

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

TABLE OF CONTENTS

- SECTION 1: LET'S GET STARTED WITH YOUR APPLICATION**
- SECTION 2: OWNER DETAILS**
- SECTION 3: BUSINESS INFORMATION**
- SECTION 4: HOW CAN WE HELP YOU?**
- SECTION 5: BUSINESS DEMOGRAPHICS**
- SECTION 6: DISCLOSURES**

<b>SECTION 1: LET'S GET STARTED WITH YOUR APPLICATION</b>	
<i>Information Needed</i>	<i>Answer</i>
<b>Please enter information for the main contact person for this grant application</b>	
<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	

<b>SECTION 2: OWNER DETAILS</b>	
<i>Information Needed</i>	<i>Answer</i>
<b>If you have no "owner" please enter information of the "primary executive officer"</b>	
<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	

<b>SECTION 3: BUSINESS INFORMATION</b>	
<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"> <li>➤ LLC</li> <li>➤ LLP</li> <li>➤ LP</li> <li>➤ Partnership</li> <li>➤ Professional Corporation</li> <li>➤ Sole Proprietor (with employees)</li> <li>➤ Sole Proprietor (without employees)</li> </ul>	<b>SELECT ONE</b>
<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"> <li>➤ Payroll</li> <li>➤ Rent/Mortgage Interest</li> <li>➤ Utilities</li> <li>➤ Group Healthcare</li> <li>➤ Other</li> </ul>	<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	



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



**SECTION 6: DISCLOSURES**

<i>Information Needed</i>	<i>Answer</i>
1. At least 25% of the non-profits revenue are derived from services in the following categories – food security, housing security, childcare, workforce development.	<i>SELECT YES OR NO</i>
2. 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>
3. The non-profit was in operation on or before June 1 <sup>st</sup> , 2019.	<i>SELECT YES OR NO</i>
4. The non-profit serves >51% of clients that identify as low-to-moderate income, based on HUD household income guidelines for California.	<i>SELECT YES OR NO</i>
5. What was the gross revenue for the non-profit for April 1 <sup>st</sup> , 2019 – September 30 <sup>th</sup> , 2019?	
6. What was the gross revenue for the non-profit for April 1 <sup>st</sup> , 2020 – September 30 <sup>th</sup> , 2020?	

