

**California Small Business
COVID-19 Relief Grant
Application Checklist for Businesses**

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SECTION 1: LET'S GET STARTED WITH YOUR APPLICATION	
<i>Information Needed</i>	<i>Answer</i>
Please enter information for the main contact person for this grant application	
<input type="checkbox"/> First Name	
<input type="checkbox"/> Last Name	
<input type="checkbox"/> Email Address	
<input type="checkbox"/> Owner cell phone	
<input type="checkbox"/> Business Name	
<input type="checkbox"/> Zip Code of Business	

SECTION 2: OWNER DETAILS	
<i>Information Needed</i>	<i>Answer</i>
If there is more than one owner, use who would be considered the "primary owner"	
<input type="checkbox"/> Owner First Name	
<input type="checkbox"/> Owner Last Name	
<input type="checkbox"/> Owner E-mail	
<input type="checkbox"/> Owner Address City, State, Zip Code, and County	
<input type="checkbox"/> Owner Birthday	
<input type="checkbox"/> Owner Social Security	
<input type="checkbox"/> % of Ownership	

SECTION 3: BUSINESS INFORMATION	
<i>Information Needed</i>	<i>Answer</i>
<input type="checkbox"/> Business Name	
<input type="checkbox"/> DBA (if applicable)	<i>Note: If your business does not have a DBA, type "NONE" in this field.</i>
<input type="checkbox"/> Business EIN	
<input type="checkbox"/> Business Phone Number	
<input type="checkbox"/> Business Type <ul style="list-style-type: none"> ➤ LLC ➤ LLP ➤ LP ➤ Partnership ➤ Professional Corporation ➤ Sole Proprietor (with employees) ➤ Sole Proprietor (without employees) 	SELECT ONE
<input type="checkbox"/> State of Incorporation	
<input type="checkbox"/> Business Address, City, State, Zip Code, and County	
<input type="checkbox"/> Business Start Date	
<input type="checkbox"/> Business Website	<i>Note: If your business does not have a website, type "none.com" in this field</i>



SECTION 4: HOW CAN WE HELP YOU?

<i>Information Needed</i>	<i>Answer</i>
<input type="checkbox"/> Purpose of Grant <ul style="list-style-type: none"> ➤ Payroll ➤ Rent/Mortgage Interest ➤ Utilities ➤ Group Healthcare ➤ Other 	<i>SELECT WHAT YOU WOULD CONSIDER THE PRIMARY PURPOSE</i>
<input type="checkbox"/> Amount Requested	<i>NOTE: The grant amount you can request is based on your annual revenue.</i>
<input type="checkbox"/> Will this Grant create new jobs?	<i>SELECT YES OR NO</i>
<input type="checkbox"/> Annual Revenue	<i>NOTE: Answer this question in relation to your normal levels of business before the Pandemic.</i>
<input type="checkbox"/> # of Full-Time Employees	<i>NOTE: Answer this question in relation to your normal levels of business before the Pandemic.</i>
<input type="checkbox"/> # of Part-Time Employees	<i>NOTE: Answer this question in relation to your normal levels of business before the Pandemic.</i>
<input type="checkbox"/> # of Jobs Created	
<input type="checkbox"/> # of Jobs Retained	



SECTION 5: BUSINESS DEMOGRAPHICS	
<i>Information Needed</i>	<i>Answer</i>
<input type="checkbox"/> Who is your customer base? <ul style="list-style-type: none"> ➤ B2B (serving other businesses) ➤ B2C (serving individual consumers) ➤ Both 	SELECT ONE
<input type="checkbox"/> What does your business do? <ul style="list-style-type: none"> ➤ Manufacturer ➤ Sells Products ➤ Service Business ➤ Construction Business ➤ Transportation/Communication ➤ Unknown 	SELECT ONE
<input type="checkbox"/> What type of business is it?	SELECT THE BEST DESCRIPTION OF YOUR BUSINESS FROM THE DROPDOWN MENU
<input type="checkbox"/> Tell us more.	SELECT THE BEST DESCRIPTION OF YOUR BUSINESS FROM THE DROPDOWN MENU
<input type="checkbox"/> NAICS Code	Use this link to find your 6-digit NAICS Code: https://www.naics.com/search/
<input type="checkbox"/> Women Owned Business?	SELECT YES OR NO
<input type="checkbox"/> Veteran Owned Business?	SELECT YES OR NO
<input type="checkbox"/> Disabled Owned Business?	SELECT YES OR NO
<input type="checkbox"/> Race of majority owners?	SELECT ONE
<input type="checkbox"/> Ethnicity of majority owners? <ul style="list-style-type: none"> ○ Hispanic or Latino ○ NOT Hispanic or Latino 	SELECT ONE
<input type="checkbox"/> Franchise?	SELECT YES OR NO
<input type="checkbox"/> Rural?	SELECT YES OR NO



SECTION 6: DISCLOSURES

<i>Information Needed</i>	<i>Answer</i>
1. Is your business 51% Minority or veteran-owned (“Minority/Person of Color-Owned Small Business” means the following racial or ethnic groups (as identified by the applicant): African-American, Asian, Native American, or Alaska Native, Native Hawaiian or Pacific Islander, or LatinX/Hispanic)	<i>SELECT YES OR NO</i>
2. What was the gross revenue for your business for April 1 st , 2019 – September 30 th , 2019?	
3. What was the gross revenue for your business for April 1 st , 2020 – September 30 th , 2020?	
4. Is your business currently in need of business advising or technical assistance services?	<i>SELECT YES OR NO</i>
5. Is your business currently in need of a business loan?	<i>SELECT YES OR NO</i>
6. During the last 9 months, has your business received any COVID-19 related emergency grants?	<i>NOTE: Do not count PPP Loans, EIDL Loans, or Unemployment towards this answer. These emergency funds are NOT “grants”.</i>

