

Van Ness Directed Business Support Program Grant Application

Thank you for your interest in the Van Ness Directed Business Support Grant Application available for Van Ness businesses impacted by construction from the Van Ness Improvement Project.

We acknowledge how difficult things are for many businesses right now and we are eager to support you in whatever way we can. The Van Ness Improvement project is a major-impact project which was originally slated to be completed in 2019. In January 2019, it was announced that unexpected and significant delays caused for the construction completion date to be extended to the end of 2021. Businesses in the Van Ness impact zone have experienced construction impacts beyond what was expected and planned for in addition to the impacts caused by the COVID-19 pandemic.

Businesses that meet eligibility criteria can qualify to receive a \$5,000 - \$10,000 grant based on level of construction impact at their location within the Van Ness Improvement Project construction zone on Van Ness Avenue between Market Street to Chestnut Street. Businesses that are impacted also continue to have access to business support, technical assistance and existing programs offered by the City and County of San Francisco.

As part of this grant application, our office, the Office of Economic and Workforce Development (OEWD), will collect 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.

While completing this application, please make sure to have your business registration and rent information, as well as documentation for any reimbursements you wish to submit (which could include rent, utilities or wages). Please note that you must complete this survey in one sitting and that your response cannot be edited once submitted.

To be eligible for a grant award, businesses must be within the Van Ness construction impact zone, must be an active storefront, and established with no change in ownership on or after March 3, 2017.

A list of Frequently Asked Questions (FAQs) can be found at www.oewd.org/vanness. If you still require assistance or have questions, direct any inquiries to Jada Jackson, Project Manager at the Office of Economic and Workforce Development at CMPgrant@sfgov.org.

* Required

1. First Name *

2. Last Name *

3. Title

4. Eligibility Checklist: This brief checklist will determine your eligibility participation in the San Francisco Construction Mitigation Program. This confirms a business' willingness to work with IIN to provide necessary documentation to help verify the economic hardship and impact suffered as a result of the construction project. You must select all check boxes to be eligible to participate in the program and continue with this form. *

Check all that apply.

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.

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.

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.

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

Your Business's Details

5. Please provide a brief narrative of the impact at your location, including dates of construction impact, and types of obstruction: *

6. Business Name *

7. Contact Phone Number *

8. Contact Email *

9. Business Industry Type(s) *

Check all that apply.

- Auto
- Bar
- Bar/Lounge
- Beauty
- Clothing
- Construction
- Copier/Computer Service Technician
- Education Services
- Gym
- Hair/Beauty
- Hair Salon
- Health
- Home Improvement
- HR Consulting
- Wellness
- Childcare/Daycare/ Preschool
- Massage/Nail Salon/ Tattoo Parlor & Other Personal Services
- Non-Essential Retail
- Professional Services
- Restaurant
- Restaurant/Bar
- Restaurant/Café
- Short-Term Rental
- Sweet Shop

Other: _____

10. What is your business organization type? *

Mark only one oval.

- Sole Proprietorship/Individual
- Limited Liability Company
- Partnership
- S-Corporation
- Corporation (Please Specify State of Incorporation Below)

11. If you selected "Corporation" above, please specify state of incorporation below

12. Date Business Started *

Example: January 7, 2019

13. Date Business Acquired (skip if not applicable)

Example: January 7, 2019

14. Lease Expiration Date (if applicable)

Example: January 7, 2019

15. Monthly Rent (if applicable)

16. Commercial Landlord Name (if applicable)

17. Number of Full-Time Employees *

18. Number of Part-Time Employees *

19. Business Street Address *

20. City, State *

21. ZIP Code *

22. Is your mailing address the same as the business address listed above? *

Mark only one oval.

Yes *Skip to question 26*

No *Skip to question 23*

Mailing Address

23. Mailing Street Address or PO Box *

24. City, State *

25. ZIP Code *

Documentation

If you meet all eligibility criteria for this business grant, a \$5,000 - \$10,000 grant will be awarded based on the identified impact zone your business is located in along Van Ness between Market Street to Chestnut Street. Your grant award will be disbursed in two phases in which you designate the use of funds for both phases.

26. We will need documentation to process your requests. *

Check all that apply.

I acknowledge that failing to email or upload complete documentation may delay my application.

Phase
I

Phase 1 funds are 75% of the total grant award and can be used for rent, utilities or wages in order to help stabilize business operations.

27. If awarded a Directed Business Support grant, identify the use of funds for your Phase I grant award: *

Mark only one oval.

- Rent (submit 3 months of rent proof from 2020): cancelled checks payable to your commercial landlord, receipts from landlord, or a tenant ledger on letterhead from your commercial landlord)
- Utilities (submit 3 months of utilities proof from 2020: cancelled checks payable to your utilities provider or statements from your utility provider)
- Wages (submit 3 months of payroll proof from 2020)

28. Will you upload or email your Phase I documentation proof? *

Mark only one oval.

- Upload below *Skip to question 29*
- Email to CMPPgrant@sfgov.org *Skip to question 30*

Phase I Use of Funds Supporting Documentation Proof

29. Please upload Phase I Use of Funds Supporting Documentation Proof.

Phase
2

The Phase 2 disbursement is the remaining 25% of the grant award. The purpose of these funds is to help support the long-term sustainability of the business. In response to impacts due to the COVID-19 pandemic, use of funds have been expanded.

30. If awarded a Directed Business Support grant, identify the use of funds for your Phase 2 grant award: *

Mark only one oval.

- Reimbursement to business for rent paid, not earlier than March 2020 (submit proof of payment)
- Reimbursement for utilities paid, not earlier than March 2020 (submit proof of payment)
- Reimbursement to business for wages paid, not earlier than March 2020 (submit proof of payment)
- Use funds to create a Business Action Plan to be developed with the help of a Small Business Development Center consultant in which the business will select low-cost/high-Return on Invest (ROI) tools that can be utilized to help increase revenue. A proposal with the intended use of funds will need to be submitted with the application. Purchases must be made after the Business Action Plan is developed and receipts will need to be submitted prior to a grant award disbursement for this option.

31. Will you upload or email your Phase 2 documentation proof? *

Mark only one oval.

- Upload below *Skip to question 32*
- Email to CMPPgrant@sfgov.org *Skip to question 33*

Phase 2 Use of Funds Supporting Documentation Proof

32. Please upload Phase 2 Use of Funds Supporting Documentation Proof.

Income Status for Economic Hardship Categorization

Income Status for Economic Hardship Categorization

Information provided in response to questions about family income is used to show income status and economic hardship suffered as a result of the construction project to merchants in the impact zone. Supporting documentation includes a copy of 2019 tax returns, sales tax data or point of sale (POS) data.

This documentation is to paint an overall picture of the impact and or loss that a business has experienced due to the Van Ness Improvement project. It is another way for OEWD to advocate on behalf of the small businesses impacted. Information provided is confidential.

33. Number of persons living in your family (including yourself) *

34. Total estimated income for next 12 months for all adult members *

35. Will you upload or email your 2019 tax returns, sales tax data or point of sale (POS) data? *

Mark only one oval.

Upload below *Skip to question 36*

Email to CMPgrant@sfgov.org *Skip to question 37*

Upload your 2019 tax returns, sales tax data or point of sale (POS) data.

36. Please upload your 2019 tax returns, sales tax data or point of sale (POS) data.

Additional Support

37. Are you are interested in additional one-on-one business consulting from a City representative in regards to business support resources available to you as a small business. This can include assistance with access to capital (loans and grants), business accounting/budget, business plan, cash flow management, HR/managing employees, lease negotiations, legal issues, marketing/sales, tax planning, and technology/computers. *

Mark only one oval.

Yes, please!

No thank you!

Your
Demographics

The following questions are optional and are only to help the City & County of San Francisco understand who is accessing its services. The answers to these questions will not factor in reviewing your documentation.

38. Select if any of the following applies to you.

Check all that apply.

Disability

Veteran

39. Which best describes your ethnicity?

Mark only one oval.

Hispanic/Latino

Not Hispanic/Latino

40. Which best describes your race?

Mark only one oval.

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- American Indian/Alaskan Native and Black/African American
- American Indian/Alaskan Native and White
- Black/African American and White
- Multiracial
- Other: _____

41. Please share your cultural affiliation or nationality.

42. What is your gender?

Mark only one oval.

- Female
- Male
- Genderqueer/Gender Non-Binary
- Trans Female
- Trans Male
- Other: _____

43. How do you describe your sexual orientation or sexual identity?

Mark only one oval.

- Bisexual
- Gay/Lesbian/Same-Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Decline to Answer
- Other: _____

I hereby certify that, to the best of my knowledge, the statements within this application are true and correct.

44. Applicant Name *

45. Date *

Example: January 7, 2019