

**Fiscal Year 2020-21 (July 1, 2020 to June 30, 2021)**  
**Community Development Block Grant COVID-19 (CDBG-CV)**  
**Small Business Assistance Grant Program**

***APPLICATION INSTRUCTIONS***

The Community Development Block Grant (CDBG) Program is funded and regulated by the U.S. Department of Housing and Urban Development (HUD) under 24 CFR 570. Special CDBG COVID-19 (CDBG-CV) pandemic relief funding was provided through the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”).

The City of Thousand Oaks has developed a Small Business Assistance Grant program to distribute funds to eligible for-profit businesses in the City in order to provide financial assistance to eligible, locally-owned, small businesses impacted by COVID-19, to continue operations, and retain employees. The intended use of the grant funds is to cover payroll and/or rent/mortgage payments. Applicants may receive up to \$10,000 in the form of a grant. If awarded, grant funds must be spent prior to June 30, 2021.

To be considered for CDBG-CV funds, a business must meet the following Federal guidelines:

**1. Be an eligible CDBG-CV program activity, as designated by HUD regulations**

A business which will retain or create jobs for lower-income persons is an eligible program activity.

**2. Document primary (51% or greater) benefit to lower-income persons**

In order to meet this objective, a minimum of 51% of the applicant’s jobs must be held by employees with household incomes at low and moderate income as designated by HUD. All employees would need to complete a self-certification form. The phrase “Low Mod Job” and “Low- to Moderate-Income” (LMI) have the same meaning. See section on “Instructions on Collecting HUD Standard Information” on page 4.

**3. Be cleared from Federal Debarment Status**

HUD requires verification status of all businesses via the on-line System for Award Management (SAM) [www.sam.gov](http://www.sam.gov). Applicants must register with SAM prior to submitting their application. Any parties listed by SAM as debarred or suspended are not eligible to apply for CDBG-CV funding. Registration information for SAM can be obtained by calling toll free at 866-606-8220 or find the step by step instructions on the SAM website at:

[https://www.sam.gov/SAM/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf)

**4. No Duplication of Benefits (DOB) [Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)]**

A business may not receive financial assistance for the same costs from more than one source (including insurance), if the total amount received exceeds the total of those costs. CDBG-CV grantees must establish and maintain adequate procedures to prevent any duplication of benefits. Please see 2 CFR Part 200 as to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. The Electronic Code of Federal Regulations website for 2 CFR Part 200 is

[https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

**5. Reporting Requirements**

All CDBG-CV grantees are required to report to the City on jobs, income, race, ethnicity and other demographic information, for any employee(s) served through the City’s CDBG-CV grant. See section on “Instructions on Collecting HUD Standard Information” on page 4.

**APPLICATION EVALUATION**

In evaluating the eligibility of proposed CDBG-CV activity, the City will consider the following parameters:

1. Proposal appears to meet HUD requirements for CDBG-funded activities as described in 24 CFR 570.
2. Proposal appears to address an identified need due to COVID-19.
3. Proposal capacity to meet CDBG National Objective: Benefit Low- and Moderate Income (LMI) Persons; under the Job Creation or Retention Activities.
4. Proposal’s degree of need and priority to be funded with 2020-21 CDBG-CV funds. Proposal request does not duplicate benefits. Proposal’s financial impact and merit in use of CDBG-CV funds.
5. Evaluation of proposer’s experience in operating small business; its ability to maintain required records, including demographic data on project beneficiaries; the proposer’s demonstrated ability to manage private and/or public funds, and resources to implement a CDBG-funded activity in accordance with HUD requirements and all other applicable Federal regulations.



## HOW TO APPLY

**CDBG-CV grant proposals for 2020-21 may be submitted to the City of Thousand Oaks through the On-Line Application at [www.toaks.org/edgrants](http://www.toaks.org/edgrants) from July 1, 2020 to July 20, 2020 at 5:00 p.m. Only a legally authorized applicant can submit the Small Business Grant Application.**

To apply for CDBG-CV funds, be prepared to provide detailed information on the following, and have the required documentation available to upload:

- A. General Business Information: Including City Business License, Federal DUNS number, SAM verification; Describe business and the impact of COVID-19. Where applicable, upload as attachments a list of business stakeholders and proof of insurance, including worker's compensation, general and personal injury/property damage liability, and auto liability. See Section 10 in sample grant agreement.
- B. Applicant Information: Contact information for the application; authorization information to electronically sign documents.
- C. Grant Application Request: Include dollar amount of CDBG-CV funding request and describe the specific use including how and when funds will be spent.
- D. Employees and Job Retention: Describe magnitude of benefit to persons of low/moderate income by entering job count information; number of employees as of 3/19/2020; number of jobs at the time of application; Describe program job goal and how many jobs will be created or retained or lost; Describe low-moderate income jobs at application time and to be retained or created. See section on "Instructions on Collecting HUD Standard Information" pages 4-5.
- E. Financial Information: Describe other financial assistance sought and/or received. Describe financial capacity pre and post COVID-19 and revenue management capacity; upload as an attachment recent payroll ledger.
- F. Self-certification forms from employees: Upload as an attachment employee self-certification form(s). See section on "Instructions on Collecting HUD Standard Information" pages 6-7.

### **CDBG Program Administration**

For additional information contact:

Lynn Oshita [EDgrants@toaks.org](mailto:EDgrants@toaks.org) 805/449-2391.



# Instructions on Collecting HUD Standard Information

## LOW-INCOME BENEFIT

The City’s grant award is conditioned by HUD to benefit predominantly low-income persons. For CDBG-CV funded grants, at least 51 percent (51%) of the Applicant’s employees must have a household annual income, as calculated by HUD, that falls within the following HUD Income Limits for the Oxnard-Thousand Oaks-Ventura, CA Metropolitan Statistical Area. In determining eligibility for CDBG-funded services, please refer to the following HUD income limits (gross annual household income adjusted for the size of the employee’s household.)

2020 HUD Section 8 Program Annual Household Income Limits for  
Oxnard-Thousand Oaks-Ventura Metropolitan Statistical Area (MSA)

Annual Income	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
<b>Extremely Low (30% MSA)</b>	\$ 23,700	\$ 27,100	\$ 30,500	\$ 33,850	\$ 36,600	\$ 39,300	\$ 42,000	\$ 44,700
<b>Low (50% MSA)</b>	\$ 39,550	\$ 45,200	\$ 50,850	\$ 56,450	\$ 61,000	\$ 65,500	\$ 70,000	\$ 74,550
<b>Moderate (80% MSA)</b>	\$ 63,250	\$ 72,300	\$ 81,350	\$ 90,350	\$ 97,600	\$ 104,850	\$ 112,050	\$ 119,300

## JOBS CREATED/RETAINED AND EMPLOYEE’S HOUSEHOLD INFORMATION

The following information shall be collected and submitted with the application, including job count and employee data for the U.S. Department of Housing and Urban Development. Low-Mod jobs is also known as of Low- to Moderate-Income (LMI) Job.

Reporting on job count.	Total Job Count		Total Weekly Hours		Percentage by FTE Low/Mod Jobs
	Full Time*	Full Time Low/Mod	Part Time*	Part Time Low/Mod	
<i>*Number includes both non-low/mod and low/mod count.</i>					
<b>Field</b>	<b>Description</b>				
Total Job Count Full Time	Enter the total number of full-time jobs.				
Total Job Count Full Time Low/Mod	Of the total number of full-time jobs, enter the number for LMI persons.				



Total Weekly Hours Part Time	Enter the total number of weekly part-time job hours (not the number of part-time jobs).
Total Weekly Hours Part Time Low/Mod	Of the total number of weekly part-time job hours, enter the number for LMI persons.
Percentage by FTE Low/Mod Jobs	This read-only field is a calculation from associated fields.

**Calculation Low/Mod Job Compliance**

Full Time Equivalent (FTE) must be used to calculate how many low/mod jobs a business has. Please do not use in calculation the number of persons retained or positions created. Using the number of persons retained or positions created does not provide an accurate percentage of low/mod jobs.

**Sample Calculation**

A small business has 2 Full Time Employees and 7 Part Time Employees. No Full Time Employees are LMI and 5 Part Time Employees are LMI. Each part time employee works 20 hours per week. As in the sample calculation below, while it may seem like 55% are of low/mod job, it is actually only 45% low/mod job in the business. The following is a sample calculation measured by the percentage of FTE.

- A. Total # of full time jobs x 40 (ex: A1 X 40 = 2 fulltime jobs X 40 = 80)
- B. Total # of part time hours worked per week (ex: B1 X 20 = 7 jobs X 20 hours per week = 140)
- C. Total weekly hours worked by all jobs (A + B = 80 + 140 = 220)
- D. # of full time jobs that count as LMI x 40 (ex: D1 X 40 = 0 fulltime jobs X 40 = 0)
- E. # of part time hours worked per week that count as LMI (ex: E1 X 20 = 5 part time jobs X 20 = 100)
- F. Total weekly hours worked by LMI (D + E = 0 + 100 = 100)
- G. Calculate % of LMI FTEs (F / C = 100 / 220 = 45%) *(Do not use G1 below for % of LMI)*  
*(The small business does not meet 51% Low/Mod income compliance requirement.)*

**Calculation by Position**

	Full Time	Part Time	Total	%
<b>Total</b>	A1 = 2	B1 = 7	C1 = 9	
<b>Low/Mod</b>	D1 = 0	E1 = 5	F1 = 5	<b>G1 = 5/9 = 55%</b>

**Calculation by FTE (Weekly Hours)**

	Full Time	Part Time	Total	%
<b>Total</b>	A = 80	B = 140	C = 220	
<b>Low/Mod</b>	D = 0	E = 100	F = 100	<b>G = 45%</b>

Reporting on job count.	Total Job Count		Total Weekly Hours		Percentage by FTE Low/Mod Jobs
	Full Time*	Full Time Low/Mod	Part Time*	Part Time Low/Mod	
<i>*Number includes both non-low/mod and low/mod count.</i>					
Sample Job Count.	A1 = 2	D1 = 0	B = 140	E = 100	G = 45%



## Statistical Summary Direct Benefit Data by Persons

### **Calculations of Totals for Employees**

This section is the collection of information regarding “DIRECT BENEFIT DATA BY PERSONS”. It is not counting Full Time Equivalent (FTE) positions.

### **Definitions of Ethnic Categories**

#### **Ethnic Category**

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

### **Definitions of Racial Categories**

#### **Racial Categories**

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian”, “Black” or “African American.”

**Native Hawaiian or Another Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



## APPLICATION GUIDELINES

Applicant Zoom Workshop:	June 30, 2020 2:00 PM	
Application Period:	July 1, 2020 through July 20, 2020	
<b>Online Application Due Date:</b>	<b>July 20, 2020 5:00 PM</b>	
<b>#</b>	<b>Application Question</b>	<b>Guidelines</b>
<b>A.</b>	<b>General Business Information</b>	
A1.	Name of Business:	<i>Enter</i> the business name, as it appears on the City Issued Business Tax Certificate.
A2.	City of Thousand Oaks Business License Number:	<i>Enter</i> a valid City’s business license number.  Applicant is required to have a valid City Business License. City Business Licenses can be obtained by calling Public Services at 805/449-2201 or visiting the City’s website at: <a href="https://www.toaks.org/departments/finance/business-licenses">https://www.toaks.org/departments/finance/business-licenses</a>
A3.	Business Federal Tax ID:	<i>Enter</i> the nine-digit Business Federal Tax ID
A4.	DUNS Number:	<i>Enter</i> the nine-digit DUNS Number. For more information about the DUNS please visit the website: <a href="http://www.dnb.com">www.dnb.com</a>
A5.	Have you completed the SAM verification?	HUD requires verification status of all businesses via the on-line System for Award Management (SAM) <a href="http://www.sam.gov">www.sam.gov</a> .  <i>Enter</i> yes if applicant has verified SAM status and <i>Upload</i> the SAM verification.  <i>Enter</i> no if applicant has not verified SAM status, <i>provide</i> status and <i>enter</i> estimated date when business will receive the verification. (Question 5a. and 5b.)
A6.	Type of Business:	<i>Select</i> one of the following for business type: Retail, Wholesale, Service, Manufacturing, or Administrative Only
A7.	Business Description:	<i>Describe</i> briefly in 50 characters or less how business is identified. (e.g. “Restaurant”, “Janitorial services”)



A8.	Business Physical Address	<i>Enter</i> physical address of the business. Do not provide PO Box. This address will be used for any notifications sent by US Mail.
A9.	When did you open this business?	<i>Enter</i> the date when the business opened at the physical location. Businesses in operation prior to February 1, 2020 are eligible to apply for the program.
A10.	Legal Structure:	<i>Select</i> one of the following legal structures for the business: Sole Proprietor, Limited Liability Co, Corporation, or Partnership.
A11.	Does the Sole Proprietor employ at least ONE employee excluding the owner?	<p><i>Question A11 is hidden if ‘Sole Proprietor’ was not chosen as the legal structure for the business.</i></p> <p><i>Select</i> yes if applicant is a Sole Proprietor and has at least one employee not including the owner. Otherwise, <i>Select</i> no.</p> <p>If Sole Proprietor is chosen, please note that to be eligible for the program, the business must employ at least one full time equivalent employee, excluding the owner and up to nine total FTEs (excluding the owner).</p>
A12.	Is the applicant the sole owner of the business?	<p><i>Select</i> yes if applicant is a sole owner of the business. Otherwise, <i>Select</i> no.</p> <p>Applicants must hold a clear ownership title of the business. If ‘NO’ is selected, <i>enter</i> information on business ownership structure in “Question G. Additional Information”.</p>
A13.	Ownership Status:	<p><i>Select</i> yes or no to the specific status of the business owner for:</p> <ul style="list-style-type: none"> <li>• A13a. Veteran-owned business</li> <li>• A13b. Minority-owned business</li> <li>• A13c. Women-owned business</li> </ul>
A14.	How has COVID-19 impacted your business?	<i>Describe</i> briefly in 500 words or less the financial impacts COVID-19 has on the business (e.g., reduced revenue or cash flow, decisions regarding layoffs, furloughs or reduced hours of Low Mod Income employees, or other information.)



A15.	Will the current finances of your business in combination with your requested grant amount allow your business to remain open (or re-open following easing of restrictions) for a minimum period of at least 90 days following awarding of the grant?	<p><i>Select</i> yes if the business will remain open or re-open for at least 90 days. <i>Select</i> no, if otherwise.</p> <p>In answering this question, please evaluate the current status of the business and the future status of the business.</p> <p>Business with ownership or partners currently undergoing bankruptcy is not eligible for participation in the program.</p>
<b>B. Applicant Information</b>		
B1.	Are electronic signatures on agreement documents acceptable for your business?	<p><i>Select</i> yes if business accepts electronic signatures. <i>Select</i> no, if otherwise.</p> <p>In order for the City to expedite the award process of this application, electronic signatures will be used. If awarded, grant agreements and other related grant documents, will be signed electronically.</p>
B2.	Please confirm the named applicant is legally authorized to sign this application and any agreement documents related to the program:	<p><i>Select</i> yes to confirm authorization. <i>Select</i> no, if otherwise.</p> <p>Only an authorized person in the business is allowed to apply for the grant.</p>
B3.	Applicant's Name:	<i>Enter</i> Applicant's Name
B4.	Title:	<i>Enter</i> Applicant's Title.
B5.	Email (Primary Contact):	<i>Enter</i> the Applicant's email. The City will use this email as the primary method of communication.
B6.	Applicant's Phone Number:	<i>Enter</i> a phone number where applicant can be reached.
B7. B8.	For most business types, the City requires signatures from two legally authorized persons from the applicant side before processing grant	<p><i>Enter</i> another Name and Title of person authorized to sign grant agreement if awarded.</p> <p>While this application only requires one signature, if grant is awarded to the applicant two signatures might be required to sign the grant agreement depending on the</p>



	<p>agreements. Please provide the name and title of the other person authorized to sign on behalf of your business, if funds are awarded.</p> <p>B7. Name: B8. Title:</p>	<p>legal structure of the business, as Corporations, Limited Liability Company, General Partnership, Limited Partnership or Limited Liability Partnership.</p>
B9.	<p>Applicant's Home Address (local-ownership verification):</p>	<p><i>Enter</i> applicant's home address for verification. Local-ownership verification: Grant Program eligibility requires businesses to be locally-owned. For the purposes of this Grant Program, a locally-owned business is defined as having at least one owner (20%) that is either a resident of Ventura County and/or lives within 10 miles of the City of Thousand Oaks.</p>
B10.	<p>Are any of your current employees residents of the City of Thousand Oaks?</p>	<p><i>Select</i> yes, if one of your employees is a City of Thousand Oaks residents.</p> <p><i>Select</i> no, if business does not have a City resident employee.</p>
B11.	<p>What percentage of the business does the applicant own?</p>	<p><i>Question B11 is hidden if Question A12 'Is the applicant the sole owner of the business?' was select 'YES'.</i></p> <p><i>Enter</i> the percentage of the applicant's ownership of the business.</p>
B12.	<p>Do any other owners own 20% or more of the business?</p>	<p><i>Question B12 is hidden if Question A12 'Is the applicant the sole owner of the business?' was select 'YES'.</i></p> <p><i>Select</i> yes, if other owners own 20% or more of the business. If 'YES' is selected, <i>enter</i> information on business ownership in "Question G. Additional Information".</p> <p><i>Select</i> no, if other owners do not own 20% or more of the business.</p>
<b>C.</b>	<b>Grant Application Request</b>	
C1.	<p>Requested Amount:</p>	<p><i>Enter</i> the grant request amount. The maximum grant request is \$10,000. Please round applicant's request to</p>



		the nearest \$100. Applicant should take note that if awarded grant, funds must be spent before 6/30/2021.
C2.	Anticipated Uses of Funding	Eligible use of funds can be used for Rent/Mortgage or Payroll or both Rent/Mortgage and Payroll.
	Eligible Use	<i>Select Eligible Use Type: Rent/Mortgage or Payroll.</i>
	Amount	<i>Enter Amount that will be used under that specific Eligible Use.</i>
	Estimated date requested funds would be used by	<i>Enter estimated date as when applicant will be using funds by for expenditures incurred between March 19, 2020 and June 30, 2021.</i>
	Add another anticipated use	<i>Click If funds will be used for addition eligible use.</i>
	Total:	<i>Read Only Field. Shows the sum of all the entries under the Amount.</i>  <b>The 'Request Amount' (C1.) must be the same as the 'Total'. The applicant will need to make sure both numbers are the same and does not exceed \$10,000.</b>
<b>D.</b>	<b>Employees and Job Retention</b>	
D1.	Number of employees your business had on 3/19/20:	<i>Enter as "Full-time Equivalents" the number of employees the business had on 3/19/20. (The date prior to the County of Ventura Public Health Officer Issued the "Stay Well At Home" local Order to Prevent the Spread of COVID-19.)</i>
D2.	<i>Job Creation/Retention Projections - Job Counts</i>	See Application Instructions. Page 4 has information on HUD's Low- to Moderate-Income (LMI) criteria by household and Pages 4-5 has information on how to count the jobs. Employee Self-Certification form identifies if employee's household is LMI.
	Total number of jobs at the time of application	<i>Enter the number of jobs at time of application. See Application Instructions on Pages 4-5.</i>
D3.	If you receive the requested funding amount:	This section is applicant's projected goal. Business that are award a grant must demonstrate at least 51% of its employees meet HUD's Low- to Moderate-Income (LMI) criteria by household.



	How many jobs will be created?	<i>Enter</i> the projected number of jobs that will be created from time of application. See Application Instructions on Pages 4-5.
	How many jobs will be retained?	<i>Enter</i> the projected number of jobs that will be retained from time of application. See Application Instructions on Pages 4-5.
D4.	Is your business planning to eliminate LMI jobs if you do not receive this funding?	<i>Select</i> yes if Low- to Moderate-Income (LMI) jobs will be eliminated if funding is not received. <i>Select</i> no if Low- to Moderate-Income (LMI) jobs will be retained.
D5.	If you do not receive the requested funding: how many jobs do you estimate will be lost?	<i>Enter</i> the projected number of jobs that will be lost if City funding is not awarded. See Application Instructions on Pages 4-5.
<b>E.</b>	<b>Financial Information</b>	
E1.	Has the applicant or any other owner been approved and/or received any other financial assistance through a small business assistance loan or grant program?	Federal regulations restrict duplication of benefits. e.g., Small Business Administration’s Economic Injury Disaster Loan (EIDL), Paycheck Protection Program (PPP), Federal Coronavirus Relief Fund, or any other public or private funding related to the COVID-19 health emergency. [Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)]  Question E1a. <i>Select</i> yes if business received any other financial assistance through a small business assistance loan or grant program. Otherwise, <i>select</i> no.  Question E1b. <i>If yes, describe</i> briefly in the box, information about the program and/or entity providing the financial assistance, the dollar amount, and specific details about how your business is using or intends to use these funds.
E2.	Revenue	Please provide pre- and post- COVID-19 revenue information that details the negative impact of COVID-19 on your business. If your business was not yet open in March 2019 and/or April 2019, please leave those fields blank. To be eligible for this Grant Program, your business establishment date must be prior to February 1, 2020.



	<p>March 2019  April 2019  February 2020  March 2020  April 2020  May 2020</p>	<p><i>Enter</i> Gross Revenue and Expense</p> <p><i>Read Only Field.</i> Calculated Net Revenue value.</p>
<b>F.</b>	<b>Attachments</b>	
F1.	List of business stakeholders:	<i>Upload</i> a list of business stakeholders such as investors, employees, customers and suppliers as well as community associations and benefactors.
F2.	Proof of insurance:	<i>Upload</i> proof of insurance for Worker’s Compensation, General Personal Injury/Property Damage Liability, and Auto Liability. See Section 10 in the sample agreement for the minimum scope and insurance limits.
F3.	Most recent payroll ledger:	<i>Upload</i> most recent payroll ledger.
F4.	Self-certification signatures from employees (LMI employee beneficiary status):	<i>Upload</i> Self-certification forms with employee signatures attesting they are Low- to Moderate-Income (LMI). Business that are awarded a grant must demonstrate at least 51% of its employees meet HUD’s Low- to Moderate-Income (LMI) criteria by household.
<b>G.</b>	<b>Additional Information</b>	
	Please provide any additional information related to your application:	<i>Enter</i> in box additional information. Space is provided for the applicant to explain, clarify, or expand upon any portion of the application.
<b>H.</b>	<b>Certification</b>	
	<p>1. I own/co-own or am authorized to apply on behalf of the owner/co-owner and certify that the for-profit entity is the subject of this application.</p> <p>2. I certify that I am not delinquent on federal, state, or city taxes or fees.</p> <p>3. I grant the City of Thousand Oaks the right to independently verify any of all of the information herein.</p> <p>4. I certify that any federal funds received under this grant are not/ will not result in a duplication of benefits</p>	



	<p>5. I agree to promptly inform the City of Thousand Oaks of any changes which may occur.</p> <p>6. I have read and understand the application instructions &amp; sample agreement governing this grant and agree to be bound by them if approved and awarded.</p> <p>7. I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for City or Federal funds, which may include immediate repayment of all City or Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by city or federal personnel as part of compliance monitoring.</p>	
<b>I</b>	<b>Submitter Information</b>	
I1.	Date Submitted	Date prepopulated to the Current Date.
I2.	Printed Name	Applicant's Name prepopulated from Question B3.
I3.	Title	Applicant's Title prepopulated from Question B4.
I4.	Signature	<p><i>Click 'Sign'.</i></p> <p><i>Choose Tab 'type' or 'draw'.</i></p> <p><i>Sign document by typing or drawing signature.</i></p> <p><i>Click 'Sign'.</i></p>
	Save as Draft (Button)	<p><i>Click the 'Save as Draft' button to save your application as a draft. You will be prompted for an email address and a password.</i></p> <p><i>Enter an email address and password. A link to your draft application will be emailed to you. You will need your password to access the draft.</i></p>
	Submit (Button)	<p>By clicking the 'Submit' button the named applicant is submitting online the Small Business Assistance Grant Program application. (See Section B. Applicant Information and Questions B3 and B4 for the Applicant Name and Title.)</p> <p>A confirming Email will be sent to the Applicant. Email used for confirmation is in Question B5. <b>If Applicant did not receive confirmation email, please contact the City prior to the submission deadline. The City will not accept late application submissions.</b></p>



		<p><b>Deadline to submit online application is July 20, 2020 at 5:00 PM.</b></p> <p>Review Committee will review applications on the merit and value of the application. Once the online application is submitted to the City, no further documents can be added or amended.</p>
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