|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name Middle Initial Last Name** | | | | | |
| **Business Name** | | **Supervisorial District (1-5)** | | | |
| **Business Email Address** | | | **Business Phone** | | |
| **Business EIN#** | | |  | | |
| **Requested Grant Amount ($10,000 maximum) (This will be counted as income)** | | | **Business Type** | | |
| **Did your business receive Federal Assistance through any of the following funds: Paycheck Protection (PPP) or Economic Injury Disaster Loan (EIDL) program, CARES-ACT, SBA, USDA, Treasury, FEMA, IRS USDA, HHS, WIOA?**  **Which one(s) and used for what purpose?** | | | | | |
| **Has your business received any type of benefits, funding, or financial assistance from any source (e.g. federal, state, local government, insurance, or other source) for the same recovery purpose as set forth in this application or the same costs the business seeks, or will seek, reimbursement for under this OC Small Business Relief Program: Unincorporated Grants?**  **Which one(s) and used for what purpose?** | | | | | |
| **Business Location Address**  **Business Street Address**  **City State Zip Code County**  **Is your Business Physically Located in an Unincorporated area of Orange County CA?  Yes No(If no, application is ineligible)** | | | | | |
| **Proposed Use of Grant** | | | | | |
| * Rent * Utilities * Insurance * Software – Remote Access | * Inventory * Marketing * Working Capital * Training – COVID-19 Related | | | * Professional Services * PPE * Payroll and or benefits * Repurpose Business * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **1 of 2**  **Read Each Statement Below and Indicate *Yes or No***  **You Will be Asked to Provide Documents to Verify Your Responses** | | | | | |
| **1.** Is your business home based? If yes, it is **ineligible** for this grant. | | | | |  |
| **2.** Did your business have more than 25 FTE employees including owner(s) on March 1, 2020? If yes, it is **ineligible** for this grant. | | | | |  |
| **3**. Is your business a non-profit? If yes, it is **ineligible** for this grant. | | | | |  |
| **4**. Has your business lost revenue or sales since March 19, 2020 due to the COVID-19 pandemic? | | | | |  |
| **5**. Is your business engaged in illegal activities, or in adult entertainment, gambling, cannabis, or other industries making it ineligible for Federal funding? If yes, it is **ineligible** for this grant. | | | | |  |
| **6**. Are you willing to complete a Grant Agreement and W-9 form with the County of Orange obligating you to use the grant funds for the intended purpose? You will be required to sign and return the Grant Agreement and W-9 quickly as part of this Application process. | | | | |  |
| **Please sign and date this form and download this form along with supporting documentation to:**  [**https://caresactsbrf.ocgov.com/**](https://caresactsbrf.ocgov.com/) | | | | |  |
| **PLEASE BE ADVISED: APPLICATIONS WILL BE PROCESSED ON A FIRST COME, FIRST SERVED BASIS FOR EACH COUNTY BOARD OF SUPERVISORS DISTRICT. IN ADDITION, INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED**. **DUE TO LIMITED FUNDING AVAILABLE FOR THIS PROGRAM, SOME ELIGIBLE APPLICANTS MAY NOT RECEIVE FUNDING.**  **BUSINESS OWNER ACKNOWLEDGMENT:** **My signature below confirms that I am the owner and authorized officer of the business applying for this grant and I have read and understand the guidelines set forth in this OC Small Business Relief Unincorporated Grant Application. If my application is approved, my business and I will adhere to the terms described in the program guidelines and use the funds according to these guidelines and the guidelines set by the U.S. Department of Housing and Urban Development. I acknowledge that my business and I have provided all of the appropriate documentation to the County of Orange to process my application. I further represent, warrant and covenant that neither my busines nor I have received (and will not receive, by acting reasonably to obtain available assistance) benefits, funding, or financial assistance from any source (****e.g. federal, state, local government, insurance, or other source) for the same recovery purpose as set forth in this application or the same costs the** **business seeks, or will seek, reimbursement for under this OC Small Business Relief Program: Unincorporated Grants. Failure to meet these guidelines will require me to forfeit the funds to the County of Orange upon County’s request. In addition, I acknowledge that the completion of this Grant Application does not in any way indicate eligibility or approval.**  **Name: Title:**  **Signature: Date:** | | | | | |

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