

City of Hercules
Small Business Assistance Grant
Program Application
draft

Business Information

Business Name:

Business Owner Name:

Business Location Address:

Business Owner Mailing Address:

Business Owner Phone: _____

Business Owner Email: _____

Independent Contractor: Yes ____ No ____

Number of employees at all Hercules locations: _____

Date Established (Earliest date if more than one Hercules location): _____

City of Hercules Business License Number: _____

Business Type: _____

Primary Business SIC Code(s): _____

Description of Lost Revenue

Describe the revenue that your business has lost due to COVID-19:

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- Attach documentation illustrating loss of revenue due to COVID-19
 - Attach copy of IRS Form W-9

Other Information

Does not impact eligibility for the Hercules Small Business Assistance Grant Program

Indicate any form of government assistance your business has received related to COVID-19:

- A. Economic Injury Disaster Loan (EIDL) Yes ___ No ___ Did not apply ___
B. Paycheck Protection Program (PPP) Yes ___ No ___ Did not apply ___
C. Other government assistance received:

If your business is an independently owned franchise, have you received any corporate assistance?

Yes ___ No ___ Did not apply ___

Briefly explain:

Indicate primary intended use of Hercules Small Business Assistance Grant Program funds:

- A. Protective and safety equipment Yes ___ No ___
B. Utilities Yes ___ No ___
C. Employee training Yes ___ No ___
D. Rehiring Yes ___ No ___
E. COVID-19 grant/ loan application
 processing Yes ___ No ___
F. Financial training Yes ___ No ___
E. Other:

Have you fully reopened your business?

Yes ___ No ___

If "No," briefly explain:

Optional Demographic Information: Responses to the following questions are voluntary and will be used solely for statistical purposes. They will **not** be used to determine eligibility.

Is the business minority-owned? Yes ___ No ___
Is the business women-owned? Yes ___ No ___
Is the business veteran-owned? Yes ___ No ___

Owner Attestation

I hereby certify the truth of this application, confirm that my business is in full compliance with all local, State, and federal laws, including COVID-19 related health orders, and acknowledge that any false statements in it shall, at the City's option, result in automatic invalidation of the action based thereon.

Owner Signature: _____ Date: _____