

City of Citrus Heights

Small Business COVID-19 Recovery Grant Program

Small Business COVID-19 Grant Application

BUSINESS INFORMATION

| Business Name (must match IRS documents and City business license) |
|---|
| Doing Business As: |
| Business Owner Name: |
| Commercial Business Address (home-based businesses not eligible): |
| Telephone Number: |
| Email Address: |
| Tax Identification Number or Social Security Number: |
| City of Citrus Heights Business License Number: |
| Year Business was Established: |
| Was your business operational as of March 1, 2020? Yes No No |
| Is your business in operation as of the date of this grant application? Yes No |
| Is it your intent for your business to remain open? Yes No |
| Gross Business Revenue – Calendar Year 2019: \$ |
| Gross Business Revenue – Calendar Year 2020 \$ or Calendar Year 2021 \$ |
| Number of Employees on March 1, 2020: Full-time Part-time |
| Please briefly describe your business and the products/services provided in the City of Citrus Heights: |
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| | GRANT SPENDING PLAN |
|--|--|
| | |
| lease de | escribe how the Small Business COVID-19 Grant funds will be used: |
| | |
| Grant fur aused b | the following are part of your Grant Spending Plan (check all that apply): ands can be used to offset or reimburse the business for operational costs or revenue losely the COVID-19 pandemic. eneral business operations (most common) |
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^{*} Note that use of funds on expenditures like improving outdoor seating, addressing Crime Prevention Through Environmental Design (CPTED), etc., will require additional paperwork to show receipts.

REQUIRED DOCUMENTATION

| In order for your grant application | on to be consider | ed, all of the following documents mu | ust be submitted: | | |
|---|---|---|--|--|--|
| Completed Grant Application | | _ 2019 Federal Income Tax Return documenting business income | | | |
| Current Citrus Heights Business License | | e 2020 or 2021 Federal Income Tax Return documenting business income | | | |
| ACKNOWLEDGEMENT AND CERTIFICATION | | | | | |
| the information and doc I/We hereby attest and The business list percent when control the direct result All information knowledge. The federal incontrol The business wi | cumentation proving certify that the found ted on this application omparing 2019 to the COVID-19 included on this gome tax document | ollowing is true and correct: ation experienced a reduction in reve either 2020 or 2021 and that this rec pandemic. grant application is true and accurate ts submitted with this grant application ords pertaining to this grant for a mir | nue of at least fifteen duction in revenue was to the best of my/our on are true and accurate. | | |
| Signature: | | Signature: | _ | | |
| Title: | | Title: | _ | | |
| Date: | | Date: | | | |