

CITY COUNCIL

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CITY OF ORLAND

INCORPORATED 1909

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CITY OFFICIALS

Janet Wackerman

City Clerk

Leticia Espinosa

City Treasurer

CITY MANAGER

Peter R. Carr

City of Orland COVID-19 Business Assistance Grant Application

All Applications must be submitted via email at planning@countyofglenn.net

To mitigate the impacts of COVID-19 and the mandated closures on Orland businesses and employees, the City of Orland has authorized funding of Economic Development Grants for local businesses.

Program Overview

The City of Orland, through the County Administrator's Office partnered with the the Planning & Community Development Services Agency, is offering between \$2,500 and \$7,500 grants to eligible businesses within the incorporated City of Orland. Eligible businesses include those ordered to close or limit services based on Governor Newsom's stay-at-home orders.

Eligibility

- They must have a Brick and Mortar presence in the City of Orland.
- The business has to have five or fewer employees.
- Stay-at-home orders and mandated shutdowns must be causing an impact to business revenue. Glenn County resident must own majority of business.
- National chains and franchises are not eligible.

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

1 employee at Low to Moderate Income Level	5 points
2-3 employees at Low to Moderate Income Level	10 points
4 plus employees at Low to Moderate Income Level	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

Grant Applications will be accepted from November 2, 2020 through February 26, 2021, or until available funds have been exhausted.

Disclosure of Information

The City of Orland 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 City of Orland 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 City of Orland COVID-19 Business Assistance Grant program, I agree that the City of Orland 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

<input type="text"/>	<input type="text"/>
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Signature (Typing in name constitutes as your signature)

Date



City of Orland COVID-19 Business Assistance Grant Application

Application Period November 2, 2020 through February 26, 2021

Business Information

Legal Business Name

Business Trade Name (if different)

Business Address

City, State, and Zip Code

Business Phone

Business Email

Primary Business Owner Name

Primary Business Home Address

Do you own or lease your establishment?

Own

Lease

List names and share of ownership of all other business owners with 20% or more ownership:

Name	Ownership %

(Attach additional sheet if necessary)

Type of Business Entity

Corporation

Limited Liability Company

Partnership (LLP, joint venture)

Individual/Sole Proprietorship

Industry and Primary Business Activity (please select one)

Restaurant

Bar/Pub/Brewpub

Winery/Tasting Room

Movie Theater/Indoor Family Entertainment

Zoo/Museum

Gym/Fitness Center

Office (non-critical)

Personal Care Services

Hair Salon/Barber Shop

Other _____

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

Total Payroll

Total Gross Revenue

Total Gross Revenue

Total COVID-19 related expenses

Other Funding

Have you applied for SBA Paycheck Protection Program Funding?

Yes

No

How much funding have you received?

If not, why?

Have you applied for SBA Economic Injury Disaster Emergency Advance (Grant)?

Yes

No

How much funding have you received?

If not, why?

Federal Tax Leins/Judgements

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

Yes No

Impact of COVID-19

Are you currently closed, or have reduced services due to the Governor's order to close businesses?

Yes No

Grant Amount Requested

Enter amount requested (must be between \$2,500 and \$7,500)

Supplemental Information – REQUIRED

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

- 2019 Federal Tax Return
- Financial Statements (Profit and Loss)
- 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 City of Orland 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)

Grant Application and Grant Management

Questions: If you have questions regarding the application, please call (530) 934-6540, or email planning@countyofglenn.net

County of Glenn Planning & Community Development Services Agency

225 North Tehama Street, Willows, CA, 95988

(530) 934-6540 planning@countyofglenn.net