



# SOUTH GATE CHAMBER OF COMMERCE SMALL BUSINESS JOB RETENTION AND CREATION GRANT PROGRAM Application

South Gate  
Chamber of Commerce  
Ana Elizarraras  
Executive Director  
(323) 567-1203  
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**Application Submittal Period: January 11, 2021- January 18, 2021 by 5:00 PM**

South Gate Chamber of Commerce’s Small Business Job Retention and Creation Grant Program offers one-time \$7,500 grants to help local small businesses retain staff and continue to provide quality services to the City of South Gate residents. The program is funded by a federal Community Development Block Grant (CDBG) from the U.S. Department of Housing and Urban Development (HUD), therefore businesses must meet all requirements to be eligible for the program. Applications will be considered based on needs.

**Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.**

## 1. APPLICANT INFORMATION

DATE: \_\_\_\_\_

Business owner name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address (location): \_\_\_\_\_

Business phone: \_\_\_\_\_ Website: \_\_\_\_\_

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

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

Tax ID number/IRS EIN #: \_\_\_\_\_

## 2. BACKGROUND INFORMATION

- a. Is the business owner(s) or any individual owning 20% or more of the equity of the business subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?  
 No  Yes

- b. Within the last 5 years, for any felony, has the business owner(s) 1) been convicted, 2) plead guilty, 3) pleaded nolo

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contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

No  Yes

c. Does 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:

d. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens against you/them or pending against you/them?

No  Yes  If yes, please describe:

e. Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings within the last 10 years?

No  Yes  If yes, please describe:

f. Are there any delinquent undisputed taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the applicant business and/or any of its owners?

No  Yes  If yes, please describe:

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

No  Yes  If no, please explain:

h. Has the business received an SBA Loan from the U.S. Small Business Administration?

No  Yes  If yes, how much assistance did the business receive:

### 3. FINANCIAL INFORMATION

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- a. Provide a description of your business, including the types of services and/or products you provide.
- b. Who is your target market?
- c. List your business industry(ies) (E.g. Manufacturing, wholesale, etc.)
- d. List the number of staff your business directly employs:
- Full-time \_\_\_\_\_
  - Part-time \_\_\_\_\_
- Are these permanent or seasonal positions?
- e. How much funding are you seeking?
- f. Please list the expenses that the grant would pay for (include a description and amount). If you intend to use funds to help prevent number of layoffs, provide an estimate of number of layoffs this grant will help prevent. **If the grant is awarded the business will be required to submit supporting documentation to demonstrate that grant funds were used as intended and described here. If the business changes their intended use of funds, they MUST notify the Chamber in writing five (5) days before using the funds.** Add additional sheets if needed.
- g. Please describe other sources of funding for business expenses, including revenues, personal funds, grants or

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loans received. Total Other Funds (1-year): \$\_\_\_\_\_.

h. Describe steps and resources needed to maintain your business operation over the next year.

**4. DISCLAIMER, ASSURANCES AND SIGNATURES**

**THE SOUTH GATE CHAMBER OF COMMERCE HEREBY RESERVES, IN ITS SOLE DISCRETION, EXERCISABLE AT ANY TIME AND FROM TIME TO TIME, THE RIGHT TO AMEND, MODIFY, SUSPEND OR DISCONTINUE THIS SMALL BUSINESS JOB RETENTION AND CREATION GRANT PROGRAM AND ANY SUCH AMENDMENT, MODIFICATION, SUSPENSION OR DISCONTINUANCE WILL BE WITHOUT LIABILITY WHATSOEVER TO ANY APPLICANT HEREUNDER. NOTHING HEREIN CREATES OR IMPOSES ANY LEGAL OR EQUITABLE OBLIGATION OR COMMITMENT ON THE SOUTH GATE CHAMBER OF COMMERCE TO OFFER OR MAKE ANY GRANTS TO ANY APPLICANTS UNDER THE PROGRAM.**

*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 you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.*

I also agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act. Grant recipients must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, national origin, religion, sex, age, disability, or income level.

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Applicant Name Date

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Applicant Signature Date

**PLEASE SUBMIT COMPLETED AND SIGNED GRANT APPLICATION:**

**Via Email:** [admin@southgatecc.org](mailto:admin@southgatecc.org)

ATTN: Ana Elizarraras

Executive Director

**Phone:** (323) 567-1203

**Via In Person at South Gate Chamber of Commerce**

3350 Tweedy Boulevard, South Gate, CA 90280

ATTN: Ana Elizarraras

Executive Director

**Phone:** (323) 567-1203

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OFFICE USE ONLY

**REVIEW FOR COMPLETE APPLICATION** Reference Eligibility Checklist to verify all required documents are collected

- Application is complete
- Application includes Attachment A or B
- Business license has been verified

**MEETING NATIONAL OBJECTIVE**

**Does the Applicant meet LMA National Objective?**

Yes (Provide Census Tract, Block Group information to support National Objective criteria attached to this application)

Business address has been confirmed to be in an eligible census tract

**Census Tract:** Click or tap here to enter text.     **LMI:** Click or tap here to enter text.

• **Collect the following documentation**

- Print out from US Census with the business address and identified census tract
- The business is in a primarily residential area.

No

**Does the Applicant meet LMJ National Objective?**

- Yes (Provide employee information attached to this application) *See Documentation section for more details.*
- No

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Reviewer Name

Signature

Date

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