

Below is a copy of the application that is available online. This document is provided for reference only to help applicants prepare to complete the online application. Each application must be completed in relation to the specific business closure that has impacted your business. All applications must be submitted online. Paper applications submitted using this sample will not be accepted.

Solano Workforce Stability Grant Program Application

This application is for Solano County small businesses impacted by the (applicable business name) closure in (applicable city) and is intended to support business stabilization and layoff aversion efforts. Applicants are encouraged to review the Funding Program Details prior to submission and ensure all required fields and documentation are completed at the time of submission. Please have all required documents ready to upload before proceeding. Incomplete applications may not be reviewed.

BUSINESS INFORMATION

Please provide the following information about your business. All fields are required unless otherwise noted.

Legal Business Name:

DBA:

Primary Contact Name & Title:

Phone & Email:

Is the primary contact listed above authorized to sign agreements on behalf of the business? Yes/No

Please provide a secondary contact who can respond promptly if we need to reach you for clarification or additional information. Selected applicants will have a limited response timeframe.

Secondary Contact & Title:

Phone & Email:

Local Business Address:

Is your mailing address different from the business address listed above? Yes/No

Does your business have a main office located at a difference address than the Solano County location listed above? Yes/No

Headquarters Address (if different from above)

Month/Year Established:

Is the business currently open and operating? Yes/No

Business Legal Structure: (drop down menu)

Sole Proprietorship (must have one or more employees), Corporation, LLC, Partnership

Industry / Sector: (Drop down menu)

- Accommodation and Food Service
- Administrative or Waste Management
- Agriculture, Forestry, Fishing, and Hunting
- Arts and Entertainment
- Construction
- Education
- Finance/Insurance
- Health Care and Social Assistance
- Information
- Manufacturing
- Professional, Scientific, and Technical Services
- Real Estate
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- Other Services

EIN (Employer Identification Number):

CA Employer Account Number:

Is your business in good standing and not subject to any federal or state debarment, suspension, or restrictions that would prevent receipt of public funds? Yes/No

Upload Copy of Business License (pdf, jpg, gif, png)

Upload Completed W-9 Form (pdf, jpg, gif, png)

Description of Business:

Describe your business, including the products or services you offer and your primary operations. Please do not include information about how your business has been impacted, as this will be addressed in a later section.

IMPACT ELIGIBILITY

Please provide the following information about how your business was impacted. All fields are required unless otherwise noted.

Type of Impact (select all that apply)

- Revenue decline
- Loss of contracts or clients
- Reduction in employee hours or wages
- Layoffs have already occurred

- Anticipated layoffs within the next 6 months
- Supply chain disruption
- Impact not listed

Number of Employers Prior to Closure:

- Total number of FT employees:
- Total number of PT employees:

Number of Employees Current Impacted:

- Number of FT employees impacted:
- Number of PT employees impacted:
- Number of employees at risk within the next 6 months:

Describe your business connection to Anheuser-Busch and how your business has been affected: Be specific and include details such as loss of revenue, customers, contracts, or operational changes.

Supporting Documentation (Required)

Applicants must upload documentation demonstrating business impact. Applications submitted without supporting documentation or an approved self-attestation explanation may be considered incomplete. .

Acceptable documentation includes:

- Financial records (profit & loss statement, sales reports, bank statements, or accounting system screenshots)
- Invoices, contracts, or proof of business activity tied to impacted companies or industries
- Payroll records or documentation showing reduced hours, wages, or staffing levels
- Emails, order cancellations, or other communications demonstrating loss of business
- Other relevant documentation

You may upload multiple files.

I am unable to provide the supporting documentation listed above.

(If checked, a conditional box field will pop up:)

Self-Attestation for Unavailable Documentation

If your business is unable to provide formal supporting documentation, please explain in detail why the documentation is not available.

By submitting this explanation, you certify that the information provided is true and accurate to the best of your knowledge. The Workforce Development Board will review self-attestation on a case-by-case basis, may request additional information, and reserves the right to deny funding if the explanation provided is insufficient to establish business impact.

Explanation:

Certification:

I certify that the explanation provided above is true and accurate to the best of my knowledge and understand that it may be subject to verification.

Upload Supporting Documentation (multiple files allowed)
Accepted file types: pdf, jpg, jpeg, png, doc, docx, xls, xlsx,

Has your business received or applied for any other funding (grants, loans, or financial assistance) related to the Anheuser-Busch closures?

Yes
No

If yes, please provide:

- Source:
- Amount:
- What is the funding being used for?

FUNDING REQUEST & LAYOFF AVERSION PLAN

All proposed activities must directly support business stabilization and layoff aversion and align with allowable uses.

Total Funding Requested (up to \$10,000 for Anheuser-Busch/Mare Island Dry Dock & up to \$25,000 for Valero Refiner):

Proposed Use of Funds (select all that apply):

- Business pivot (ie: new products/services)
- Technology upgrades or software
- Equipment or machinery
- Workforce Training or upskilling
- Process or operational improvements
- Marketing or business development
- Other: (explain)

Provide a detailed layoff aversion plan describing how the requested funding will be used to prevent layoffs or reduce workforce impacts, including specific activities and expected outcomes:

Estimated number of jobs to be retained as a result of this funding:

Full-time
Part-time

COMMITMENTS & CERTIFICATIONS

- I am authorized to complete and submit this application, including all certifications, on behalf of the business.
- All information provided in this application and any attachments is true, accurate, and complete to the best of my knowledge.
- The business is in good standing and not subject to any federal or state debarment, suspension, or restrictions that would prevent receipt of public funds.
- The business commits to retaining at least 50% of employees for six (6) months following receipt of funds.

- The business will participate in required reporting and follow-up activities and provide documentation upon request to verify eligibility, use of funds, and outcomes.
- Grant funds will be used only for approved, allowable activities that support business stabilization and layoff aversion and will not be used for duplicate or overlapping costs covered by another funding source.
- If self-attestation is provided in lieu of supporting documentation, the explanation is true and accurate to the best of my knowledge and may be subject to verification. Additional documentation may be requested and may be required for full consideration of this application.
- Submission of this application does not guarantee funding. If approved, a formal agreement will be required, and no costs may be incurred prior to execution of that agreement.
- Providing false or misleading information, or misuse of funds, may result in denial, termination of funding, repayment of funds, and/or other penalties.

Signature Section

Are you interested in receiving no-cost business advising through Solano-Napa Small Business Development Center? *If yes, a representative of SBDC will reach out to you to discuss available services and next steps.*

Yes/Not at this time