

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) or other Federal Agency at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated or required to pay back for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I agree to the terms of service: Yes No

Applicant Signature: _____

Printed Name of Applicant: _____

Date: _____

**Email completed applications to EconDevDivision@cityofrosemead.org by 5pm on September 21, 2020. Applications also accepted by US Postal Service but must be postmarked by September 21, 2020:
City of Rosemead, 8838 E. Valley Blvd., Rosemead, CA 91770, Attn: BRAP**

OFFICE USE: Rec'd by: _____ Included all required documents: Yes No