



GRANT APPLICATION

The Town of Moraga's Small Business Grant Program will provide a one-time grant between \$500.00 – \$2,000.00 to small businesses to help with the reimbursement of costs that enable businesses to continue to operate and comply with public health regulations related to COVID-19. Businesses that qualify for the Small Business Relief Grant Program must have the following:

- 1) Businesses must operate out of a storefront or other physical space that depends on foot traffic for business. Home-based businesses would not be eligible for the program.
- 2) Businesses must have at least three (3) employees and no more than twenty (20) employees as of March 1, 2020. Franchises, chain stores, non-profit organizations, home occupations, and corporations would not be eligible.
- 3) The business must be physically located in the Town of Moraga.

The Small Business Relief Grant Program shall be exclusively for the reimbursement of expenses that enable businesses to continue to operate and comply with public health regulations related to COVID-19. The Small Business Relief Grant shall be awarded on a first come first serve basis. Grant funding is limited and is due to expire on December 30, 2020. Small Business Relief Grant funding will be provided until either the fund has been completely allocated or the expiration date has come and gone. Please fill out the application to the best of your ability and provide a description of funds allocated to maintain business operations in compliance with public health regulations related to COVID-19.

BUSINESS OWNER'S NAME (First and Last): _____

BUSINESS OWNER'S PRIMARY CONTACT PHONE NUMBER: _____

BUSINESS OWNER'S PRIMARY CONTACT EMAIL ADDRESS: _____

BUSINESS ADDRESS: _____

NUMBER OF EMPLOYEES (as of March 1, 2020): _____ **AMOUNT OF GRANT REQUESTED:** _____

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN) OR TAX IDENTIFICATION NUMBER (TIN): _____

DOCUMENTATION REQUIRED:

Copy of Lease Agreement

Receipt of Purchases

(COVID-19 Related, examples listed below)

IRS Form W-9

Compliance with COVID-19 Public Health Regulations

Written Description of Fund Allocation

I hereby certify the truth of this application and acknowledge that any inaccuracies in it shall, at the Town's option, result in automatic invalidation of the action based thereon and that final approval is dependent on compliance with the Town's requirements. I understand that a false statement may disqualify me from the Small Business Grant Program.

Signature of Applicant: _____ **Date:** _____

