



# City of Cupertino Small Business Emergency Relief Grant Program Grant Application

## ***Application Period:***

***Friday, July 17 at 8:00am PST through Thursday, July 23 at 4:00pm PST***

### **Program Overview**

The City of Cupertino is offering one-time emergency grants of \$5,000 to eligible small businesses to provide working capital during the COVID-19 pandemic. The City is utilizing its CDBG-CV CARES Act fund allocation to provide grants to eligible businesses with 25 or fewer employees that include low-moderate income persons. The grants do not need to be repaid.

Grant funds may be used to cover day-to-day operating expenses of the specified business, such as payroll, rent, utilities, or insurance, but cannot be used on expenses that are also covered by other federal assistance programs, such as the Payroll Protection Program (PPP) or the Economic Injury Disaster Loan (EIDL) program.

Grants will be awarded by a Lottery Process based on qualified completed applications. All decisions are final.

### **Contact Information**

1. Primary Contact: \_\_\_\_\_  
(First Name, Last Name)
2. Primary Contact Email Address: \_\_\_\_\_
3. Primary Contact Phone Number: (            ) \_\_\_\_\_

**Business Information**

4. Business Name as listed on Business License: \_\_\_\_\_

5. City of Cupertino Business License Number: \_\_\_\_\_

6. Cupertino Business Address: \_\_\_\_\_  
**(If you are selected to receive a grant, the check will be mailed to the business at this address.)**

7. Type of Business Entity (circle one)
- a. Corporation (C-corp, S-corp)
  - b. Limited liability company
  - c. Partnership (LLP, joint venture)
  - d. Individual/Sole Proprietorship
  - e. Franchise
  - f. Nonprofit
  - g. Other \_\_\_\_\_

8. Primary Business Owner Name: \_\_\_\_\_

9. Percent of Business Owned by Primary Owner: \_\_\_\_\_%

10. Primary Business Activity (circle the letter next to the category that best fits your business)
- a. Retail
  - b. Hotel/Lodging
  - c. Food Services
  - d. Personal Care Services (e.g., hair salon, barbershop, nail salon, etc.)
  - e. Arts, Entertainment, Recreation, Fitness
  - f. Professional Services (e.g., legal, medical, architecture, accounting, etc.)
  - g. Wholesale/Transportation/Logistics/Warehousing
  - h. Manufacturing
  - i. Construction/Utilities
  - j. Other (applicant can specify) \_\_\_\_\_

11. Please describe your business: (briefly explain what the business produces and how it generates revenue)

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12. Number of Full-time Employees as of March 17, 2020 (first day of Shelter in Place): \_\_\_\_\_
13. Number of Part-time Employees as of March 17, 2020 (first day of Shelter in Place): \_\_\_\_\_
14. Have you lost or had to lay off any employees due to COVID-19? \_\_\_\_ Yes \_\_\_\_ No
15. Do you anticipate future employee losses or layoffs due to COVID-19? \_\_\_\_ Yes \_\_\_\_ No
16. Does the primary business owner qualify as a **low- or moderate-income** household based on his/her household income? (Refer to the Maximum Income Limits below.) \_\_\_\_ Yes \_\_\_\_ No

*\*\* Low-Moderate Income is defined as 80% or below the Area Median Income (AMI), by household size:*

| Persons in Household | 1        | 2        | 3         | 4         | 5         | 6         | 7         | 8         |
|----------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 80% AMI              | \$78,550 | \$89,750 | \$100,950 | \$112,150 | \$121,150 | \$130,100 | \$139,100 | \$148,050 |

17. How many employees qualify as a **low- or moderate-income** person based on their household income? \_\_\_\_\_ (Refer to the Maximum Income Limits below.) **To qualify for a grant you must be able to retain or rehire 1 full-time equivalent low-moderate income employee. One full-time equivalent employee is equal to (2) two part-time employees.**

*\*\* Low-Moderate Income is defined as 80% or below the Area Median Income (AMI), by household size:*

| Persons in Household | 1        | 2        | 3         | 4         | 5         | 6         | 7         | 8         |
|----------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 80% AMI              | \$78,550 | \$89,750 | \$100,950 | \$112,150 | \$121,150 | \$130,100 | \$139,100 | \$148,050 |

### **Employee Details**

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Circle one: Full-time or Part-time Employee's household size \_\_\_\_\_

Employee's Estimated Annual Income:

Hourly Wage Rate x Avg. Hours Worked x 52 weeks: \$ \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Circle one: Full-time or Part-time Employee's household size \_\_\_\_\_

Employee's Estimated Annual Income:

Hourly Wage Rate x Avg. Hours Worked x 52 weeks: \$ \_\_\_\_\_

**Submit mandatory copies of paystubs for qualified employees for the months of April, May, and June 2020.**

**Business Financial Information**

- 18. Gross Annual Revenues in 2019: \$ \_\_\_\_\_
- 19. Average Weekly Payroll in 2019: \$ \_\_\_\_\_ (include wages, employer-paid benefits, and state and federal payroll taxes)
- 20. Do you own or lease your establishment at this location? (circle one)
  - a. Own
  - b. Lease
- 21. Amount of Business’s Monthly Rent or Mortgage: \$ \_\_\_\_\_ per month
- 22. How will you use the grant funds? (circle one)
  - a. Employee Payroll for the specified business location
  - b. Rent or Mortgage for the specified business location
  - c. Utilities for the specified business location
  - d. Business Insurance for the specified business location
- 23. Describe other forms of financial assistance you have received or are seeking, and include dollar amount (e.g., EIDL, PPP, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplemental Information**

- 24. Please complete and attach an IRS Form W-9 for your business (download form here: <https://www.irs.gov/forms-pubs/about-form-w-9>)
- 25. Please complete and attach a 2019 Profit & Loss/Income Statement worksheet (see sample [here](#)).
- 26. Please provide a signed copy of your most recent completed business income tax return.
- 27. Do you intend to continue operating your business in Cupertino for the next 12 months?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Certifications and Acknowledgements**

- I have the authority to submit this application on behalf of the business requesting funding.
- I hereby certify that my business follows all applicable laws, including providing paid sick leave in compliance with State law and following anti-discrimination laws.
- I hereby certify that all of the information submitted in this application is true and correct, and is subject to audit by the City of Cupertino.
- I understand if I am selected to receive a grant, I must provide the listed documentation as proof or my application will be disqualified.
- I understand if I am selected I must sign a Grant Agreement to receive the grant funds.
- All decisions are final.

**Required documents for verification may include (as applicable) copies of:**

- Copy of current City of Cupertino business license valid as of March 17, 2020
- Documentation showing the number of employees (e.g., copy of payroll schedule)
- Copy of qualifying low-moderate income employee paystubs from April, May, and June 2020
- Current W-9 (download [here](#))
- Photo identification
- 2019 Profit & Loss/Income Statement (see sample [here](#))
- One of the following: copy of lease agreement that shows monthly payment amount, copy of May utility bill, copy of payroll schedule, or copy of business insurance statement
- Completed Economic Injury Worksheet (download [here](#))

**Note: If selected to receive a grant, applicant must agree to the following:**

- Register for free business counseling services through the Silicon Valley Small Business Development Center (SBDC). The SBDC in partnership with the City of Cupertino, offers free services to help you sustain your business through free workshops, one-on-one advising, and can help you apply for federal and/or other funding sources.
- Make every effort to continue operating the business in Cupertino.
- Provide a status update on the business after 3 months (90 days).
- Agree to additional terms in the Grant Agreement.

**Signature of Authorized Business Representative**

For:

(Fill in Legal Name of Applicant Company) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Representative) (Title)

\_\_\_\_\_  
(Date)