

**CONSTRUCTION MITIGATION: APPLICATION FORM 工程影響紓緩計劃申請表**

Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_ Title 職銜 \_\_\_\_\_

Business Name 商業名稱 \_\_\_\_\_

Business Address 商業地址 \_\_\_\_\_

Business Phone 辦公電話 \_\_\_\_\_ Contact Phone 聯絡電話 \_\_\_\_\_

Contact Email 電郵地址 \_\_\_\_\_

Mailing Address 郵寄地址 \_\_\_\_\_

Primary Language 主要語言  English  Español  Chinese 中文  Tagalog  Other \_\_\_\_\_

Dates of Economic Impact 受工程影響時期 From 從 \_\_\_\_\_ To 到 \_\_\_\_\_

**Race 種族**

- Asian 亞裔  
 Black or African American  
 Native American  
 Alaska Native  
 Native Hawaiian or Pacific Islander  
 White

**Ethnicity 裔**

- Hispanic Origin 西裔  
 Not of Hispanic Origin 非西裔

**Business Classification 商業東主類別**

- Women Owned Business 女性為東主  
 Minority Owned Small Business 少數族裔為東主  
 Other Small Business 其他小商業  
 Large 大型商業  
 Tribal Owned Business 原住部落為東主

**Organization Type 商業註冊形式**

- Sole proprietorship/Individual 獨資公司  
 Partnership 合夥公司  
 Corporation 股份公司  
 S-Corporation 股份公司 (S 類)  
 Limited Liability Company 有限責任公司  
State of Incorporation 註冊州份: \_\_\_\_\_

**Business Status 開業日期:**

Date business started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date business acquired: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Ownership 商業持有權**

- 100% Male Owned 男性全資  
 100% Female Owned 女性全資  
 Co-owned 男女合資: Female 女性 \_\_\_\_\_ %  
Male 男性 \_\_\_\_\_ %

**Veteran Status 退役情況**

- Non-Veteran 非退役軍人  
 Veteran 退役軍人  
 Service-Disabled Veteran 殘障退役軍人

Do you consider yourself a person with a disability?  
你認為自己是殘障人士嗎?  Yes 是  No 否

**Employees 員工**

Number of Part-time employees 半職員工人數 \_\_\_\_\_

Number of Full-time employees 全職員工人數 \_\_\_\_\_

E-file and E-Pay with EDD 電子報稅繳稅: Y 是 \_\_\_ N 否 \_\_\_

**Military Status 參軍情況**

- None 沒有  
 National Guard 國民警衛軍  
 National Guard – Active Duty 現役國民警衛軍  
 Reservist 後備軍  
 Reservist – Active Duty 現役後備軍

**CDBG Questions 社區發展分段補助計劃問題:**

Family income 家庭收入: Extremely Low 極低 Low 低 Moderate 中等 Above Moderate 中等以上 Not Stated 不作答

Family Income 家庭收入: \$ \_\_\_\_\_

Family Size 家庭人口: \_\_\_\_\_

Lease Term (Years left on Lease) 租約到期日: \_\_\_\_\_ 或 Month-to-Month 按月租

Square footage 店舖面積 \_\_\_\_\_ sqft 平方呎

Product or Service Description 產品或服務簡述: \_\_\_\_\_

**Eligibility Checklist 申請資格評核清單:** This brief checklist will determine your eligibility for participation in the San Francisco Constructions Mitigation Program.

I am willing to set aside 2-4 hours every month to meet with a marketing, finance, and/or merchandising consultant, for a period of about 3-6 months to work on stabilizing business operations, ensuring proper financial management practices, and increasing sales. 為加強我的生意，我願意每月運用 2-4 小時與商業顧問商談我的經營計劃，大約為期 3-6 個月。

I am supported by my family, partners, and employees while I participate in the San Francisco Constructions Mitigation Program. 我的家人、商業夥伴及員工均支持我參與「三藩市工程影響紓緩計劃」。

I agree to implement an action plan, which will outline achievable goals and the steps that will be taken in order to accomplish those goals. I understand the action plan will be developed with the assistance of a consultant, and that funds may be available and allocated for each client project and will be required to be utilized in the implementation of the action plan. 經與商業顧問商討確定後，我同意按計劃使用獲派的補助金。

If necessary, I am willing to provide documentation to help verify the economic hardship suffered as a result of the construction project; including, tax returns, financial statements, and other financial data. 若有需要，我願意提供工程對我生意造成的財務影響的資料。

I am willing to document and report economic impact achieved as a result of the program; such as, but not limited to, jobs created, jobs retained, increased sales, and access to capital. 我願意匯報因本計劃提供協助後我公司的狀況信息。

**Provide a brief narrative of the impact here, including location, period of time, and types of obstruction:**

請用簡述工程對你生意的影響，包括地點、時間和阻塞的情況:

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Is there any other information you would like the review committee to consider that would help demonstrate the economic hardship you have endured as a result of the construction?

若你有任何其他信息可讓審核委員會對你面對的經濟困難有更進一步了解的，請在此說明。

\_\_\_\_\_  
Client's Signature 客戶簽名

\_\_\_\_\_  
Date 日期

**FOR OFFICE USE ONLY**

**Directly Impacted- Full grant amount: \$10,000 直接受影響 - 補助金 \$10,000**

- Construction and associated impacts in the immediate vicinity of the business for a period of 6 months or longer. 工程在商業前面施工，直接影響其生意為期 6 個月或以上

- Construction directly in front of the business that impact and/or impede access visually or physically, including structures and large scale equipment. 工程直接在其商業外施工，影響或妨礙商業的視野或顧客進出。

**Indirectly Impacted- Full grant amount: \$5,000 簡接受影響 - 補助金 \$5,000**

- Construction indirectly impacting and /or impeding your business corridor for a period of 12 months or longer. 工程在商業附近施工，間接影響其生意為期 12 個月或以上

- Within a one block radius of major construction. 在主要施工地點的一條街範圍內。

**INFORMATION NOTICE** OMB Approval No.:3245-0324

I request business counseling service from the Northern California Small Business Development Center (SBDC) Network, an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC services. I understand that any information disclosed will be held in strict confidence. (The SBDC will not provide your personal information to commercial entities.) I authorize the SBDC to furnish relevant information to the assigned Business Advisor(s). I further understand that the advisor(s) agree not to:

- 1) recommend goods or services from sources in which he/she has an interest, and
- 2) accept fees or commissions developing from this counseling relationship.

In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners, host organizations, and SBDC Advisors arising from this assistance.

**By accepting these terms you agree, if selected, to participate in surveys designed to evaluate the services and impact of the Northern California SBDC Network. Any information disclosed in such surveys will be held in strict confidence.**

Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

**COMMUNITY DEVELOPMENT BLOCK GRANT**

**By signing this agreement, I understand that I am receiving assistance from the San Francisco Small Business Development Center (SBDC) through the financial support of the Community Development Block Grant Program (CDBG). By receiving these services at no to low-cost, I understand that I am responsible for the following:**

- I will document information on the jobs my business creates and retains in order to support SBDC's reporting requirements.
- I agree to provide the SBDC periodic reports documenting job creation and retention numbers for my business and to verify employee's income by having each employee complete the required Employee Income Certification Form (ED Form 1) provided by the SBDC.
- I understand that a **permanent new job** is defined as a job classification that provides 1,750 hours a year of employment. Full time equivalent jobs (FTE) will also be considered towards establishing a final job count. I will provide information on hours per week for all jobs created and/or retained by my business through the ED Form 1.
- I understand that to claim **jobs retained** I must demonstrate that those jobs would have been lost without the assistance from the SBDC. Examples of evidence would be: **financial records, tax documents, eviction notices/commercial lease documentation, etc.** “

\_\_\_\_\_  
Client's Signature 客戶簽名

\_\_\_\_\_  
Date 日期