



Palmdale  
**Small Business**  
Assistance Programs

**Application for Small Business Grant**

**January 2023**

# Small Business Assistance Grant Application

## Introduction and Program Overview

---

The COVID-19 pandemic continues to stress small businesses in various different aspects of business operations. The City will be utilizing funds to extend the assistance to our local businesses that have been impacted by COVID-19, through the Small Business Assistance Grant program (SBAG). The funds shall be used to provide support to eligible businesses for payroll, rent, personal protective equipment, and other costs required to resume or expand business operations.

As a general principal, SBAG funding will only be provided in cases where it can be reasonably determined and documented that the applicant business has been adversely impacted by the COVID-19 pandemic. All grant payments will be made as reimbursements for actual costs. The business will be required to submit appropriate documentation to confirm eligibility for the relevant program and to receive grant payments.

The SBAG program will provide grants up to \$7,000.00 to small businesses that were adversely impacted by the COVID-19 pandemic.

## Application Process

---

Applications can be found online at [www.cityofpalmdale.org/SBA](http://www.cityofpalmdale.org/SBA), and can be submitted by printing and hand delivering applications to the Economic Development Division at 38250 Sierra Highway, Palmdale, CA during regular hours of operation of Monday through Thursday from 7:30 a.m. to 6:00 p.m. Applications WILL NOT be accepted by email. Applications will be time stamped and reviewed on a first come first serve basis. The application period will open on January 9, 2023, and close on April 20, 2023, or when all funds are granted, whichever comes sooner. If interest persists and funds are still available, the City may extend the application period.

*Questions about the application process? For the fastest response, please contact Economic Development Division at (661) 267-5125 or at [economicdevelopment@cityofpalmdale.org](mailto:economicdevelopment@cityofpalmdale.org).*

## Eligibility Checklist

---

The checklist below assists businesses to determine eligibility for the small business grant assistance. For more guidance, please view the program guidelines [www.cityofpalmdale.org/SBA](http://www.cityofpalmdale.org/SBA)

Is your business located within Palmdale City boundary?	Yes ___ No ___
Does your business have fewer than 500 employees (including the owner(s))?	Yes ___ No ___
Are you able to document that your business was adversely impacted by COVID-19?	Yes ___ No ___
Does your business have a current City of Palmdale business license?	Yes ___ No ___
Was your business opened on or before February 29, 2020?	Yes ___ No ___
Does your business meet the eligibility requirements outlined in the program guidelines? <ul style="list-style-type: none"><li>• Owner is 18 years or older</li><li>• Business has a valid federal employer identification number</li><li>• Business has a bank account</li><li>• Business is not subject to City Conflict of Interest Code</li></ul>	Yes ___ No ___

# Small Business Assistance Grant Application

<p>Can confirm that my business is <b>not</b> one of the following:</p> <ul style="list-style-type: none"> <li>• Nonprofit entity (e.g. 501 (c)(3), 501 (c)(6), etc.)</li> <li>• Passive business (i.e. rental property or other business in which one does not actively participate)</li> <li>• Government organization</li> <li>• Home-based business</li> <li>• Business that limit patrons to 18 and older</li> </ul>	<p>Yes ___ No ___</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

**If you answered yes** to all questions above, you may be eligible for the Small Business Assistance Grant. Proceed to complete application. **If you answered no** to any question, you may not be eligible for the Small Business Grant program. If you have any questions regarding your business’ eligibility, please contact the Economic Development Division at 661-267-5125.

## Summary Application

Name of Business Owner:	
Legal Name of Business:	
DBA (if applicable):	
Business Address:	
Business Owner Email:	
Business Owner Phone:	
Date Business Opened:	
Federal EIN:	
Number of Total Employees:	(prior to March 2020): _____ (Current): _____

1. Does the business have a current City of Palmdale business license? Yes \_\_\_ No \_\_\_
2. Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? Yes \_\_\_ No \_\_\_ If yes, please attach a document providing an explanation.
3. Has the business filed for bankruptcy in the past 7 years? Yes \_\_\_ No \_\_\_ If yes, please attach a document providing an explanation.
4. Is the business owner subject to the City’s conflict of interest code ([www.cityofpalmdale.org/SBA](http://www.cityofpalmdale.org/SBA))? Yes \_\_\_ No \_\_\_ If yes, please attach a document providing an explanation.

# Small Business Assistance Grant Application

## COVID-19 Impact

---

In order to be eligible for the Small Business Assistance Grant Program, businesses must have been adversely impacted because of the COVID-19 pandemic. Select ANY impact types that are relevant to your business below. Attach supporting documentation as necessary:

Type of Negative Impact:

- |                                                               |                                                                                 |
|---------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Loss of revenue                      | <input type="checkbox"/> Rent, payroll, or utilities arrears                    |
| <input type="checkbox"/> Difficulty retaining or hiring staff | <input type="checkbox"/> Business temporarily closed due to Health Restrictions |
| <input type="checkbox"/> Increased operating costs            | <input type="checkbox"/> Other _____                                            |

The SBAG program will provide grants up to \$7,000.00 to small businesses that were adversely impacted by the COVID-19 pandemic.

- **Loss of revenue:** Provide documentation showing average revenue prior to March 2020 and average revenue after April 2020 through August 2022; i.e. copy of Federal Income Tax Return filed for 2019, 2020, 2021 and/or 2022 (business or personal if a sole proprietor). Include the Federal Schedule E page.
- **Difficulty retaining or hiring staff:** Provide documentation of efforts to hire staff or retain staff in order to effectively run business, i.e., documentation of assistance used (staffing agency, AJCC, job fairs or ads) to attract new hires, documentation of staffing levels prior to March 2020 and current staffing levels or completed self-certification of Covid impact (Exhibit A).
- **Increased operating costs:** Documentation showing new expense items required by State or County guidelines in order to reopen business operations.
- **Rent, payroll, or utilities arrears:** Documentation showing that business is behind in rent, payroll or utilities between April 1, 2020 - December 31, 2022.
- **Business forced to temporarily close due to State or County Restrictions:** Documentation showing that business was mandated to close either due to State or County of Los Angeles restrictions, i.e., copy of State or LA County Health orders applied to your business and completed self-certification form showing dates business was closed (Exhibit A).

## Small Business Assistance Grant Application

**Other/Self-Certification of Negative COVID-19 Impact:** If needed the self-certification form (Exhibit A) of this application can be completed.

### Information for Government Reporting

---

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form WILL NOT be used to evaluate your application for participation in the Small Business Grant Assistance. Information is required for federal funding reports only.

BUSINESS OWNER 1	BUSINESS OWNER 2 (if applicable)
PLEASE MARK <b>ONE</b> :	PLEASE MARK <b>ONE</b> :
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO
HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO

# Small Business Assistance Grant Application

## Application Signature Page

---

*(complete one signature page for each business owner)*

*The applicant warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the grant would be issued, or would otherwise receive a financial benefit from any grant which may be extended to applicant and/or for the business. By accepting this grant, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Palmdale.*

**Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

*I attest that I have read and understood the application and completed the application in full, including the required attachments listed below. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

### **Required Attachments (all applicants)**

1. City of Palmdale Business License (current at time of application);
2. State Identification Card or Driver's License;
3. IRS Form W-9 (Request for Taxpayer Identification Number and Certification) (Signed & Dated);
4. Documentation of COVID-19 Impact
5. Other documentation/ explanations, as required

# Small Business Assistance Grant Application

Exhibit A



## **Self-Certification of Negative Impact by COVID-19 Pandemic**

In order to be eligible for the Small Business Assistance Grant, businesses must document that they have been adversely impacted because of the COVID-19 pandemic. Applicants that are not able to provide documentation of impact must sign the self-certification.

I/We, as the owners of \_\_\_\_\_ business located in the City of Palmdale, certify that our business has been negatively impacted as a result of the COVID-19 pandemic as set forth in the Small Business Assistance Program Guidelines.

Indicate type of impact experienced and provide explanation of the details on the box below.

- Loss of revenue
- Rent, payroll, or utilities arrears
- Difficulty retaining or hiring staff
- Business had to temporarily close due to LA County Restrictions
- Increased operating costs
- Other

---

---

---

---

---

---

---

---

I/We certify under penalty of perjury, under the laws of the State of California, that by signing I/We self-certify that my/our business has been negatively impacted by the COVID-19 pandemic as listed above.

### **BUSINESS OWNER(S)**

---

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
------------------	---------------------	-------------

---

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
------------------	---------------------	-------------