

Economic Development

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Small Business Relief Fund Application

Please access this application by using Google Chrome or Mozilla Firefox as your browser. Answer as many questions as possible. Complete responses will help us process your application more quickly.



INTRODUCTION

To help businesses be resilient amid the economic challenges of the COVID-19 global pandemic, the City of San Diego has established a Small Business Relief Fund to provide grants, loans and other resources to businesses located in the City of San Diego and the City of Chula Vista. This fund is designed to provide economic relief and support job retention. This application will assist the Economic Development Department staff in assessing the needs of your business and connecting you with the most appropriate resources.

Before you begin the application, we'd like to offer a few tips and quickly review some of the eligibility criteria.

Helpful Tips

- Please use Google Chrome or Mozilla Firefox as your browser to optimize the performance of this application.
- Complete as many fields as possible. This will help us process your application more quickly.
- A Spanish version of this application will be available on the [Economic Development Department's Business Relief and Support page](#) by Friday, March 27, 2020.
- If you have questions about the application, please email the Economic Development Department at sdbusiness@sandiego.gov.
- If you would like one-on-one business counseling or assistance completing this application, please register for free services with the [San Diego and Imperial Small Business Development Center \(SBDC\)](#).

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[INTRODUCTION continued]

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**Eligibility Restrictions**

Qualifying businesses must be located in the City of San Diego or the City of Chula Vista and possess either a valid City of San Diego Business Tax Certificate or City of Chula Vista Business License.

Businesses **not eligible** to receive Small Business Relief Fund financial assistance loans include, but are not limited to:

- Lending and investment institutions and insurance companies
- Golf courses, race tracks or gambling facilities
- Nonprofit entities
- Businesses engaged in any illegal activity per local, state or federal regulations with federal regulations taking precedence over local or state regulations.
- Home-based businesses
- Chain stores and franchises
- Businesses with more than 100 Full-Time Equivalent (FTE) employees as of Feb. 28, 2020

Owners who are involved or have been involved in legal or financial issues may not qualify. These include, but are not limited to:

- Bankruptcy, insolvency proceedings
- Outstanding judgments, tax liens, pending lawsuits
- Conviction of a criminal offense committed during and in connection with a declared disaster
- Delinquency on federal taxes or a federally guaranteed loan
- Suspension or debarment from contracting with the federal government or receiving federal funds

Owners who work or have a spouse or member of the household who works for the City of San Diego will not be eligible.

Additional Resources

Please check out the [Economic Development Department's Business Relief and Support page](#).

This project is funded in whole or in part with Community Development Block Grant (CDBG) funds provided to the City of San Diego by the U.S. Department of Housing and Urban Development (HUD).

Start the Application

Small Business Relief Fund Application

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SECTION 1: BUSINESS PROFILE

Business Name *

Type of Business or Business Activity *

Please briefly explain the goods/services your business provides.

Business Address

Street Address *

Number, Street and/or Post Office Box

City *

State *

Zip code *

Is this a home-based business? *

- Yes
 No

Is location leased or owned? *

- Leased
 Owned

Property Owner (if applicable)

[SECTION 1 continued on Next Page]

[SECTION 1 continued]

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Business License Information

Does your business have a valid City of San Diego Business Tax Certificate? *

- Yes (Provide Number below.)
- No

City of San Diego Business Tax Certificate
Enter BTC Number

Does your business have a valid City of Chula Vista Business License? *

- Yes (Provide Number below.)
- No

City of Chula Vista Business License
Enter Business License Number

Business Organization Information

Organization Type *

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Entity

How many years has this company been in business? *

Please provide number of years (Enter, for example, "2 years." If less than one year, enter the number of months.)

Since when has the business been under the current management? *

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SECTION 2: APPLICANT AND CONTACT INFORMATION

Applicant's Legal First and Last Name *

Federal EIN (if applicable)

Trade Name (if different from legal name)

Phone *

###.###.####

Email

name@example.com

Additional Contact Information

Alternate business phone, business email, mobile phone, etc.

Preferred method of contact

- Phone
 Email
 Other

Mailing Address

Street Address

Number, Street and/or Post Office Box

City

State

Zip code

Address Type

- Business
 Home
 Temporary
 Other

[SECTION 2 continued on Next Page]

[SECTION 2 continued]

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Application Assistance (if applicable)

Did anyone assist you in completing this application, whether you pay a fee for this service or not? (If yes, please provide information below.)

- Yes
- No

Full Name of Individual Assisting

Name of Company

Full Address

Street address, City, State, Zip code

Fee Charged or Agreed Upon

Please enter dollar amount and/or terms.

Does the City of San Diego have your permission to ask this individual about your application?

- Yes
- No

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SECTION 3: ESTIMATED ADVERSE ECONOMIC IMPACT

Please provide a brief explanation of what adverse economic effects the COVID-19 (Coronavirus) pandemic has had on your business. *

When did the impact start?

| |
|---------|
| Month ▼ |
| Year ▼ |

When do you expect the impact to end?

| |
|---------|
| Month ▼ |
| Year ▼ |

Jobs Affected

The calculation of full-time equivalent (FTE) is the total employee scheduled hours divided by 40 for the 40-hour full-time workweek. *Example: If you have three employees who work 20 hours, 20 hours and 40 hours (or a combined 80 hours), you have 2 FTEs.*

Number of Full-Time Equivalent (FTEs) employees BEFORE impact *

Number of Full-Time Equivalent (FTEs) employees CURRENTLY (at time of application submission) *

Number of Full-Time Equivalent (FTEs) employees FORECASTED to lose *

[SECTION 3 continued on Next Page]

[SECTION 3 continued]

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Monetary Impact

What were your business's revenues during the affected period? *

Please enter a dollar amount.

What were your business's revenues during the SAME period in 2019? *

Please enter a dollar amount.

What amount of business interruption insurance did you receive or anticipate, if any?

Please enter a dollar amount.

What have been the estimated monetary value of your losses? *

Please enter a dollar amount.

Insurance Coverage (if any)

Name of Insurance Company

Name of Insurance Agent

Coverage Type

Policy Number

Additional Economic Relief (if any)

Please detail whether you have applied for (or already received) any other relief funding.

List name(s) of each organization providing funding and the funding amount your business has sought from each organization.

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Small Business Relief Fund Application

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SECTION 4: BUSINESS OWNER(S) INFORMATION

Please list any individuals or other businesses that have ownership. Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.

Owner 1

Legal First and Last Name *

Title/Office *

% Owned *

Marital Status

SSN (Last 4 digits only) *

Phone *

Email *

U.S. Citizen *

- Yes
 No

Date of Birth *

| | |
|-------|---|
| Month | ▼ |
| Day | ▼ |
| Year | ▼ |

Owner 1 Home Address

Street Address *

Number, Street and/or Post Office Box

City *

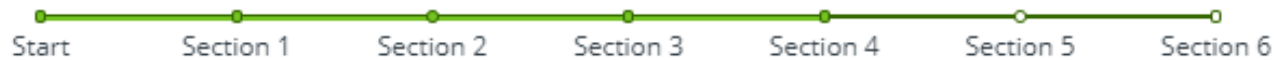
State *

Zip code *

[SECTION 4 continued on Next Page]

[SECTION 4 continued]

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**Owner 1 Income Information**

Business owners may qualify for additional economic relief funds if their annual household income falls below the family-size-specified income limits.

| Family Size | Annual Income Limits |
|-------------|----------------------|
| 1 | \$59,950 |
| 2 | \$68,500 |
| 3 | \$77,050 |
| 4 | \$85,600 |
| 5 | \$92,450 |
| 6 | \$99,300 |
| 7 | \$106,150 |
| 8 | \$113,000 |

Does your household income fall below the income limits in the table above? *

- Yes
 No

[SECTION 4 continued on Next Page]

[SECTION 4 continued]

Owner 2 (if applicable)

| | | |
|---|----------------------|---|
| Legal First and Last Name | | Title/Office |
| <input type="text"/> | | <input type="text"/> |
| % Owned | Marital Status | SSN (Last 4 digits only) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone | | Email |
| <input type="text"/> | | <input type="text"/> |
| U.S. Citizen | | Date of Birth |
| <input type="radio"/> Yes <input type="radio"/> No | | Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> |

Owner 2 Home Address

Street Address
 Number, Street and/or Post Office Box

City State Zip code

Owner 2 Income Information

Business owners may qualify for additional economic relief funds if their annual household income falls below the family-size-specified income limits.

| Family Size | Annual Income Limits |
|-------------|----------------------|
| 1 | \$59,950 |
| 2 | \$68,500 |
| 3 | \$77,050 |
| 4 | \$85,600 |
| 5 | \$92,450 |
| 6 | \$99,300 |
| 7 | \$106,150 |
| 8 | \$113,000 |

Does your household income fall below the income limits in the table above?

- Yes
- No

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SECTION 5: BUSINESS OWNER ELIGIBILITY

For the applicant business and each owner listed in Section 4, please respond to the following questions.

Owner 1 Questionnaire

- a. Has the business or the listed Owner 1 ever been involved in a bankruptcy or insolvency proceeding? *
- Yes
- No
- b. Does the business or the listed Owner 1 have any outstanding judgments, tax liens, or pending lawsuits against them? *
- Yes
- No
- c. In the past year, has the business or the listed Owner 1 been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? *
- Yes
- No
- d. Has the business or the listed Owner 1 ever had or guaranteed a federal loan or a federally guaranteed loan? *
- Yes
- No
- e. Is the business or the listed Owner 1 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts or federal grants? *
- Yes
- No
- f. Does the listed Owner 1, owner's spouse, or household member work for the City of San Diego? *
- Yes
- No
- g. Is the applicant or the listed Owner 1 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans? *
- Yes
- No
- h. Is the listed Owner 1 presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense - other than a minor vehicle violation - 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)? *
- Yes
- No

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[SECTION 5 continued]

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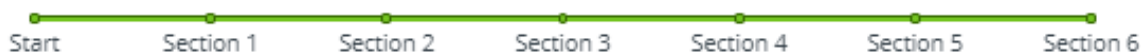
Owner 2 Questionnaire (if applicable)

- a. Has the business or the listed Owner 2 ever been involved in a bankruptcy or insolvency proceeding?
- Yes
- No
- b. Does the business or the listed Owner 2 have any outstanding judgments, tax liens, or pending lawsuits against them?
- Yes
- No
- c. In the past year, has the business or the listed Owner 2 been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?
- Yes
- No
- d. Has the business or the listed Owner 2 ever had or guaranteed a federal loan or a federally guaranteed loan?
- Yes
- No
- e. Is the business or the listed Owner 2 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts or federal grants?
- Yes
- No
- f. Does the listed Owner 2, owner's spouse, or household member work for the City of San Diego?
- Yes
- No
- g. Is the applicant or the listed Owner 2 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?
- Yes
- No
- h. Is the listed Owner 2 presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense - other than a minor vehicle violation - 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?
- Yes
- No

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SECTION 6: CONDITIONS FOR SUBMISSION

ELIGIBILITY

Businesses not eligible to receive Small Business Relief Fund financial assistance loans include, but are not limited to:

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- Golf courses, race tracks or gambling facilities
- Nonprofit entities
- Businesses engaged in any illegal activity per local, state or federal regulations with federal regulations taking precedence over local or state regulations.
- Home-based businesses
- Chain stores
- Businesses with more than 100 Full-Time Equivalent (FTE) employees as of Feb. 28, 2020.

AGREEMENTS

I/We understand that this application will be used by City of San Diego to assess which resources might be appropriate and available for my/our business and that we are not guaranteed a loan or any form of financial assistance.

I/We understand that additional information and documentation may be required to assist City of San Diego in assessing which resources might be appropriate and available for my/our business and/or in making a determination regarding Small Business Relief financial assistance. I/we will be advised in writing as to such required information and documentation.

I/We authorize the City of San Diego to verify information provided in this application, and additional information or documentation submitted, as needed to process and service Small Business Relief financial assistance. This includes authorization for my/our insurance company, bank, financial institution, or other creditors to release to City of San Diego all records and information necessary to process this application.

I/We understand that if Small Business Relief financial assistance is provided for my/our business that I/we will be required to certify compliance with applicable federal, state and/or local regulations that may include but not be limited to:

- Project Assurances
- Debarment/Suspension Certification
- Environmental Certification
- Non-Discrimination Certification
- Person Completing Certifications
- Family Size and Income Limits

I/We authorize City of San Diego, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our City of San Diego Small Business Relief Fund application evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We understand that if Small Business Relief financial assistance is approved, additional information and/or documentation may be required prior to closing and funds disbursement.

I/We understand that only person may submit this application on behalf of a business and that only one form may be submitted per business.

[SECTION 6 continued on Next Page]

[SECTION 6 continued]

Acceptance of Conditions

By signing this intake form, I certify that all information submitted with this form is true and correct to the best of my knowledge, and that I will submit truthful information in the future. *

- Yes
- No

Electronic Signature

First Name *

Last Name *

Agreement *

- I agree to electronically sign and to create a legally binding request for Small Business Relief between the City of San Diego and the business I am authorized to represent.

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Submit