

# GLENN COUNTY

## Planning & Community Development Services Agency

225 N. Tehama Street  
Willows, CA 95988  
530.934.6540  
[www.countyofglenn.net](http://www.countyofglenn.net)



Donald Rust, Director

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## County of Glenn COVID-19 Business Assistance Grant Application

All Applications must be submitted via email at [planning@countyofglenn.net](mailto:planning@countyofglenn.net)

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

### Program Overview

The County of Glenn, 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 unincorporated Glenn County. 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 Glenn County.
- 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 until available funds have been exhausted.

### Disclosure of Information

The County of Glenn 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 County of Glenn 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 County of Glenn COVID-19 Business Assistance Grant program, I agree that the County of Glenn 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



# County of Glenn COVID-19 Business Assistance Grant Application

## 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?

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## **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.

- 2020 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.

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## 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 County of Glenn 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)

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

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