



# Chinatown Storefront Mini Grant Application



**Self-Help for the Elderly** (415) 699-1350, (415) 939-7374 [smallbiz@selfhelpelderly.org](mailto:smallbiz@selfhelpelderly.org)  
**Northeast Community Federal Credit Union** (415) 434-0738 [lilylo@necfcu.org](mailto:lilylo@necfcu.org)  
**ASIAN, Inc.** (415) 928-5910 [chinatown@asianinc.org](mailto:chinatown@asianinc.org)

Submit the completed application to:

**Office of Economic and Workforce Development** [jobssquad@sfgov.org](mailto:jobssquad@sfgov.org) (Ref# CSMG- )

Street #	Floor/Suite	Street Name	City <b>San Francisco</b>	Zip Code	District <b>D3</b>	IIN Corridor Yes No <b>X</b>	Storefront Yes No <b>X</b>
Business Name		Business Tel		Business Email		Website (if any)	
Industry Type <small>FoodSocia Retail SalesSvc Service PublicUse Other</small>		Business Description	Start Date Month Year /	# of Staffer Full Time Part Time	Property Own Lease	(If Lease) Expire Month & Year /	
Contact Person	Position <small>Owner Manager Staffer</small>	Contact Method(s) Cell # Email (If different from above)			Language English Chinese Spanish Other (Specify)		

Assistance Needed	Code	Action By Date:	Notes/Reasons	Approve By Date:	Award By Date:
1					
2					

**Eligibility Requirements**

My business has not received/awarded any City economic recovery funding (SF Resilient Fund, SF Shines for Reopening and SF Relief Grant)

My business is located within the OEWD-IIN Greater Chinatown district boundaries

My business is a street-level street-facing storefront that is directly visible and accessible from the public

My business is an indoor operation and **not** a shared commercial space

My business has yearly gross revenue of \$2.5 million or less and **not** a chain store/business

My business has begun operations on/before 12/31/2020 and is still operating when funding will be delivered

My business has a valid 2021-22 business registration and Taxpayer Identification Numbers

Signature of Applicant	I hereby certify that the above information and answers are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for this grant. I also authorize OEWD and its partnering agencies to exchange information that would provide assistances to my business.
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### Code References

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|---|-------------------------------------|
| Business / Individual                   | B5: Permit / Licence Process        |
| B1: Information / Referral / General    | B6: Qualified Workforce             |
| B2: Code Compliance                     | B7: Marketing / Revenue Improvement |
| B3: Technical / Operational Improvement | B8: Other Business Assistance       |
| B4: Leasing / Relocation                |                                     |