

**CALIFORNIA MICROBUSINESS COVID-19 RELIEF GRANT PROGRAM APPLICATION  
Kern County**

<input type="checkbox"/> Preferred Mailing Address:	DBA or Tradename if Applicable	
<b>Business Legal Name</b>	<b>Type of Business</b>	
<b>Business Address</b>	<b>Business TIN (EIN, SSN)</b>	<b>Business Phone</b>
	<b>Primary Contact</b>	<b>Email Address</b>

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**Applicant Ownership**

List all owners of 10% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address

*If any question below is answered "No", the grant will not be approved.*

Program Eligibility Questions	Yes	No
1. Was the microbusiness operational prior to December 31, 2019?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the microbusiness currently active and operating or has a clear plan to reopen when the state permits reopening of the business?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the microbusiness significantly impacted by COVID-19 pandemic?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the microbusiness have less than fifty thousand dollars (\$50,000) in revenues in the 2019 taxable year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the microbusiness currently have fewer than five full-time equivalent employees and had fewer than five full-time equivalent employees in the 2019 and 2020 taxable years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the microbusiness have a physical presence in the State or headquarters in the State?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the primary source of income in 2019 from your microbusiness?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you the majority stakeholder and managing partner in this microbusiness?	<input type="checkbox"/>	<input type="checkbox"/>

*If any question below is answered "Yes", the grant will not be approved.*

Question	Yes	No
1. Is the microbusiness a nonprofit business not registered as a 501(c)(3), 501(c)(6) or 501(c)(19)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the microbusiness primarily engaged in political or lobbying activities, regardless of whether the entity is registered as a 501(c)(3), 501(c)(6) or 501 (c)(19)??	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the microbusiness a financial institution or a microbusiness primarily engaged in the business of lending, such as a bank, finance company, or factoring company?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the microbusiness restrict patronage for any reason other than capacity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the microbusiness have any owner of greater than 10 percent of the equity interest in it who meets one or more of the following criteria: a) the owner has, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgment, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property? b) Is any owner presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of any of the offenses enumerated above?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the microbusiness receive funding from the Small Business COVID Relief Program? This program is also known as the CA Relief Program administered by lendustry.com.	<input type="checkbox"/>	<input type="checkbox"/>

GRANT PROCESSOR USE ONLY	COUNTY OF KERN USE ONLY
Recommendation: <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	Grant Approval: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Representative's Signature	Signature
Print Name/Title:	
Date:	Date:

**BY SIGNING BELOW, YOU MAKE THE FOLLOWING AUTHORIZATIONS AND ATTESTATIONS**

ATTESTATIONS AND AUTHORIZATIONS

I attest that:

- The information provided is true
- I have/will provide a copy of a government issued photo identification (state, domestic, foreign) and documentation that includes:  
 a local business permit or license or  Bank Statement or  2019 Tax return or  Trade Account or  3rdparty verification

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- The grant funds will be utilized for (Please select all that apply):
  - The purchase of new certified equipment including, but not limited to, a cart;
  - Investment in working capital;
  - Application for, or renewal of, a local permit including, but not limited to, a permit to operate as a sidewalk vendor;
  - Payment of business debt accrued due to the COVID-19 pandemic;
  - Cost resulting from the COVID-19 pandemic and related health and safety restrictions, or business interruptions or closures incurred as a result of the COVID-19 pandemic.
- I am the owner of a microbusiness that is a member of a group that has faced historic barriers in accessing capital and is defined as business majority owned and operated on a daily basis by:
  - Women or
  - Minority or persons of color or
  - Veteran or
  - Disabled or
  - Undocumented individual or
  - An Individual living in low-wealth or rural area on low income or
  - Other (Please specify)\_\_\_\_\_.

**(Low-Wealth Community** means a community located in both (a) a county within California with a per capita personal income equal to or less than 115% of the statewide average per capita income as determined by the State of California’s Employment Development Department (EDD) from time to time and (b) a city or unincorporated area within such county with an unemployment rate equal to or greater than the statewide average unemployment rate as determined by the EDD; provided that any community that does not have a designated unemployment rate from the EDD will satisfy this requirement if the county in which the community is located has an unemployment rate equal to or greater than the statewide average unemployment rate as determined by the EDD.)

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



Funded in part through a Grant from the California Office of the Small Business Advocate.