

# Madera County

## ARPA Small Business Assistance Grant Program

The County of Madera is offering small business grants to businesses located in Madera County, including the Cities of Chowchilla and Madera. Businesses with 50 employees or less (including the business owner) are eligible. Businesses negatively affected by COVID-19 may be eligible to receive a working capital grant between \$5,000 and \$10,000 based on the number of employees and the businesses 2019 tax return.

### APPLICANT/BUSINESS OWNER

PLEASE INCLUDE ALL OWNERS WITH >20% OWNERSHIP

Owner Name/Title: \_\_\_\_\_ % Ownership \_\_\_\_\_ SSN# \_\_\_\_\_

DOB: \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name/Title: \_\_\_\_\_ % Ownership \_\_\_\_\_ SSN# \_\_\_\_\_

DOB: \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUSINESS

Name of the Business \_\_\_\_\_ EIN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business License #: \_\_\_\_\_ Year business started: \_\_\_\_\_

Type of Business \_\_\_\_\_ Website: \_\_\_\_\_

What is business structure?

Sole Proprietor     Partnership     Limited Liability Company

S-Corporation     C-Corporation     Non Profit

### CURRENT NUMBER OF EMPLOYEES

Total: \_\_\_\_\_ Business Owner/Owners: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

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### BUSINESS IMPACT QUESTIONS

Please certify the business eligibility by checking a box that best fits the impact on your business. Please provide documents for eligibility and verification.

- Revenue from the 2020 calendar year was down in comparison to revenue from the 2019 calendar year;
- Temporary Closure
- Business debt accrued due to COVID-19 pandemic
- Need to purchase specialized equipment or supplies.
- Other (provide a detailed description)

### HOW WILL YOU USE THE GRANT FUNDS

Working Capital \_\_\_\_\_

Rent or Commercial Mortgage Payments for Business \_\_\_\_\_

Payroll and Benefit Cost \_\_\_\_\_

Increasing Technology Capacity to Enable Alternative Work Platforms \_\_\_\_\_

Creating New Marketing Campaigns or Business Plans \_\_\_\_\_

Paying Vendor Invoices \_\_\_\_\_

Facility Cleaning/Restoration \_\_\_\_\_

Utilities \_\_\_\_\_

Other (amount and description) \_\_\_\_\_

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### ADDITIONAL QUESTIONS

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- A. Have you received any COVID 19 grant funds, from the State, City or County?  
 Yes-provide documentation  No
- B. Does the business have any unpaid local, state, federal tax liens or judgements?  
 Yes-provide documentation  No
- C. Has business owner(s) filed for bankruptcy in the last 3 years?  
 Yes-provide documentation  No
- D. Was the business opened in 2020, 2021 or 2022?  
 Yes-provide documentation  No

### REQUIRED DOCUMENTS

- Completed Grant Application
- Current Madera County or City Business License
- 2019 & 2020 Tax Returns (if opened prior to 2020)
- Statement explaining business impact and backup documents
- Completed W9
- Documentation related to the additional questions section

### ACKNOWLEDGMENT, AGREEMENT AND CERTIFICATION

Acknowledgment: I/We understand that this grant is being provided by the County based solely upon the information that I/we have provided in this application. I am also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification: I/We authorize the MCEDC and the Madera County Auditors to verify all sources of income including the business owners Small Business Administration (SBA) loans/grants and/or grants received from the State, and the County of Madera in connection with coronavirus pandemic and/or American Rescue Plan Act of 2021.

I hereby grant permission to MCEDC 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 MCEDC marketing and promotional items, included but not limited to its website, newsletter, press releases, social media, and other mediums of communication.

**AND** I understand that individual applications will be randomly selected for a detailed audit on the accuracy of information presented in this application.

By signing below, I/we certify that the above information, statements and documents are true and correct to the best of my/our knowledge. I/we understand that a false statement may disqualify me/us from benefits.

Owner Signature \_\_\_\_\_ Co-Owner Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_