



City of Benicia

ECONOMIC BOOST GRANT APPLICATION

NAME OF BUSINESS:

NAME OF BUSINESS OWNERS:

BUSINESS ADDRESS:

CONTACT PERSON NAME AND TITLE:

CONTACT PERSON PHONE:

BUSINESS TYPE:

Sole Proprietorship
Limited Partnership

Limited Liability Entity
Cooperative Corporation

Partnership
Sub-S Corporation

PLEASE MARK WHAT TYPE OF ASSISTANCE YOU ARE SEEKING GRANT FUNDING FOR:

Payroll Lease Payment Equipment Inventory Utilities Combination

PLEASE LIST THE ADDRESS WHERE THE GRANT FUNDS SHOULD BE MAILED OR DELIVERED TO:

BUSINESS ELIGIBILITY INFORMATION

1. WHAT TYPE OF BUSINESS DO YOU OPERATE?

2. HAVE YOU ATTACHED A CURRENT COPY OF YOUR W-9? Yes No

3. DO YOU OPERATE OUT OF PHYSICAL COMMERCIAL STOREFRONT OR STRUCTURE WITHIN THE CITY OF BENICIA? Yes No

Please list the address of the location(s):

4. DOES YOUR BUSINESS HAVE AN ACTIVE CITY OF BENICIA BUSINESS LICENSE? Yes No

Business License Number:

5. DOES YOUR BUSINESS OR APPLICANT OWN A CHAIN WITH THREE OR MORE LOCATIONS (NATIONAL OR LOCAL)? Yes No

6. HAS YOUR BUSINESS BEEN IN OPERATION IN THE CITY OF BENICIA FOR AT LEAST ONE YEAR AS OF MARCH 1, 2020? Yes No Business Start Date:

Please attach a copy of your current lease agreement.

7. WHAT PERCENTAGE OF YOUR BUSINESS COMES FROM TOURISTS? %

8. HAS YOUR BUSINESS PARTICIPATED IN ANY LOCAL TOURISM RELATED EFFORTS? Yes No

9. IS YOUR BUSINESS OR THE APPLICANT IN GOOD STANDING WITH THE CITY OF BENICIA?

Yes No

10. HAS YOUR BUSINESS OR THE APPLICANT EVER BEEN INVOLVED IN A BANKRUPTCY OR INSOLVENCY PROCEEDING? Yes No

11. DOES YOUR BUSINESS OR THE APPLICANT HAVE ANY OUTSTANDING JUDGEMENTS, TAX LIENS, OR PENDING LAWSUITS AGAINST THEM? Yes No

12. IS YOUR BUSINESS OR THE APPLICANT DELINQUENT ON ANY FEDERAL TAXES, DIRECT OR GUARANTEED FEDERAL LOANS (SBA, FHA, VA, STUDENT, ETC.) FEDERAL GRANTS OR CONTRACTS? Yes No

ECONOMIC IMPACT INFORMATION

1. WHEN DID THE IMPACT OF THE COVID-19 SHUTDOWN EFFECT YOUR BUSINESS? AND WHEN DID THE IMPACT END? (IF THE IMPACT IS ONGOING ENTER THE APPLICATION DATE)?

Beginning Date:

Ending Date:

2. WHAT WERE YOUR BUSINESS' REVENUES DURING THE ABOVE PERIOD?

3. WHAT WERE YOUR BUSINESS' REVENUES DURING THE SAME PERIOD IN THE PRIOR YEAR?

4. WHAT WERE THE NUMBER OF EMPLOYEES ON YOUR PAYROLL ON MARCH 1, 2019?

5. WHAT WERE THE NUMBER OF EMPLOYEES ON YOUR PAYROLL ON MARCH 1, 2020?

6. WHAT ARE THE NUMBER OF EMPLOYEES ON YOUR PAYROLL AS OF JUNE 30, 2020?

7. DID YOU ATTACH A COPY OF THE 2019 PROFIT AND LOSS STATEMENT AND BALANCE SHEET FOR YOUR BUSINESS? Yes No

8. DID YOU ATTACH A COPY OF THE JANUARY – MAY 2020 PROFIT AND LOSS STATEMENT AND BALANCE SHEET FOR YOUR BUSINESS? Yes No

9. DID YOUR BUSINESS APPLY FOR ANY STATE OR FEDERAL ECONOMIC RECOVERY FUNDING PROGRAMS? Yes No Why?

HOW THE BOOST GRANT FUNDS WILL BE USED

1. PLEASE PROVIDE A BRIEF EXPLANATION DESCRIBING THE ECONOMIC IMPACTS THE COVID-19 SHUTDOWN HAS HAD ON YOUR BUSINESS?

2. HOW WILL YOU UTILIZE THE BENICIA BOOST GRANT TO OFFSET THE ABOVE DESCRIBED ADVERSE ECONOMIC IMPACTS ON YOUR BUSINESS?

3. WHAT ARE YOUR BUSINESS AND MARKETING PLANS FOR THE NEXT 12 MONTHS?

I HEREBY ATTEST THAT ABOVE INFORMATION AND DOCUMENTS I HAVE PROVIDED ARE TRUE AND CORRECT.

Signed by Applicant:

Date: