

Construction Mitigation Grant Application Form

工程影響紓緩計劃申請表

City & County of San Francisco

The Office of Economic and Workforce Development (OEWD) collects client information to meet specific federal, state, and local reporting requirements and to improve program quality and service delivery. OEWD protects all clients' personally identifiable information from unauthorized disclosure. 經濟和勞動力發展辦公室收集客戶資訊，以符合特定的聯邦、州和當地報告要求，並改善計畫品質與服務提供。經濟和勞動力發展辦公室妥善保護所有客戶的個人身份資訊，避免未經授權的資訊披露。

First Name 名: _____ Last Name 姓: _____ Title 職銜: _____

Business Name 商業名稱: _____

Business Address 商業地址: _____

Mailing Address 郵寄地址: _____

Contact Phone Number 聯絡電話: _____ E-mail 電郵: _____

Date Business Started 開業日期: _____ Date Business Acquired 購入商業日期: _____

Lease Expiration Date 租約屆滿日期: _____ Monthly Rent 每月租金: _____

Number of Full-time Employees 全職員工人數: _____ Number of Part-time Employees 兼職員工人數: _____

Primary Language 主要語言 English Español 中文 Tagalog Other _____

Eligibility Checklist: This brief checklist will determine your eligibility for participation in the San Francisco Construction Mitigation Program. 申請資格評核清單: 這份簡短的清單將確定您是否有資格參加「三藩市工程影響紓緩計劃」。

I agree to set aside 2-4 hours every month to meet with a business consultant, for a period of about 3-6 months to work on stabilizing business operations, ensuring proper financial management practices, and increasing sales. 為強化我的商業營運，保障合理的財務規劃，我同意每月運用2-4小時與商業顧問商談，大約為期3-6個月。

I am supported by my family, partners, and employees while I participate in the San Francisco Construction 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 work with an assigned business consultant to create an action plan, which will outline achievable goals and steps to be taken in order to execute the action plan. I understand that awarded grant funds must be used as stated in the approved action plan. 我同意與指定的商業顧問一起制定包括概述可實現的目標和步驟的行動計劃。我明白我必須按照經批准的行動計劃中的規定用途使用補助金。

I agree 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. 我同意提供工程對我生意造成的財務影響的資料，包括納稅申報表，財務報表和其他財務數據。

I agree to document and report economic impact achieved as a result of the program, including but not limited to, jobs created, jobs retained, increased sales, and access to capital. 我同意匯報因本計劃提供協助後我公司的狀況信息，包括但不限於創造的就業機會，保留的就業機會，增加的銷售量以及獲得的投資。

Application deadline is December 31, 2019

申請截止日期為2019年12月31日

Provide a brief narrative of the impact at your location, including dates of construction impact, and types of obstruction:
請簡述工程對你生意的影響，包括受工程影響時期和阻塞的情況：

Which best describes your ethnicity? 哪種說法最能夠貼切描述您的種族？

- Hispanic/Latino 西班牙裔/拉美裔 Not Hispanic/Latino 非西班牙裔/拉美裔

Which best describes your race? 哪種說法最能夠貼切描述您的人種

- American Indian/Alaskan Native 印第安人/阿拉斯加原住民
 Asian 亞洲人
 Black/African American 黑人/非裔美國人
 Native Hawaiian/Other Pacific Islander 夏威夷原住民/其他太平洋島民
 White 白人
 American Indian/Alaskan Native and Black/African American 美國印第安人/阿拉斯加原住民及黑人/非裔美國人
 American Indian/Alaskan Native and White 美國印第安人/阿拉斯加原住民及白人
 Asian and White 亞洲人及白人
 Black/African American and White 黑人/非裔美國人及白人
 Other/Multiracial 其他/多族裔

Cultural Affiliation or Nationality (optional) 文化關聯或國籍 (選填): _____

What is your gender? 您的性別是？(選擇一個最符合您目前的性別認同的選項)

- Female 女性 Trans Female 跨性女
 Male 男性 Trans Male 跨性男
 Genderqueer/Gender Non-binary 性別酷兒/非二元性別 Not Listed. Please Specify 以上皆不是。請說明

How do you describe your sexual orientation or sexual identity? 您如何描述自己的性傾向或性別認同？(請選擇一項)

- Bisexual 雙性戀 Straight/Heterosexual 異性戀
 Gay /Lesbian/Same-Gender Loving 男同性戀/女同性戀/同性戀愛 Not listed. Please specify 以上皆不是。請說明: _____
 Questioning /Unsure 有疑問/不確定 Decline to answer 拒絕回答

What is your business organization type? 商業註冊形式

- Sole Proprietorship/Individual 獨資公司 S-Corporation 股份公司(S類)
 Limited Liability Company 有限責任公司 Corporation (Please Specify State of incorporation) _____
 Partnership 合夥公司 股份公司(請說明註冊州份) _____

What is your business ownership? 商業持有權

- 100% male owned 男性全資
 100% women owned 女性全資
 Co-owned 男女合資: Female 女性 _____%
Male 男性 _____%

Check if any of the following applies to you. 勾選以下適用於您的說明？

- Disability 殘障
 Veteran 退役軍人

Please submit any inquiries regarding the program to:

Jessica Qian Wan

Direct: 628.652.6398 Email: qian.wan@sfgov.org

Which best describes your family? (Check one) 哪種說法最能夠貼切描述您的家庭? (請選擇一項)

Family includes, but is not limited to the following—regardless of actual or perceived sexual orientation, gender identity, or marital status—a single person or a group of persons residing together. 家庭包括但不限於下列選項 (包括一個人或住在一起的一群人), 不論是實際或察覺的性取向、性別認同或婚姻狀況。

- Single Headed Family 戶長的單親家庭 Dual Headed Family 雙親家庭

Number of persons living in your family (including yourself) 與您一同居住的家庭成員人數 (包括您自己): _____

Total estimated income for next 12 months for all adult members 所有成年家庭成員未來 12 個月的預估總收入: \$ _____

Current Income Information (Number of persons in “family” above must match this section) (Circle correct income level. If number of family members is greater than eight persons, refer to instruction sheet) 目前的收入狀況(上述「家庭」中的成員人數須與此部分相符) (圈選正確的收入水平。如果家庭成員人數超過 8 人, 請參閱指示表)

Family of: 家庭成員人數	1	2	3	4	5	6	7	8
Extremely Low Income 極低收入	\$0 – 33,850	\$0 – 38,700	\$0 – 43,350	\$0 – 48,350	\$0 – 52,250	\$0 – 56,100	\$0 – 60,000	\$0 – 63,850
Low Income 低收入	\$33,851-56,450	\$38,701-64,500	\$43,351-72,550	\$48,351-80,600	\$52,251-87,050	\$56,101-93,500	\$60,001-99,950	\$63,851-106,400
Moderate Income 中等收入	\$56,451-90,450	\$64,501-103,350	\$72,551-116,250	\$80,601-129,150	\$87,051-139,500	\$93,501-149,850	\$99,951-160,150	\$106,401-170,500
Above Moderate Income 高於中等收入	> = \$90,451	> = \$103,351	> = \$116,250	> = \$129,151	> = \$139,501	> = \$149,851	> = \$160,151	> = \$170,501

Income Certification 收入證明

Interviewer: Check the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion (**current-within 2 months). 訪問員: 檢查客戶的收入水平並在下方指明用於驗證此資訊的資訊來源。請檢視指示表以協助您完成填寫 (**最近 2 個月)

- CalWorks Food Stamps 糧食券 Medi-CAL Tax Return (most recent 最新的報稅表) SSI**
- Payroll Stub 薪資存根** Other (i.e. public housing/foster care) ** 其他 (例如: 公共住宅/寄養家庭)
- Unemployment (check stub) 失業 (支票存根)
- Self-certified. Please explain 自行驗證。請說明 _____

I hereby certify that, to the best of my knowledge, the statements within this application are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development)/CDBG officials (for federally funded grants). 本人在此證明, 就我所知, 此申請表內各項聲明皆正確無誤。我了解此資訊僅能由授權的美國住房及城市發展部 (U.S. Department of Housing & Urban Development, HUD)/社區發展分類財政補貼 (Community Development Block Grant, CDBG) 官員 (適用於聯邦撥款的補助金) 加以證明。

CLIENT 客戶

INTERVIEWER 訪問員

Client Printed Name 客戶正楷姓名

Interviewer Printed Name 訪問員正楷姓名

Client Signature 客戶簽名

Interviewer Signature 訪問員簽名

Date 日期

Date 日期

Applications can be submitted to 申請可以郵寄或提交至: