



City of San Dimas

COVID-19 Emergency Small Business Grant Program

Special Economic Development Activities Job Retention/Creation Certification – Form B

Small Businesses that do not qualify as microenterprise may be assisted as a Special Economic Development Activity. To qualify as a Special Economic Development Activity, the business must meet a public benefit:

- This means jobs made available to low/moderate persons are created or retained.
- In accordance with 24 CFR 570.209(b) one full time equivalent, permanent job must be created or retained. This will be documented.
- If a business applicant has laid off some or all employees, but reports they intent to hire once this crisis ends – this can be job creation.
- If a business applicant has not laid off employees but reports they will have to; they need to document that BUT FOR this assistance, they will have to lay off employees. This can be accomplished through a self-certifying letter, included with the application.

Legal Business Information:

1.Name:

Address:

2.Number of Employees – full-time:

Part time:

3.Estimate of the number of jobs retained by this grant:

4.Estimate of the number of layoffs this grant prevents (ie. number of jobs saved):

5.In order to document that an FTE job is retained or created, the following section will need to be completed for each full-time job retained or created: (If part-time only employees, the # of employees must add up to full-time employee in hours)

Job Retained – Employee A

Name:

DOB:

Home Address:

Phone:

Email:

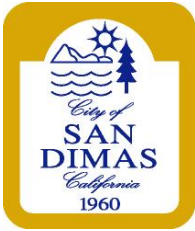
Household Size:

Annual Household Income:

Job Title/Duties:

Regular Hours worked of (_____): Hours per ___ day; ___ week; or ___ month

Rate of Pay as of (_____): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually



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Job Retained – Employee B

Name: _____ DOB: _____

Home Address: _____

Phone: _____ Email: _____

Household Size: _____ Annual Household Income: _____

Job Title/Duties: _____

Regular Hours worked of (_____): Hours per ___ day; ___ week; or ___ month

Rate of Pay as of (_____): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

Job Retained – Employee C

Name: _____ DOB: _____

Home Address: _____

Phone: _____ Email: _____

Household Size: _____ Annual Household Income: _____

Job Title/Duties: _____

Regular Hours worked of (_____): Hours per ___ day; ___ week; or ___ month

Rate of Pay as of (_____): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

Job Retained – Employee D

Name: _____ DOB: _____

Home Address: _____

Phone: _____ Email: _____

Household Size: _____ Annual Household Income: _____

Job Title/Duties: _____

Regular Hours worked of (_____): Hours per ___ day; ___ week; or ___ month

Rate of Pay as of (_____): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually



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Special Economic Development – Project Grant Underwriting – Form B1

Special Economic Development projects also require documentation of underwriting in accordance with 24 CFR 570.209(a), to determine if the grant amount is appropriate and will be used responsibly. Please complete the following form.

Legal Business Information:

Name:

Address:

Business Owner Name:

Phone:

Project Grant Information:

Are the project costs reasonable? Explain your procurement process.

Are these funds substituting non-federal support?

As the business owner, how do you expect to benefit personally from this grant?

Will this grant keep your business open and your employees employed?