GLENN COUNTY Planning & Community Development Services Agency

225 N. Tehama Street Willows, CA 95988 530.934.6540 www.countyofglenn.net



County of Glenn COVID-19 Business Assistance Grant Application

- Coronavirus Funding Rounds 2 and 3 -

Program Overview

The County of Glenn is offering between \$2,500 and \$7,500 grants to eligible businesses within Glenn County.

Eligibility

- They must have a presence in Glenn County, including the incorporated areas.
- The business has to have five or fewer employees.
- Stay-at-home orders and mandated shutdowns must be causing or have caused an impact to business revenue.

Select Your Jurisdiction:

County of Glenn

____ City of Orland

____ City of Willows







Approval Process

Grant applications will be scored on Need and Economic Impact.

Ranking – 90 Available Points

Need – 60 points maximum

Revenue loss in excess of 25%	15 points
Revenue loss in excess of 50%	30 points
Out-of-pocket COVID-related costs in excess of \$1,000	15 points
Out-of-pocket COVID-related costs in excess of \$2,500	30 points

Economic Impact – 30 points maximum

0-4 employees	5 points
5-10 employees	10 points
10 plus employees	15 points
Gross payroll – less than \$50,000	5 points
Gross payroll – \$50,000 - \$99,999	10 points
Gross payroll – more than \$100,000	15 points

Application Period

It is highly recommended to submit your application as soon as possible. These funds are limited and applications will be processed in the order received.

Disclosure of Information

The County of Glenn understands and supports the public's right to access public records. Information submitted through this application is a public record and may be subject to disclosure under the California Public Records Act. In addition, the County of Glenn may be required to disclose information submitted through the application by some other legal process, for example, a subpoena.

By applying for funding under the County of Glenn COVID-19 Business Assistance Grant program, I agree that the County of Glenn may determine in its sole discretion whether information submitted through this application is subject to disclosure under the California Public Records Act or through another legal process.

Primary Business Owner Name

Signature (Typing in name constitutes as your signature)

Date



Business Information

Legal Business Name:				
Business Trade Name (if different):				
Business Street Address:				
Business Mailing Address (if different):				
Business Phone:				
Business Email:				
Primary Business Owner Name:				
Primary Business Owner Mailing Address:				
Do you own or lease your establishment?	□ Own	Lease		
List names and share of ownership of all other busine Name	ess owners wit	h 20% or more	e ownership: Ownership %	
(Attach additional sheet if necessary)				
Type of Business EntityCorporationLimited Liability CompanyIndividual/Sole Proprietorship	□ Partnership (LLP, joint venture)			
Industry and Primary Business Activity (pl Restaurant/Food Services Mining & Agricultural Professional Services Construction/Energy/Utilities Automobile / Equipment Vehicle	 Bar/Winer Retail Sale Healthcare Personal etc.) 	y/Brewery/Pul es/Entertainm e Services	ent (body art, salon,	

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Operational Information

Federal Tax ID (EIN):

Social Security Number (Sole Proprietors):

Date Business Established:

Number of full-time employees:

Number of part-time employees:

Financial Information

Total Gross Revenue 2019:

Total Gross Revenue 2020:

Total Gross Payroll:

Estimated revenue loss (due to COVID-19):

Total COVID-19 related expenses:

Other Funding

Have you applied for any other COVID-19 related funding for your business? \Box Yes \Box No

If so, which program(s)?

How much funding have you received?







Federal Tax Liens/Judgements

Does the business or owner have any outstanding Federal liens or judgements?

Impact of COVID-19

Were you forced to shut down or reduce services due to stay-at-home orders?

Has COVID-19 affected your staffing levels (if applicable) and how?

Did you need to purchase any special equipment, tools, supplies, etc. for safety and preventive measures related strictly to the COVID-19 pandemic (i.e. personal protective equipment, sanitizers, facial coverings, etc.)?

Do you have any other comments to share about how the COVID-19 pandemic has affected your business?

Supplemental Information – REQUIRED

Please attach the following required documentation. If selected to receive a grant, applicant may be required to provide additional documentation.

- 2020 Federal Tax Return
- Financial Statements (Profit and Loss) if available
- Receipts or estimates for COVID-19 related expenses (plexiglass, signage, outdoor dining equipment, etc.)

Please attach any supplemental information that would help inform the evaluation of your application.

Certifications

- ✓ I hereby certify that my business follows all applicable laws, including providing paid sick leave and following anti-discrimination laws.
- ✓ I hereby certify that all of the information submitted in this application is true and correct and is subject to audit by the County of Glenn and its third-party auditors.
- ✓ I hereby certify that my business is and will continue to remain in compliance with federal, state, and local health orders.
- ✓ I hereby certify that no duplicate funds have been applied for or awarded.
- ✓ I acknowledge that once grants are awarded and grantees are notified, all funding decisions are final.

Primary Business Owner Name (Printed):	
Primary Business Owner Signature	
Date	(Typing in name constitutes as your signature)
Additional Business Owner Name	
Additional Business Owner Signature	
Date	(Typing in name constitutes as your signature)
Additional Business Owner Name	
Additional Business Owner Signature	
Date	(Typing in name constitutes as your signature)

Questions: If you have questions regarding the application, please contact:

County of Glenn Planning & Community Development Services Agency 225 North Tehama Street, Willows, CA, 95988 Phone: (530) 934-6540 Fax: (530) 934-6103 planning@countyofglenn.net