

CITY OF LA HABRA

SMALL BUSINESS ASSISTANCE PROGRAM (SBAP)

AMERICAN RESCUE PLAN ACT (ARPA)



REQUIRED DOCUMENTS APPLICATION SUPPORT DOCUMENT CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH THE APPLICATION.

If any of these document are missing, your application will be rejected.

- Copy of City of La Habra business license.
- Copy of State ID/ Driver's license
- W-9 form
- Most recent DE-9 Form
- 2019 federal income tax return (all pages – all schedules).
- 2020 federal income tax return (all pages – all schedules).
- 2021 federal income tax return (all pages – all schedules). If not filed, 12 months of business bank statements (January 1, 2021 through December 31, 2021).
- Receipts documenting expenses for which the business is requesting reimbursement. Example, rent payments, mortgage payment, payroll expenses, etc. **NOTE:** You will not be able to add any receipts to your applicant after it has been submitted.





City of La Habra
Small Business Assistance Program (SBAP) – American Rescue Plan Act (ARPA)

APPLICATION

BUSINESS INFORMATION

Business Legal Name: _____

Business dba Name: _____

Business Address: *Street:* _____

City: _____ *State:* _____ *Zip Code:* _____

Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> For Profit Corporation | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other: _____ |

CONTACT INFORMATION

Contact Person: _____
First Name
Last Name

Telephone: () _____ Email: _____

QUESTIONNAIRE			
Please answer the questions below. The answers will determine if you are eligible to apply for assistance.			
a. When did your business open in La Habra? If on or after Sept. 4, 2019, your business is not qualified and STOP HERE			
	Yes	No	
Is your business based out of your home?	□	□	If you answered YES , STOP HERE your business in not qualified.
Is the Applicant (if an individual) or any individual owner 20% or more of the equity presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency or presently involved in any bankruptcy?	□	□	If you answered YES , STOP HERE your business in not qualified.
Is the Applicant (if an individual) or any individual owning 20% or more of the equity subject to an indictment, criminal investigation, arraignment or other?	□	□	If you answered YES , STOP HERE your business in not qualified.

QUESTIONNAIRE - Continued

	Yes	No	
Does your business have a physical (brick and mortar) location in the City of La Habra?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered NO , STOP HERE your business in not qualified.
Does your business have a City of La Habra Business License?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered NO , STOP HERE your business in not qualified.
Did your business experience a loss of revenue or increased operating expenses due to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered NO , STOP HERE your business in not qualified.
Does your business have a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered YES , STOP HERE your business in not qualified. Refer to conflict of interest statement in the box below.

Conflict of Interest - Applicants for business assistance shall not be an employee, agent, consultant, officer or elected official or appointed official of the City who exercises or have exercised any function or responsibilities with respect to activities relating to this Program or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or financial benefit from this Program, or the proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

ACKNOWLEDGMENT, AGREEMENT AND CERTIFICATION

Acknowledgment:

I/We understand that this grant is being provided by the City of La Habra based solely upon the information that you have provided in this application. I am also verifying that there are no outstanding tax liens or legal judgments against the business.

Certification:

I/We certify that the information provided in this application is true and complete to the best of my knowledge as of the date set forth opposite my/our signature(s) in this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.

By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

Name of Person Signing: _____		Title: _____	
Signature _____		Date: _____	

Page 1 of this application lists all of the documents required to be submitted with the application.