

County of Humboldt Small Business Recovery Grant Application

*****Read before starting application*****

If you are interested in applying for a County of Humboldt Small Business Recovery Grant (Grant), please start the registration process by completing the Grant Application Form below. You may save and resume your form submission as you go, but your Grant application will be eligible only if all required form fields have been completed and the application has been submitted. Cultivation, processing, sales, or other cannabis industry-related businesses are ineligible for this program and should not apply. For more detailed information, please refer to the [Notice of Funding Availability](#). Applications may be subject to public disclosure pursuant to the California Public Records Act. As the Grants are available on a first come, first served basis, the time stamp indicating when the application has been completed and submitted will determine the order of filing.

Eligible expenses are related to the shutdown and reopening of your business in compliance with COVID-19 Public Health Orders.

You may be asked for documentation supporting your claimed expenses and eligibility.

If you prefer to fill out and mail this form instead of filing the online version, please use the fillable PDF form found here —

Download Fillable Form PDF

Please address the form to:
Economic Development
520 E. Street
Eureka, CA 95501

[Notice of Funding Availability](#)

[Department of Treasury Funding Guidance](#)

Please review the Notice of Funding Availability (NOFA) for complete requirements of the County of Humboldt Small Business Restart & Recovery Grant Program before filing this application.

You will need the following documents available in digital format for uploading:

- Completed IRS W-9 Form (Available for download here if needed) [Form W-9](#)
- Receipts and/or documentation of other expenses.

Questions regarding this form should be directed to gohumco@co.humboldt.ca.us

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Business Details

Full Legal Business Name

Doing business as

Address

Street Address

Street Address Line 2

City

State

Postal / Zip Code

Social Security #

Enter 9 digits with no dashes (if sole proprietor)

OR

Tax EIN

The identification, physical address, and email address provided on this form will be used for check issuance and/or communication as necessary.

- By checking this box, applicant attests and confirms that the business is a for-profit independently owned business, privately held, and not a public limited company with publicly traded investment shares.
- By checking this box, I affirm that my business is compliant with all local and statewide Public Health directives. I understand that failure to maintain compliance may lead to disqualification of eligibility for this and other grant programs.

Access [Reopening Plan and Certification](#) form here (If not previously completed.)

Is this business licensed to operate in Humboldt County?

- Yes
- No

By answering "Yes" to this question, applicant attests that the designated business meets all legal requirements and certifications of operation in the County of Humboldt and State of California.

Was your business open and actively operating as of March 20, 2020?

- Yes
- No

By answering "Yes" to this question, applicant certifies that the listed business was operating on March 20, 2020.

Does your business have no more than 99 full-time equivalents (FTE) positions and at least one full-time equivalent (FTE) employee?

- Yes
- No

By answering "Yes" to this question, I affirm that my business had no more than 99 full-time equivalent employees and at least one full-time equivalent employee as of March 20, 2020.

If you are awarded funds, would you like to receive payment via Electronic Fund Transfer?

- Yes
- No

An explanation of the electronic payment system is available here: [EFT](#). If you choose this method of payment, please follow the instructions on the final page of this application.

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Business Owner Contact Information

Name

Phone

Email

Website

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Eligible expenses are related to the shutdown and reopening of your business in compliance with COVID-19 Public Health Orders.

You may be asked for documentation supporting your claimed expenses and eligibility.

IMPORTANT: At the end of this section you will be required to upload receipts and purchase orders for all claimed expenses meeting the outlined criteria, incurred between March 1st, 2020 and December 30th, 2020. Each receipt must be clearly labeled with a category of eligible expenses, as described below in Section 1 through Section 7. On each uploaded receipt or batch, please provide the numerical designation that matches the expense field. For instance, receipts for personal protective equipment should be labeled **Section 1**, Rental Assistance **Section 2**, etc. Total expenses claimed on the form must match total amount reflected in receipts. Receipts not labeled as described may not be considered for reimbursement. Revenue replacement is NOT eligible for reimbursement. Descriptions of eligible costs are mandatory.

Documentation of Expenses

Section 1. Personal protective equipment for employees and customers (e.g., facemasks, sanitizing solution, gloves, etc.). Label all receipts, purchase orders and supporting documents **Section 1** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 2. Rental assistance for those periods during which a business may have been closed or whose operation was dramatically limited while closures on businesses and Shelter In Place orders were in effect. Label all receipts, purchase orders and supporting documents **Section 2** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 3. Expenses related to eviction prevention or landlord/tenant mediation. Label all receipts, purchase orders and supporting documents **Section 3** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 4. Funding for improvements, equipment, or operational changes for complying with quarantining and social distancing orders. Label all receipts, purchase orders and supporting documents **Section 4** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 5. Cleaning supplies and/or professional disinfection services to meet CDC guidance for COVID-19 viral mitigation and prevention. Label all receipts, purchase orders and supporting documents **Section 5** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 6. Wages for hiring and/or training of staff substantially dedicated to COVID-19 preparedness, mitigation, and response. Label all receipts, purchase orders and supporting documents **Section 6** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Section 7. Other measurable and verifiable expenditures directly related to operational hardships (excluding revenue losses) resulting from COVID-19 and/or for hardships incurred for a business to comply with orders from the Public Health Officer. Label all receipts, purchase orders and supporting documents **Section 7** prior to uploading below.

USD 0.00

Please provide a short description of how the included expenditures were necessary to respond to COVID-19.

Total Requested

0

Upload all receipts and purchase orders reflected in the above mentioned expenses. It is important to label them with the corresponding Section number. For example, receipts for PPE must be labeled "Section 1", receipts related to rental assistance labeled "Section 2", etc.

Choose files or drag here

Please complete the following section to accommodate transfer of funds. For further remittance advice, email gohumco@co.humboldt.ca.us.

Upload a completed IRS Form W-9

Choose files or drag here

AND

-
- * By checking this box the applicant represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this application and receive funding on behalf of the business entity. The applicant further represents and warrants that the execution and delivery of this application and the performance of such party's obligations in the event of receiving funding have been duly authorized.

Signature*

By signing below, the applicant certifies that it has complied with all requirements of the County of Humboldt and section 5001 of the Coronavirus Aid, Relief, an Economic Security Act (CARES Act).

Questions regarding this form should be directed to gohumco@co.humboldt.ca.us

**HUMBOLDT COUNTY SMALL BUSINESS RESTART AND RECOVERY GRANT
AGREEMENT FOR REIMBURSEMENT OF COVID-19 EXPENDITURES**

The following terms and conditions, along with the application attestations made by APPLICANT, comprise the Humboldt County Small Business Restart and Recovery Grant ("SBRR") reimbursement agreement ("Agreement") between the County of Humboldt ("COUNTY") and the APPLICANT. Based on the terms included in the Agreement, COUNTY, using federal Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") funding, will reimburse APPLICANT with reimbursement for eligible COVID-19-related expenditures made by Applicant between March 1, 2020, and December 31, 2020.

1. Limited Funding. Funding will be reimbursed on a first-come-first-served basis for qualifying applicants until expended. The County has no obligation to increase available funding, or reimburse APPLICANT if the application is not complete or received prior to funds being obligated to other qualifying entities.

2. Eligible Expenses and Documentation. Only eligible expenses may be reimbursed. Eligibility is set forth in the Notice of Funding Availability and the CARES Act Guidance.

a. By submitting an application APPLICANT attests it has evidence that its expenditures are eligible expenses, and agrees to retain such evidence for a period of four years after receipt of reimbursement funds.

3. Public Records. It is understood that any and all information, documents and materials concerning the subject matter of this Agreement prepared and/or submitted by APPLICANT shall become the property of COUNTY and are subject to disclosure under the California Public Records Act, California Government Code Sections 6250, et seq.

4. Provisions Required by Law. This Agreement is subject to any additional local, state and federal restrictions, limitations or conditions that may affect the terms, conditions or funding of this Agreement. This Agreement shall be read and enforced as though all legally required provisions are included herein, and if for any reason any such provision is not included, or is not correctly stated, the parties agree to amend the pertinent section to make such insertion or correction.

5. Reference To Laws, Regulations And Standards. In the event any law, regulation or standard referred to herein is amended during the term of this Agreement, the parties agree to comply with the amended provision as of the effective date thereof.

6. Non-Liability of County Officials And Employees. No official or employee of COUNTY shall be personally liable for any default or liability under this Agreement.

7. Jurisdiction and Venue. This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder, or relating hereto, shall be litigated in the State of California and venue shall lie in the County of Humboldt unless transferred by court order pursuant to California Code of Civil Procedure Sections 394 and 395.

8. Non-Discrimination Compliance. In connection with the execution of this Agreement, APPLICANT, and its subcontractors hereunder, shall not unlawfully discriminate in the provision of services or goods or against any employee or applicant for employment because of: race; religion or religious creed; color; age, over forty (40) years of age, sex; including, without limitation, gender identity and expression, pregnancy, childbirth and related medical conditions; sexual orientation, including, without limitation, heterosexuality, homosexuality and bisexuality; national origin; ancestry; marital status; medical condition, including, without limitation, cancer and genetic characteristics; mental or physical disability, including, without limitation, HIV status and AIDS; political affiliation; military service; denial of family care leave or any other classifications protected by any and all applicable local, state or federal laws, regulations or standards, all as may be amended from time to time. Nothing set forth herein shall be construed to require the employment of unqualified persons.

9. Nuclear-Free Clause Certification. By executing this Agreement, APPLICANT certifies that it is not a Nuclear Weapons Contractor in that APPLICANT is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear-Free Humboldt County Ordinance. APPLICANT agrees to notify COUNTY immediately if it becomes a Nuclear Weapons Contractor, as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if APPLICANT subsequently becomes a Nuclear Weapons Contractor.

10. Hold Harmless, Defense and Indemnification. APPLICANT shall hold harmless, defend and indemnify COUNTY and its agents, officers, officials, employees and volunteers from and against any and all claims, demands, losses, damages and liabilities of any kind or nature, including, without limitation, attorney's fees and other costs of litigation, arising out of, or in connection with, APPLICANT's negligent performance of, or failure to comply with, any of the duties and/or obligations contained herein, except such loss or damage which was caused by the sole negligence or willful misconduct of COUNTY.

11. Relationship of Parties. It is understood that this Agreement is by and between two (2) independent entities and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, joint venture or any other similar association. Both parties further agree that APPLICANT shall not be entitled to any benefits to which COUNTY employees are entitled, including, without limitation, overtime, retirement, leave or worker's compensation benefits. APPLICANT shall be solely responsible for the acts and omissions of its agents, officers, employees, assignees and subcontractors.

12. Conflict of Interest Requirements. APPLICANT agrees to comply with any and all applicable conflict of interest requirements set forth in the California Political Reform Act and any current and future implementing regulations, policies, procedures and standards promulgated thereunder, including, without limitation, COUNTY's Conflict of Interest Code, all as may be amended from time to time.

13. Execution. By submitting the application, the parties execute this Agreement as of the date of submittal.

