



County of Fresno Helping Underserved Businesses (HUB) Grant

<u>Grant Amount</u> \$5,000	<u>Credit Report:</u> Required to verify business owner has not filed for bankruptcy in the last 3 years or has outstanding tax liens. No minimum credit score required.	<u>Eligible Uses:</u> Working Capital (business operating expenses)	<u>Geography:</u> Fresno County
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Grant Program Guidelines:

1. Applicants shall be a for-profit business physically located and operating in Fresno County with a demonstrated economic need and have been negatively impacted by COVID-19.
2. Grant funds will be equitably distributed by County Districts.
3. Grants must be limited to (1) loan per business entity.
4. Business must have 10 full time equivalent employees (FTE) or less. Self-employed business owners are eligible.
(40 hours per week equals 1.0 FTEs; a part-time employee working 20 hours per week equals 0.5 FTE)
5. Business applicant will NOT be eligible to apply if business has been approved or has received disaster relief funding such as Paycheck Protection Program, SBA Economic Injury Disaster Relief Loan or City of Fresno Save Our Small Business Loan to Grant.
6. Business applicant must have no outstanding local, state, federal tax liens nor judgments. If this is applicable, business must upload documentation of their current payment plan.
7. Applicants must have no bankruptcies within the last three years; bankruptcies must have a discharge date dating back at least three (3) years at time of grant application.
8. It must be demonstrated and certified that the business applicant has been operating for at least two full years prior to March 15, 2020 (2 years of federal

business tax returns **or** Business License reflecting a date prior to March 15, 2018 **or** Fictitious Business Name Statement filed prior to March 15, 2018).

9. Selected businesses will be required to sign a technical assistance and reporting agreement to be carried out throughout the term of the grant.



Fresno County Helping Underserved Businesses Grant Program APPLICATION

All applications must be submitted online at
www.FresnoHubGrant.com



1. APPLICANT INFORMATION

Business Legal Name:		Employer/Tax ID #:	
Business Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC			
Business Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Phone/Cell:		Business Email:	
Referral Source:			
<input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Other			
Business Tax Certificate Number:		Expiration Date:	
2019 Annual Gross Sales:		# of Employees (as of March 15, 2020): FT _____ PT _____	
Year Business Established In Fresno County:		Industry Type:	
County Supervisor District:		For Profit Business: YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>All owners with >20% ownership must apply. Individual credit report will be checked.</i>			
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
Owner Name:		SSN/ITIN:	DOB:
Title:	% Ownership	Email:	
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	

2. BUSINESS INFORMATION

- A. Have you been approved for or received an SBA Economic Injury Disaster Loan (EIDL)?
 Yes
 No
- B. Have you been approved for or received a Paycheck Protection Program Loan?
 Yes
 No
- C. Have you been approved for or received a Save Our Small Business Loan to Grant from the City of Fresno?
 Yes
 No
- D. Does the business have any unpaid local, state, federal tax liens or judgements?
 Yes – If Yes, upload current payment plan documentation
 No
- E. Has business owner(s) filed for bankruptcy in the last 3 years?
 Yes
 No

3. Use of Funds:

Working Capital: <i>(rent, payroll, utilities or other fixed operating expenses)</i>
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Grant Amount: \$5,000

4. ADDITIONAL QUESTIONS

- F. Has your business been negatively impacted (closed completely) as a result of the COVID-19 public health emergency?
 Yes
 No
- G. Has your business been partially closed as a result of the COVID-19 public health emergency?
 Yes
 No
- H. Has your business closed voluntarily to promote social distancing measures as a result of the COVID-19 public health emergency?
 Yes
 No
- I. Have you been operating for more than two years prior to March 15, 2020?
 Yes
 No

5. REQUIRED DOCUMENTS

Business Verification Documents:

- 2 years of Business Federal Tax Returns **OR**
- Business License reflecting a date prior to March 15, 2018 **OR**
- Fictitious Business Name Statement filed prior to March 15, 2018

Additional Documents:

- Voided business **OR** personal check

6. CERTIFICATION

To the best of my knowledge and belief, I certify: The information in this application is correct and complete.

I authorize Fresno Community Development Financial Institution (CDFI) dba Access Plus Capital (APC) to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

I authorize Fresno CDFI dba Access Plus Capital to request and obtain additional information pertaining to how the Grant funds were used to benefit the business six (6) months from the date of receipt.

I hereby grant permission to Fresno CDFI dba Access Plus Capital, its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I understand that the media will be utilized in APC and partner's marketing and promotional items, included but not limited to its web site, newsletter, press releases, social media, and other mediums of communication.

I understand that APC and partners have the right to edit, duplicate and disseminate these materials. I waive the rights to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the media materials (stories, accounts, reflections, etc.).

I declare under penalty of perjury, that the foregoing is true and correct.

Applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date: