



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

The City of Rialto offers one-time \$10,000 grants to offer immediate financial assistance to small businesses located in the City of Rialto to aid in maintaining their business location. The program is made possible with federal Community Development Block Grant (CDBG) funds from the Department of Housing and Urban Development (HUD), therefore businesses must meet all requirements to be eligible for the program.

Previously approved businesses that were granted up to \$4,000 may reapply for an additional \$6,000 (not to exceed \$10,000) upon demonstration of additional need for funds by providing:

- Current Revenue Loss documents
- Past Due Rent or Utility Bills

Please type or write legibly.

1. APPLICANT INFORMATION

Date: _____

Business Owner Name(s): _____

Mailing Address: _____

E-mail Address: _____ Phone: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Website: _____

Business License #: _____ Business Start Date: _____

Organizational Structure: LLC S Corp. Sole Proprietorship Corporation Other: _____

Tax ID Number/IRS EIN #: _____ UEI #: _____

***The Unique Entity ID (UEI) number is required for all entities receiving federal funds. Obtaining a UEI number is free.**

Obtain one by applying online at <https://sam.gov/content/entity-registration>.

2. BACKGROUND INFORMATION

- a. Is the business owner(s) 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?

No Yes If yes, please describe:

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

- b. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?
 No Yes If yes, please describe:

- c. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?
 No Yes If no, please explain:

3. FINANCIAL INFORMATION

- a. Provide a description of your business, including the types of services and/or products you provide.

- b. Who is your target market? (e.g. general public, families, businesses, corporations, etc.)

- c. List your business industry (e.g., Restaurant, Retail, Manufacturing, etc.)
-



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

d. List the number of staff your business directly employs:

Full-time _____	Part-time _____
Are these positions <input type="checkbox"/> Permanent or <input type="checkbox"/> Seasonal	

e. Please list the expenses that the grant would pay for (include a description and amount).

If the grant is awarded, the business will be required to submit supporting documentation to demonstrate that grant funds are being used as intended and described here. If a business finds it necessary to change their intended use of the funds, they MUST seek APPROVAL from the City in writing before making any changes and submit an updated itemized lists of business expenses.

	Item/Expense:	Cost:
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
Total:		\$

f. Please share how these how these funds will help you to remain in business, retain employees or create jobs. Be as detailed as possible. *(Add pages, as needed).*

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto’s verification of various eligibility requirements.



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

4. DUPLICATION OF BENEFITS

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

This certification must be completed by any business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CDBG requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits.

a. Please mark any of the boxes below which apply to your business regarding any prior assistance. Sources of funds from assistance include but are not limited to Federal, State, and local loan/grant programs, private or bank loans, nonprofit donations, or loans.

I, or my business, **have not** applied or received funding assistance from Federal, State, local, or other programs to assist my business.

I, or my business, **have** received funding assistance from the following programs to assist my business. Please complete the table below. *(Add pages, as needed).*

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

b. Read and initial each statement below:

As an applicant of CDBG-CV funded Program through the City of Rialto, I assert that:

1. I will not apply for more funding than needed for which CDBG-CV funds are provided. *For example*, if I have \$100 available from another source towards each monthly gas bill and I am applying for City of Rialto funds to pay for my total monthly gas bill of \$500, Rialto funds will be limited to \$400 per month.

_____ (Initials)

2. I will immediately report to the City of Rialto if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the Microenterprise and Small Business Assistance Programs.

_____ (Initials)

3. I acknowledge that any duplication of funds must be paid back to the City of Rialto.

_____ (Initials)

4. I understand that this affidavit is appended to and part of any applicable Agreement that may be executed with the City for CDBG-CV funds and is a condition of the receipt of such funds, should my application be determined to be eligible.

_____ (Initials)

I certify that the information that I have provided in this affidavit is accurate and complete. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted.

_____ (Initials)

5. ASSURANCES AND SIGNATURES

I understand and by signing agree that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of Rialto promptly in writing upon any material change in the information provided herein. The City of Rialto and its consultants are authorized to make such inquiries as deemed necessary and appropriate to verify the accuracy of this application.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this Agreement.
- If funds are provided by the City of Rialto, the funds will be used for the purposes set forth above.
- I will voluntarily submit supporting documentation within three (3) months to demonstrate that the grant funds are being used as intended and described here. If the intended use of funds changes, I must notify the City of Rialto in writing at least five (5) days before the use of these funds.

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.



CITY OF RIALTO SMALL BUSINESS GRANT PROGRAM Application

- In no event shall the City of Rialto's financial responsibility exceed the approved amount, set forth above.
- I bear full responsibility for all tax consequences and of receiving grant funds, including but not limited to, issuance of an IRS Form 1099 by the City of Rialto
- I agree to indemnify the City of Rialto, its employees, and its consultants from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- I agree to comply with all applicable local, state, and federal regulations, including but not limited to business licenses and permits, zoning (e.g. signage), building, and other regulations regarding the operation of the business
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

Applicant Name

Date

Applicant Signature

STAFF USE ONLY:

Date Received: _____ Time Received: _____
Received by: _____

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.



**CITY OF RIALTO
SMALL BUSINESS GRANT PROGRAM
Application**

PLEASE DIRECT ALL QUESTIONS TO:

Avant Garde

Ashley Sanchez

Phone: (909) 816-2863

Email: rialtocares@rialtoca.gov

PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS EITHER BY MAIL TO:

City of Rialto Small Business Grant Program

Finance Department

C/O Avant Garde

150 S. Palm Avenue

Rialto, CA 92376

OR

BY EMAIL TO:

rialtocares@rialtoca.gov

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.