

CITY OF DUBLIN SMALL BUSINESS RECOVERY BOOST GRANT PROGRAM APPLICATION PREVIEW



Section I: Business Ownership and Information

Tell us about yourself:

1. Applicant's Name: _____
2. Applicant's Title: _____
3. Applicant's Email: _____
4. Applicant's Phone: _____
- 5a. Applicant's California Driver's License Number: _____ Expiration Date: _____
- 5b. *NON-CALIFORNIA DRIVER'S LICENSE OPTION:* If you do not have a California Driver's License, please provide another current (valid) government-issued form of identification (such as a state-issued ID card, passport, or driver's license from another state, etc.):
Type of identification: _____
ID number: _____ Expiration Date: _____

Tell us about your business:

6. Owner's Name (if different from Applicant): _____
7. Business Name (include "doing business name" if applicable):

8. Business Physical Address: _____
9. Mailing Address (if different from physical address): _____
10. Business Website (optional): _____
11. Primary Business Activity: (select one)
 - Restaurant
 - Retail
 - Personal Care Services (hair or nail salon, skin care, tattoo parlor, etc.)
 - Medical Office
 - Fitness Gym/Studio
 - Indoor Recreation
 - Family Entertainment Center
 - Other – please specify _____
12. Brief Business Description (one to two sentences):

13. How many years has the Business been operating in Dublin? (select one)

- Less than 5
- 6-10
- 11-15
- 16-19
- 20+

14. Do you own or lease the Business location? (select one)

- Own
- Lease

15. Number of people currently employed by the Business: _____

16. Number of people employed by the Business prior to the pandemic: _____

Please state the number of employees the business had prior to the COVID-19 pandemic (such as the average number of people employed in 2019).

Section 2: Reimbursement Amount Requested

17. Specify the amount being requested (up to \$10,000 per Business): \$ _____

18. Select the categories for the type of expenses you are claiming (ok to select multiple):

- Outdoor Operations**
(i.e. outdoor tents, canopies, heaters, weather protection, visibility, barricades, etc.)
- Interior Alterations**
(i.e. plexiglass partitions, HEPA air purifiers, dividers, durable safety signage, etc.)
- Physical Exterior Improvements**
(i.e. installation of a take-out/pick-up window)
- Digital Technology Equipment and/or Services** – limit \$5,000 in this category
(i.e. online or contactless payment system, video conferencing hardware and software, etc.)
- Personal Protective Equipment, Cleaning and Sanitation Supplies, Health and Safety Equipment** – limit \$5,000 in this category
- Marketing and Business Promotion** – limit \$5,000 in this category
(i.e. advertising signage, print advertising, social media, etc.)

Section 3: Required Documents

19. Expense Claim Form

Instructions: Download a blank expense claim form available on the program webpage (<https://dublin.ca.gov/RecoveryBoostGrant>). Fill out the form and be sure to list every item you are claiming for reimbursement. Include the date of the purchase, item description, vendor (where purchased), amount for each expense and indicate the appropriate category.

You can also create your own form as long as you include all the same required information, including category and total. Accepted file formats include .doc, .pdf, .csv, .xls, .txt and more.

Then, click the attachment (paperclip) icon below to upload your completed form.



20. Upload Receipts

Instructions: You must provide copies of receipts for all items listed on claim form. The receipt must clearly show vendor name, date of purchase, item purchase price, etc. It is ok to block out confidential information such as credit card or bank account routing numbers.

To upload receipts, click on the attachment (paperclip) icon below, then click “upload a file” and select the file(s) from your computer. Accepted file formats include .doc, .pdf, .gif, .jpg, .png, and more. When finished adding attachments, click “DONE”.



21. IRS W-9 Form

Instructions: On the next page, complete the IRS W-9 form.

This form must be filled out completely and signed. For IRS definitions, please refer to the complete W-9 form available on the program webpage (<https://dublin.ca.gov/RecoveryBoostGrant>).

Note: the application form continues after the W-9 form.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 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.

Social security number

or

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

Employer identification number

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.

SIGN Signature: x

Date ▶

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.



If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Section 4: Terms & Conditions

22. By submitting this grant application, I agree to the following Program terms and conditions:

- My business is an independently owned, small brick and mortar business, not a corporately held business.
- My business has been negatively impacted by the COVID-19 pandemic.
- I possess an active City of Dublin business license for this business.
- My business is in good standing with the City of Dublin and I do not have any open code enforcement, building or fire cases related to the business.
- My business does not have any outstanding liens or judgements.
- My business is not currently the subject of any litigation nor have I filed for bankruptcy.
- I certify that no payment received from this grant program will be used to cover costs reimbursed by other sources of funding, including but not limited to federal, state or local sources or insurance payments.
- My business type is consistent with the business types eligible for this grant program as outlined in the Program Guidelines (online at www.dublin.ca.gov/RecoveryBoostGrant).
- I understand the maximum reimbursement grant amount per business may not exceed \$10,000.
- I understand that I am responsible for 100% of the purchase and the City will reimburse eligible expenses that fall within the Program Guidelines (available online at www.dublin.ca.gov/RecoveryBoostGrant).
- I understand that I must adhere to all applicable federal, state and local laws as well as State of California and Alameda County COVID-19 regulations and guidelines to receive grant reimbursement.
- I agree to inform the Program Administrator and City Business License Administrator if Business has a change of ownership, moves location or closes permanently. Notice must be in writing and received within 30 days of the change.
- I acknowledge that some of the information submitted through this application is a public record and may be subject to disclosure under the California Public Records Act.
- I understand that the City of Dublin 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.
- 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 Dublin.

I agree to the above terms and conditions.

	Signature: 	_____	Date: _____
Name: _____	Title: _____		
Business: _____			

To submit this grant application, click on the yellow "FINISH" button below.

FINISH