



# BAKERSFIELD

THE SOUND OF *Something Better*

## Small Business Grant Application

### Applicant Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			City Business License#
Business Address:			Email Address:
City:	State:	ZIP:	Phone:

### Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Limited-Liability Company <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Number of Full-time Equivalent Employees 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 17 <input type="checkbox"/> 18 to 25 <input type="checkbox"/>				
Business has received: Paycheck Protection Program (PPP) funds from Federal Department of Treasury Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount received \$ _____ Kern Small Business Relief Program (KSBRP) fund from the County of Kern Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount received \$ _____				

### Business References (one is required – additional are optional)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**By Signing Below, You Make the Following Representations and Certifications on Behalf of the Applicant**

The authorized representative of the applicant must certify to all below by **initialing** next to each statement.

\_\_\_\_\_ Business has experienced at least a 25% reduction in revenue since March 1, 2020 due to the COVID-19 pandemic and that grant proceeds will be used for allowable expenses under the Federal CARES Act guidelines; and

\_\_\_\_\_ Business has been operating for at least one full calendar year prior to March 1, 2020; and

\_\_\_\_\_ Business has revenues less than \$5,000,000 per year; and

\_\_\_\_\_ Business is within the limits of City of Bakersfield; and

\_\_\_\_\_ Business has no unremedied City Code violations.

\_\_\_\_\_ I understand that if the funds were knowingly used for unauthorized purposes, the City of Bakersfield may pursue recovery civil or criminal charges against me. I understand that knowingly making a false statement to obtain the grant is punishable under the law.

\_\_\_\_\_ I understand, acknowledge, and agree that the City of Bakersfield may request additional information for the purposes of evaluating the eligibility for the grant, and that applicant's failure to provide necessary information requested by the City may result in a determination that the application is incomplete.

\_\_\_\_\_ The grantee will maintain all supporting documentation necessary to support eligible costs, for the longer of five (5) years or until all audits of the Coronavirus Relief Funds have been completed. I further hereby agree, to provide any and all such supporting documentation to the City and their authorized representatives upon request and understand that failure to do so may result in my required repayment of all or part of the grant at a future date.

**I SWEAR UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**ATTACHED DOCUMENTATION AND SUPPORTING FILES CHECK LIST**

**NOTE: All required documentation must be received for the application to be considered received and complete. Applications will not be considered for funding until ALL the documentation is provided.**

	Copy of 2018 Federal Income Tax Returns
	Copy of 2019 Federal Income Tax Returns
	Copy of 1 <sup>st</sup> Quarter 2020 State Payroll Tax Returns (DE9 & DE9C)
	Copy of 2 <sup>nd</sup> Quarter 2020 State Payroll Tax Returns (DE9 & DE9C)