



# CITY OF EL MONTE SMALL BUSINESS GRANT PROGRAM Application

11333 Valley Boulevard  
El Monte, CA 91731  
(626)580-2070  
josesaldana@elmonteca.gov  
elmonteca.gov

The City of El Monte offers its Small Business Grant Program to small businesses in El Monte who need financial assistance for business growth. The Program offers eligible businesses one-time grants of up to \$10,000 to assist with eligible business expenditures. This program is made possible with Community Development Block Grant Program (CDBG) from the U.S. Department of Housing and Urban Development (HUD); therefore, businesses must meet all requirements to be eligible for the program.

**Please type or write legibly.**

## 1. APPLICANT INFORMATION

Date: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Business License #: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Organizational Structure:  LLC  S Corp.  Sole Proprietorship  Corporation  Other: \_\_\_\_\_

Tax ID Number/IRS EIN #: \_\_\_\_\_ UEI #: \_\_\_\_\_

**\*The Unique Entity ID (UEI) number is required for all entities receiving federal funds. Obtaining a UEI number is free.** Obtain one by applying online at <https://sam.gov/content/entity-registration>.

## 2. BACKGROUND INFORMATION

a. Is the business owner(s) presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

No  Yes  If yes, please describe:

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b. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?

No  Yes  If yes, please describe:

c. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?

No  Yes  If no, please explain:

### 3. FINANCIAL INFORMATION

a. Provide a description of your business, including the types of services and/or products you provide.

b. Who is your target market? (e.g. general public, families, businesses, corporations, etc.)

c. List your business industry (e.g., Restaurant, Retail, Manufacturing, etc.)

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d. List the number of staff your business directly employs:

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are these positions  Permanent or  Seasonal

e. Please list the expenses that the grant would pay for (include a description and amount).

**If the grant is awarded, the business will be required to submit supporting documentation at two months and at the end of the fourth month to demonstrate that grant funds were used as intended and described here. If a business finds it necessary to change their intended use of the funds, they MUST seek APPROVAL from the City in writing before making any changes and submit an updated itemized lists of business expenses.**





	Item/Expense:	Cost:
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
	<b>Total:</b>	\$

f. Please share how these funds will help you to remain in business, retain employees or create jobs. Be as detailed as possible. *(Add pages, as needed).*

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### 4. DUPLICATION OF BENEFITS

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

This certification must be completed by any business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CDBG requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits.

a. Please mark any of the boxes below which apply to your business regarding any prior assistance. Sources of funds from assistance include but are not limited to Federal, State, and local loan/grant programs, private or bank loans, nonprofit donations, or loans.

- I, or my business, **have not** applied or received funding assistance from Federal, State, local, or other programs to assist my business.
- I, or my business, **have** received funding assistance from the following programs to assist my business. Please complete the table below. *(Add pages, as needed).*

<b>Lender/Program</b>		<b>Date Received</b>	
<b>Amount Requested \$</b>		<b>Amount Received \$</b>	
<b>How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.</b>			
<b>Have all funds been expended?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Lender/Program</b>		<b>Date Received</b>	
<b>Amount Requested \$</b>		<b>Amount Received \$</b>	
<b>How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.</b>			
<b>Have all funds been expended?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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b. Read and initial each statement below:

As an applicant of CDBG funded Program through the City of El Monte, I assert that:

- I will not apply for more funding than needed for which CDBG funds are provided. *For example*, if I have \$100 available from another source towards each monthly gas bill and I am applying for City of El Monte funds to pay for my total monthly gas bill of \$500, El Monte funds will be limited to \$400 per month.  
\_\_\_\_\_ (Initials)
- I will immediately report to the City of El Monte if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the Microenterprise and Small Business Assistance Programs.  
\_\_\_\_\_ (Initials)
- I acknowledge that any duplication of funds must be paid back to the City of El Monte.  
\_\_\_\_\_ (Initials)
- I understand that this affidavit is appended to and part of any applicable Agreement that may be executed with the City for CDBG funds and is a condition of the receipt of such funds, should my application be determined to be eligible.  
\_\_\_\_\_ (Initials)

**I certify that the information that I have provided in this affidavit is accurate and complete. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted.**

\_\_\_\_\_ (Initials)

## 5. ASSURANCES AND SIGNATURES

**I understand and by signing agree** that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify the City of El Monte promptly in writing upon any material change in the information provided herein. The City of El Monte and its consultants are authorized to make such inquiries as deemed necessary and appropriate to verify the accuracy of this application.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this Agreement.
- If funds are provided by the City of El Monte, the funds will be used for the purposes set forth above.
- I will voluntarily submit supporting documentation within two (2) months to demonstrate that the grant funds are being used as intended and described here. If the intended use of funds changes, I must notify the City of El Monte in writing at least five (5) days before the use of these funds.
- I acknowledge that grant funds must be utilized within 120 days of first disbursement.**

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- In no event shall the City of El Monte’s financial responsibility exceed the approved amount, set forth above.
- I bear full responsibility for all tax consequences and of receiving grant funds, including but not limited to, issuance of an IRS Form 1099 by the City of El Monte.
- I agree to indemnify the City of El Monte, its employees, and its consultants from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney’s fees, arising from or alleged to arise from the activity or event.
- I agree to comply with all applicable local, state, and federal regulations, including but not limited to business licenses and permits, zoning (e.g. signage), building, and other regulations regarding the operation of the business.
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

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Applicant Name

Date

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Applicant Signature

**STAFF USE ONLY:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Received by: \_\_\_\_\_

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# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>	
	-       -
<b>or</b>	
<b>Employer identification number</b>	
	-

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they