

Rebuild Small Business Grant Application



Dear Small Business Owner,

We are here to help you overcome the challenges created by COVID-19. This \$1,000 grant provides economic relief to small businesses that are currently experiencing a temporary loss of revenue due to COVID-19. Businesses that are located in one of the following zip codes are eligible: **93701, 93702, 93706, 93721, and 93725**”

| | | | |
|--|---|---|--|
| NAME: | | EMAIL: | |
| COMPANY NAME (if applicable) | | WEBSITE | |
| ADDRESS: | | ZIP CODE: | |
| PHONE (Business/Work): | | CELL PHONE: | |
| YEARS IN BUSINESS: | | | |
| BUSINESS ENTITY <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP | ANNUAL BUSINESS INCOME <input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,001 - \$80,000 <input type="checkbox"/> \$80,000 - \$100,000 | ETHNICITY/RACE <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Native of Alaska <input type="checkbox"/> Caucasian <input type="checkbox"/> _____ | VETERAN <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran |
| HOW MANY EMPLOYEES DO YOU HAVE? Full Time: _____ Part Time: _____ | | | |
| TYPE OF BUSINESS: <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Other: _____ | | | |
| PRODUCTS/SERVICES: _____ | | | |
| CERTIFICATIONS: <input type="checkbox"/> Women Owned <input type="checkbox"/> Low to moderate income <input type="checkbox"/> Sec 3 Qualified Business (HUD Income Qualifying) <input type="checkbox"/> DBE (Disabled) <input type="checkbox"/> DVBE (Disadvantaged Veteran) <input type="checkbox"/> MBE (Minority) | | | |
| AREAS IN WHICH YOU NEED TECHNICAL ASSISTANCE <input type="checkbox"/> Business Plan <input type="checkbox"/> Finances <input type="checkbox"/> Legal <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Microloan <input type="checkbox"/> Co-Working Space <input type="checkbox"/> Incubator Program: _____ | | | |
| HOW DID YOU HEAR ABOUT OUR PROGRAMS AND SERVICES? <input type="checkbox"/> Chinatown Fresno Foundation <input type="checkbox"/> Downtown Fresno Partnership <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> SBA <input type="checkbox"/> A Hopeful Encounter <input type="checkbox"/> Email <input type="checkbox"/> CDFI <input type="checkbox"/> SBDC <input type="checkbox"/> Lowell CDC <input type="checkbox"/> Friend <input type="checkbox"/> Social Media <input type="checkbox"/> _____ | | | |
| Have you received SBA PPP (Paycheck Protection Program) or EIDL (Economic Injury Disaster Loan) in the past? Yes _____ No: _____ | | | |
| CLIENT SIGNATURE | | DATE | |
| <i>Finance Department</i> | | | |
| Entered by: _____ Check # _____ Issue Date: _____ | | | |
| Attachments: Application () Check Request Form () W9 Form () Expenditure () _____ | | | |

The Rebuild Small Business Grant is made possible through a partnership with Central Valley Community Foundation through J.P. Morgan Chase Pro Neighborhood Grant.