



**WORKFORCE DEVELOPMENT BOARD**  
OF SOLANO COUNTY

**Rebuild Solano Small Business Grant  
Application**

Amount of funding requested: \$ \_\_\_\_\_

Date: \_\_\_\_\_

<b>Section 1. Business Information</b>			
Business Name:			
Business Contact:		Title:	
Phone:	Ext:	Fax:	
Email:	Website Address:		
Street Address of Location:			
City:		Zip:	County:
Is your business a Solano County owned business?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your business: <input type="checkbox"/> minority owned   <input type="checkbox"/> Veteran owned		<input type="checkbox"/> Women owned	<input type="checkbox"/> LGBT owned
How long has your business been operating?			
Total # of Employees:		Total # of Employees at this Business Location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter S Corporation
Employer's Federal ID #:		CA Tax # (EDD/Payroll Tax #):	
Is your business current on all State of California tax obligations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your business current on all County of Solano tax obligations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Select your business's industry:	<input type="checkbox"/> Accommodation and Food Service <input type="checkbox"/> Administrative or Waste Mgt <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting <input type="checkbox"/> Arts and Entertainment <input type="checkbox"/> Construction	<input type="checkbox"/> Education <input type="checkbox"/> Finance / Insurance <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional, Scientific, and Technical Services	<input type="checkbox"/> Real Estate <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services
<b>Section 2: COVID-19 Impact</b>			
Describe your business, product(s) and/or service(s):			
How has COVID-19 impacted your business? How have you had to shift in response to COVID-19?			
How many jobs have been affected by COVID?			

**Section 3: Solano Small Business Grant Plan**Has your business been awarded a grant from another fund since March 1, 2020?  YES  NO

Provide a description of specific planned actions that will allow your business and employees to continue operations. And /or show how you will effectively pivot operations in response of the COVID-19 changes to business operations. (Attach any relevant information on a separate page if needed.)

**Section 4: Budget**

Budget Category	Description	Past Purchase (Y / N)	Cost
Total Costs		\$	

**Section 5. Certification by Authorized Business Representative**

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved expenditures.

Print Name:	Title:
Signature:	Date: