



PROGRAM 1: ROUND 9

ROUND 9: OVERVIEW

- This round is available to:
 1. Existing waitlisted small businesses and/or nonprofit organizations. These applicants do not need to reapply.
 2. Existing small businesses and/or nonprofit organizations that were not selected in previous rounds (Rounds 1, 2, 3, 5, 6, or 7). These applicants do not need to reapply.
 3. New applicants that meet the definition of "***qualified small business***" or "***eligible nonprofit cultural institution***" (see definition). New applicants will need to apply at CAReliefGrant.com
- The program is not on a "first come, first served" basis.
- The application portal for new applicants will open on September 9, 2021, and will close September 30, 2021, for applicants, which will also be available through multiple partner portals.
- The application will take in personal and business demographic data, and disclosures/certifications for eligibility and eligible use of funds specific to the California Small Business COVID-19 Relief Grant Program.
- A committee of internal Lendistry team members will confirm the scorecard creation and geographical distribution based on program priority factors, including the COVID health and safety restrictions following California's Blueprint for a Safer Economy, local county status and the new Regional Stay At Home Order which can be found at: <https://covid19.ca.gov/safer-economy/>.
- If demand for grants from small businesses and nonprofits meeting the prioritization criteria exceeds available funding, priority factors will be assessed.

ROUND 9: OVERVIEW

- Eligible applicants will be processed in two (2) stages:
 - Stage 1: Applicants upload selected financial documents, identification documents and a business certification regarding accuracy and truthfulness of information submitted.
 - Stage 2: Applicants that are approved for funding will be requested to provide additional documentation for grant disbursement.
- Lendistry will distribute grants on behalf of the State of California to approved eligible businesses and nonprofits.
- Lendistry will arrange to deliver applicable tax forms to grantees.

ROUND 9: REQUIRED DOCUMENTATION

The following information is required from all applicants in Stage 1:

1. A copy of the signed Application Certification.
2. All pages of most recent federal tax return filed (2019) – provided as a PDF only.
3. An acceptable form of government-issued photo ID provided as a PDF only.
4. Acceptable evidence of minimum gross annual revenue of no less than \$1,000 per year.

Additional Requirements for Businesses Determined to be Eligible
Once selected for funding, applicants will be required to provide additional documentation as set forth below and re-certify to the accuracy of information provided.

The following information is required from all applicants in Stage 2:

1. Organizing documents, including 2019 federal tax returns or Form 990s, or a copy of official filing with the California Secretary of State (which must be active) or local municipality, as applicable, for your business such as one of the following, which must be provided as a PDF only:
 - Articles of Incorporation
 - Certificate of Organization
 - Fictitious Name of Registration
 - Government-issued Business License (sole proprietors without fictitious name)
2. For eligible nonprofit entity applicants, a copy of the entity's most recent IRS tax exemption letter.
3. Verification of bank account via electronic registration or other approved review process.

ROUND 9: PROGRAM PRIORITIZATION

Prioritization will be based on the following criteria to the extent permissible under state and federal equal protection laws:

1. Geographic distribution based on COVID-19 health and safety restrictions following California's Blueprint for a Safer Economy and county status and the Regional Stay Home Order.
2. Industry sectors most impacted by the pandemic, including, but not limited to, those identified as in the North American Industry Classification System codes beginning with:
 - 61 – Educational Services
 - 71 – Arts, Entertainment, and Recreation.
 - 72 – Accommodation and Food Services.
 - 315 – Apparel Manufacturing.
 - 448 – Clothing and Clothing Accessory Stores.
 - 451 – Sporting Goods, Hobby, Musical Instrument, and Book Stores.
 - 485 – Transit and Ground Passenger Transportation.
 - 487 – Scenic and Sightseeing Transportation.
 - 512 – Motion Picture and Sound Recording Industries.
 - 812 – Personal and Laundry Services.
 - 5111 – Newspaper, Periodical, Book and Directory Publishers

3. Nonprofit mission services most impacted by the pandemic, including, but not limited to, emergency food provisions, emergency housing stability, childcare, and workforce development.
4. Disadvantaged communities tracked by socioeconomic indicators that may include, but are not limited to, low to moderate income, poverty rates, unemployment, educational attainment, and other disadvantaging factors that limit access to capital and other resources.

ROUND 9: ELIGIBLE USES OF FUNDS

Only those costs incurred due to the COVID-19 pandemic and the health and safety restrictions such as business interruptions or business closures incurred as a result of the COVID-19 pandemic. The following are the eligible uses of grant funds:

- All employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums
- Working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and debt obligations (including principal and interest) incurred before March 1, 2020 (i.e., in order to be an eligible debt obligation, the loan agreement, promissory note, etc., as applicable, must have been entered into before March 1, 2020)

- Costs associated with re-opening business operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures
- Costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses
- Any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs
- Any other COVID-19 related costs that are not human resource expenses for the State share of Medicaid, employee bonuses, severance pay, taxes, legal settlements, personal expenses or other expenses unrelated to COVID-19 impacts, repairs from damages already covered by insurance, or reimbursement to donors for donated items or services.

ROUND 9: INELIGIBLE USES OF FUNDS

- Human resource expenses for the State share of Medicaid;
- Employee bonuses or severance pay;
- Taxes;
- Legal settlements;
- Personal expenses or other expenses unrelated to COVID-19 impacts;
- Expenses for repairs from damages already covered by insurance;
- Reimbursement to donors for donated items or services.



APPLICATION CERTIFICATION

HOW TO DOWNLOAD AND COMPLETE THE FORM

APPLICATION CERTIFICATION

As part of the application process, you will need to self-certify the accuracy of information by signing an Application Certification.

The Application Certification will be available in electronic form for you to download and complete. Your signed Application Certification will need to be submitted during the “Uploading Documents” section of the application process.

Use the following links to view the Application Certification for your business.

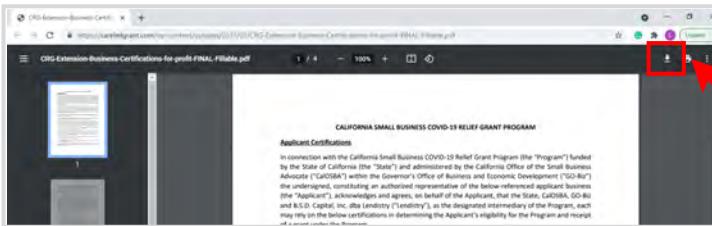
For-Profit Businesses | [Click Here to Download](#)

Nonprofit Organizations | [Click Here to Download](#)

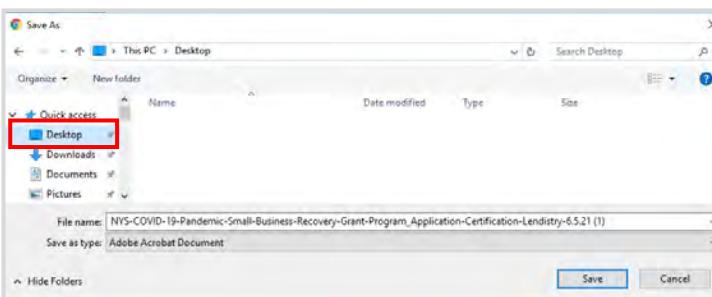
Nonprofit Cultural Institutions | [Click Here to Download](#)

HOW TO COMPLETE THE FORM ELECTRONICALLY

STEP 1: Click the  icon to download the Application Certification on your computer.



STEP 2: Save the certification onto your desktop.



STEP 3: Go to your desktop, locate the Application Certification and open the file from there.



STEP 4: Your Application Certification will open as an PDF file. Complete the Application Certification by entering your initials next to all numbered items and then entering your signature and business information on Page 5.

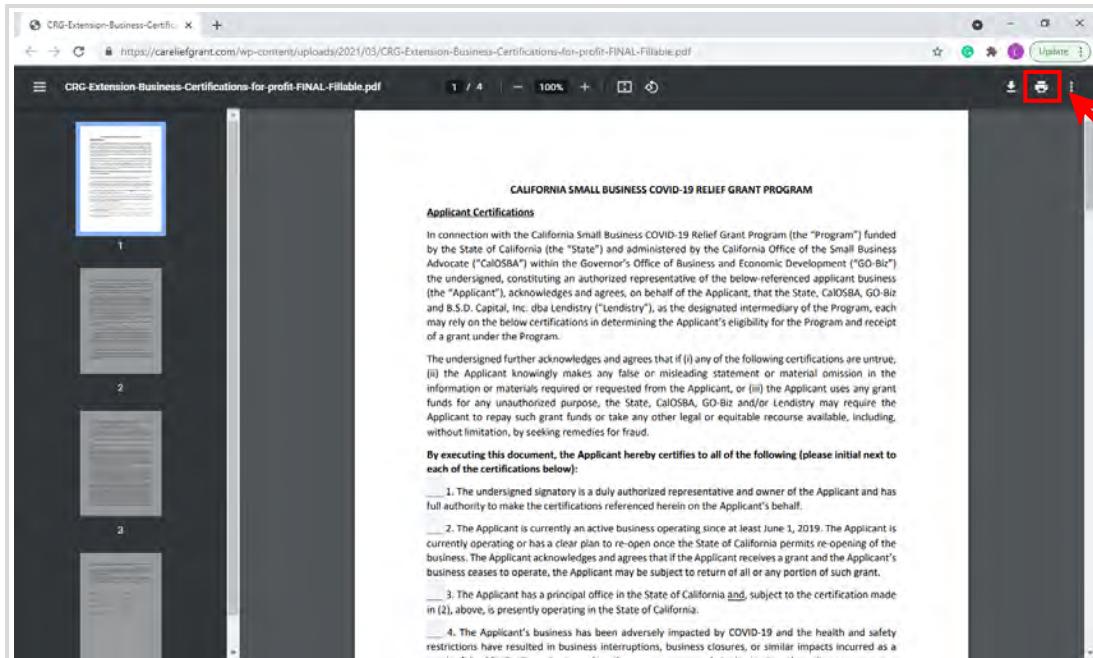


STEP 5: Go to File > Save or press CTRL+S on your keyboard to save your fully executed Application Certification.

STEP 6: Upload the completed Application Certification to the Portal.

HOW TO COMPLETE BY HAND

STEP 1: Print the Application Certification by clicking the printer icon.



STEP 2: Fill out the Application Certification using a dark pen and legible handwriting.

STEP 3: Scan the completed Application Certification and upload it to the Portal.

FOR-PROFIT BUSINESSES

Click [HERE](#) to download.

CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Applicant Certifications

In connection with the California Small Business COVID-19 Relief Grant Program (the "Program") funded by the State of California (the "State") and administered by the California Office of the Small Business Advocate ("CalOSBA") within the Governor's Office of Business and Economic Development ("GO-Biz") the undersigned, constituting an authorized representative of the below-referenced applicant business (the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry ("Lendistry"), as the designated intermediary of the Program, each may rely on the below certifications in determining the Applicant's eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

____ 1. The undersigned signatory is a duly authorized representative and owner of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.

____ 2. The Applicant is currently an active business operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the business. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's business ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

____ 3. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

____ 4. The Applicant's business has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

____ 5. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

 (a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

 (b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

 (c) costs associated with re-opening the Applicant's business operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

 (d) costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including, but not limited to, equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

 (e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

 (f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

____ 6. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (5) above. Specifically, no portion will be used for the following costs and/or expenses (collectively, "Excluded Expenses"): (a) human resource expenses for the State share of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance, or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other owner thereof legally liable, including, but not limited to, liability for possible charges of fraud.

____ 7. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of businesses deemed ineligible to receive a grant under the Program:

 (a) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official office;

 (b) a business primarily engaged in political or lobbying activities;

 (c) a passive business, investment company or investor who files a Schedule E on its tax returns;

 (d) a church or other religious institution, other than a school, child care, or other educational business affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax return (2019)) is derived from the school, child care facility or other educational business; and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational business, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

 (e) a financial business primarily engaged in the business of lending, such as a bank, finance company or factoring company;

 (f) a business engaged in any activity that is illegal under federal, state or local law;

 (g) a business of a prurient sexual nature, including a business which presents live performances of a prurient sexual nature or a business which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

 (h) a business engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

 (i) a business that restricts patronage for any reason other than capacity;

 (j) a speculative business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcating, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields;

 (k) a business that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

 (l) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

____ 8. The Applicant understands that it is ineligible to receive a grant under the Program if any owner of greater than 10% of the equity interest in the Applicant: (i) has within the prior three years been convicted of or had a civil judgment rendered against such owner, or has had commended any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (B) violation of federal or state anti-trust or procurement statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (i) above.

____ 9. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no majority owner of the Applicant has applied for or received, nor will any majority owner of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business for which such person is also a majority owner. The undersigned hereby represents and warrants, as the owner of the Applicant, that the Applicant is the undersigned's eligible business with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

____ 10. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to request access to, and to review, the Applicant's tax return information and other information related to the Applicant and its owners that may be requested by such representatives, which may include an investigatory background check of the Applicant or its owners. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such

tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

____ 11. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

____ 12. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

____ Signature _____

____ Date _____

____ Print Name _____

____ Title _____

____ Applicant Business Name _____

____ EIN #/SSN#/ITIN# _____

____ Applicant Business Address _____

NONPROFIT ORGANIZATIONS

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CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Nonprofit Applicant Certifications

In connection with the California Small Business COVID-19 Relief Grant Program (the "Program") funded by the State of California (the "State") and administered by the California Office of the Small Business Advocate ("CalOSBA") within the Governor's Office of Business and Economic Development ("GO-Biz"), the undersigned, constituting an authorized representative of the below-referenced applicant ("Non-Profit", the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry ("Lendistry"), as the designated intermediary of the Program, each may rely on the below certifications in determining the Applicant's eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

— 1. The undersigned signatory is a duly authorized representative and executive director or other equivalent senior managing officer of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.

— 2. The Applicant is currently an active nonprofit organization pursuant to either Section 501(c)(3), Section 501(c)(6) or Section 501(c)(19) of the Internal Revenue Code operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the organization. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's organization ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

— 3. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

— 4. The Applicant's organization has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

— 5. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

(a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

(b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

(c) costs associated with re-opening the Applicant's operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

(d) costs associated with complying with COVID-19 federal, state and local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

(e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

(f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

— 6. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (5) above. Specifically, no portion will be used for the following costs and/or expenses (collectively "Excluded Expenses"): (s) human resource expenses for the State's Office of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance; or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other officer or director thereof legally liable, including, but not limited to, liability for possible charges of fraud.

— 7. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of entities deemed ineligible to receive a grant under the Program:

(a) a nonprofit entity not registered as either a 501(c)(3), 501(c)(6) or 501(c)(19);

(b) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official office;

(c) a business or organization primarily engaged in political or lobbying activities;

(d) a passive business, investment company or investor who files a Schedule E on its tax returns;

(e) a church or other religious institution, other than a school, child care, or other educational organization affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax filing (2019)) is derived from the school, child care facility or other educational organization and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational organization, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

(f) a financial business or organization primarily engaged in the business of lending, such as a bank, finance company or factoring company;

(g) a business or organization engaged in any activity that is illegal under federal, state or local law;

(h) a business or organization of a prurient sexual nature, including a business or organization which presents live performances of a prurient sexual nature or a business or organization which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

(i) a business or organization engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

(j) a business or organization that restricts patronage for any reason other than capacity;

(k) a specialty business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcatting, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields; or

(l) a business or organization that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

(m) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

— 8. The Applicant understands that it is ineligible to receive a grant under the Program if any officer or board member of the Applicant: (i) has within the prior three-years been convicted of or had a civil judgment rendered against such officer or owner, or has had commenced any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; (B) violation of federal or state or local environmental protection statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (i) above.

— 9. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no executive director or equivalent senior managing officer of the Applicant has applied for or received, nor will any executive director or equivalent senior managing officer of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business and/or organization for which such person is also an owner, executive director or equivalent senior managing officer. The undersigned hereby represents and warrants, as the executive director or equivalent senior managing officer of the Applicant, that the Applicant is the undersigned's eligible organization with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

— 10. Neither the Applicant nor its officers or directors are listed on the sanctions list for the Office of Foreign Assets Control of the U.S. Department of the Treasury.

— 11. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to

request access to, and to review, the Applicant and the Applicant's tax return information and other information related to the Applicant that may be requested by such representatives, which may include an investigatory background check of the Applicant. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

— 12. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

— 13. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature _____ Date _____

Print Name _____ Title _____

Organization Name _____ EIN # _____

Organization Address _____

NONPROFIT CULTURAL INSTITUTIONS

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CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Nonprofit Cultural Institution Applicant Certifications

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The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

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2. The Applicant is currently an active nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the organization. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's organization ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

3. The North American Industry Classification System code(s) (NAICS code(s)) identified in the Applicant's application accurately reflect the classification of industry(ies) in which the Applicant operates.

4. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

5. The Applicant's organization has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in documented percentage revenue declines, business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

6. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

(a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

(b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

(c) costs associated with re-opening the Applicant's operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

(d) costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

(e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

(f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

7. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (6) above. Specifically, no portion will be used for the following costs and/or expenses (collectively "Excluded Expenses"): (a) human resource expenses for the State share of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance; or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other officer or director thereof legally liable, including, but not limited to, liability for possible charges of fraud.

8. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of entities deemed ineligible to receive a grant under the Program:

(a) a nonprofit entity not registered as a 501(c)(3);

(b) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official office;

(c) a business or organization primarily engaged in political or lobbying activities;

(d) a passive business, investment company or investor who files a Schedule E on its tax returns;

(e) a church or other religious institution, other than a school, child care, or other educational business affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax return (2019)) is derived from the school, child care facility or other educational business and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational business, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

(f) a financial business or organization primarily engaged in the business of lending, such as a bank, finance company or factoring company;

(g) a business or organization engaged in any activity that is illegal under federal, state or local law;

(h) a business or organization of a prurient sexual nature, including a business or organization which presents live performances of a prurient sexual nature or a business or organization which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

(i) a business or organization engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

(j) a business or organization that restricts patronage for any reason other than capacity;

(k) a speculative business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcatting, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields; or

(l) a business or organization that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

(m) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

9. The Applicant understands that it is ineligible to receive a grant under the Program if any officer or board member of the Applicant: (i) has within the prior three-years been convicted of or had a civil judgment rendered against such officer or owner, or has had commenced any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (B) violation of federal or state anti-trust or procurement statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in subparagraph (i) above.

10. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no executive director or equivalent senior managing officer of the Applicant has applied for or received, nor will any executive director or equivalent senior managing officer of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business and/or organization for which such person is also an owner, executive director or equivalent senior managing officer. The undersigned hereby represents and warrants, as the executive director or equivalent senior managing officer of the Applicant, that the Applicant is the undersigned's eligible organization with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

11. Neither the Applicant nor its officers or directors are listed on the sanctions list for the Office of Foreign Assets Control of the U.S. Department of the Treasury.

12. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to request access to, and to review, the Applicant and the Applicant's tax return information and other information related to the Applicant that may be requested by such representatives, which may include an investigatory background check of the Applicant. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

13. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

14. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature _____

Date _____

Print Name _____

Title _____

Organization Name _____

EIN # _____

Organization Address _____

These Programs are funded by the State of California and administered by CalOSBA.





TIPS FOR APPLYING

TIP#1: USE GOOGLE CHROME

For the best user experience, please use Google Chrome throughout the entire application process.

Other web browsers may not support our interface and can cause errors in your application.

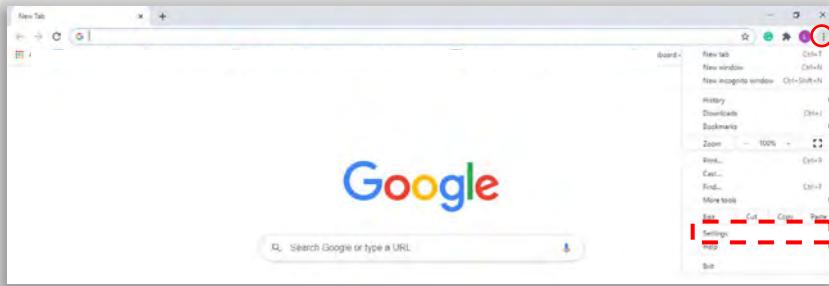
If you do not have Google Chrome on your device, you can download it for free at <https://www.google.com/chrome/>

Before you begin the application, please do the following on Google Chrome:

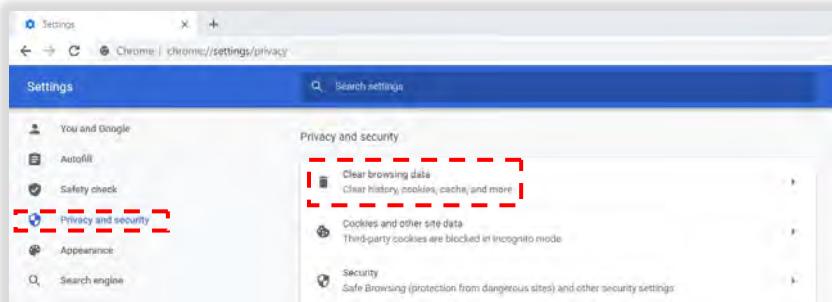
- 1. Clear Your Cache:** Cached data is information that has been stored from a previously used website or application and is primarily used to make the browsing process faster by auto-populating your information. However, cached data may also include outdated information such as old passwords or information you have previously entered incorrectly. This can create errors in your application and may result in it being flagged for potential fraud.
- 2. Open Incognito Mode:** Incognito mode allows you to enter information privately and prevents your data from being remembered or cached.
- 3. Disable Your Pop-Up Blocker:** Our application includes multiple pop-up messages that are used to confirm the accuracy of the information you provide. You must disable the pop-up blocker on Google Chrome to see these messages.

HOW TO CLEAR YOUR CACHE

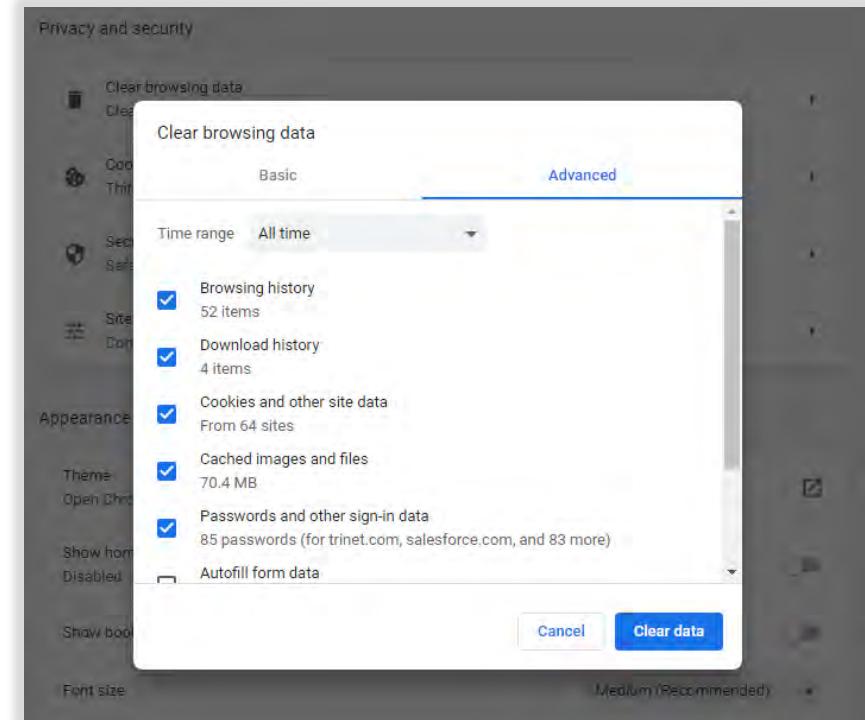
1. Click the three dots in the upper right corner, and then go to “Settings”



2. Go to “Privacy and Security”, and then select “Clear Browsing Data”

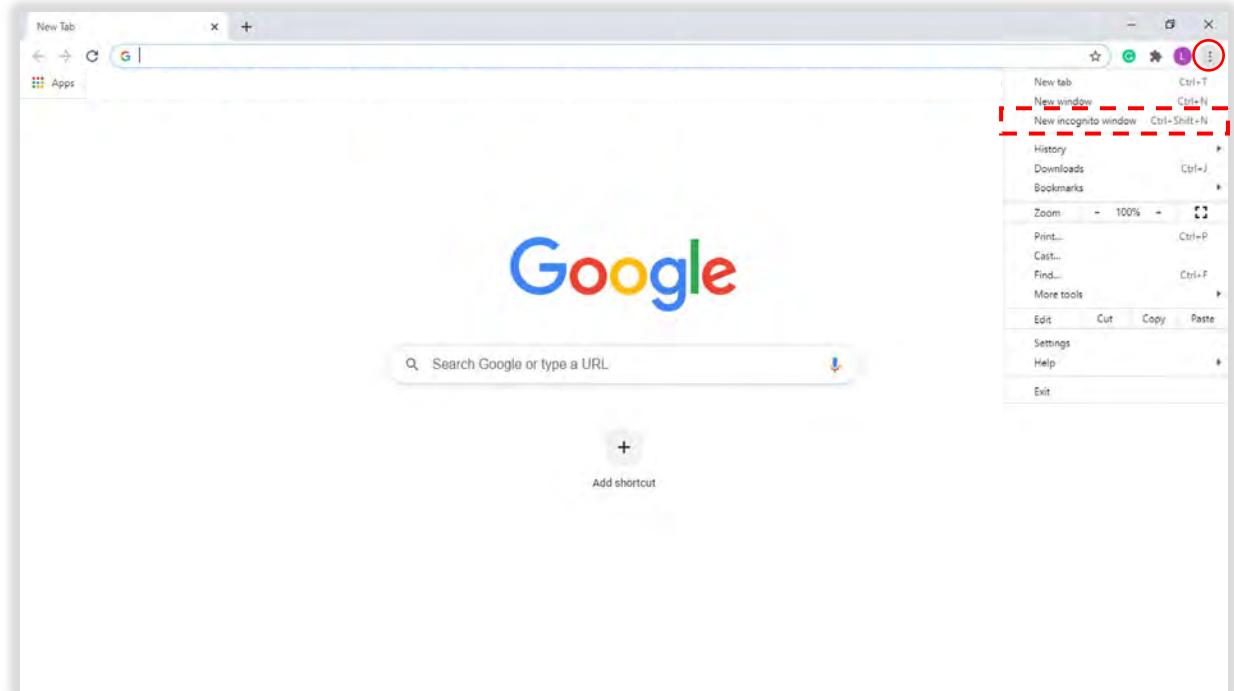


3. Select “Clear Data”



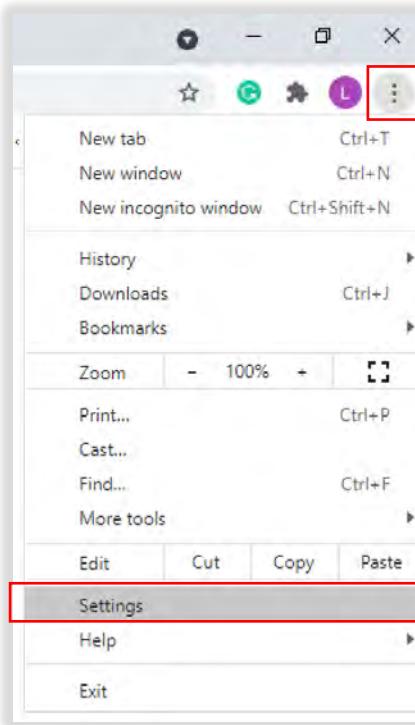
USE INCOGNITO MODE

1. Click the three dots in the upper right corner of your web browser, and then select “**New incognito window**.” Your browser will open a new window.

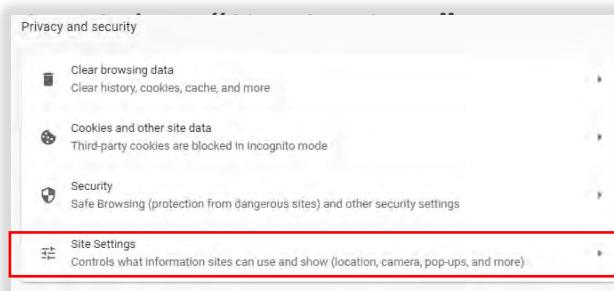
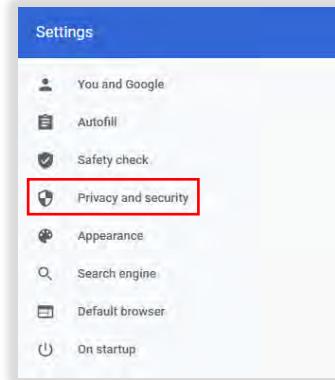


DISABLE POP-UP BLOCKER

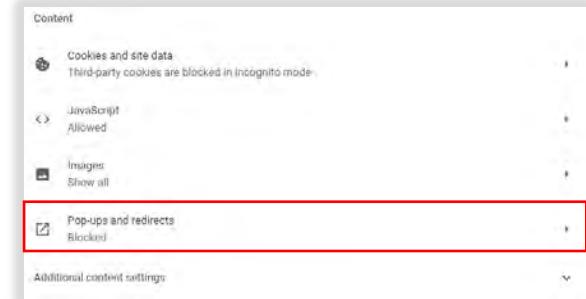
1. On Google Chrome, click the three dots in the upper right corner and then select “Settings”



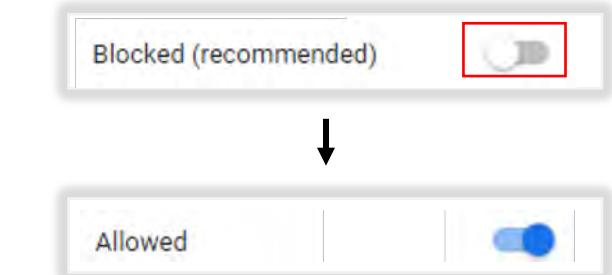
2. Select “Privacy and Security”



4. Select “Pop-up and Redirects”



5. Click the button so that it turns **blue** and the status changes from “Blocked” to “Allowed”



TIP#2: SUBMIT ALL DOCUMENTS IN PDF FORMAT

The electronic form must be clear, aligned straight, and contain no disruptive backgrounds.

Important Notes for Uploading Documents:

- All documents must be submitted in PDF format.
- File size must be under 15MB.
- The file name CANNOT contain any special characters (!@#\$%^&*()_+).
- If your file is password protected, you will need to enter it in the Portal, otherwise we will not be able to view the document.

If you do not have a scanner, we recommend using the following free mobile apps:

Genius Scan

Apple | [Click Here to Download](#)

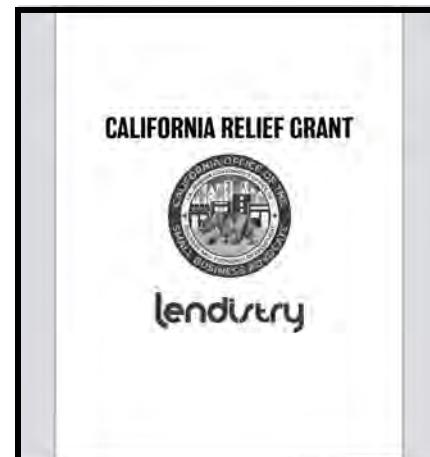
Android | [Click Here to Download](#)

Adobe Scan

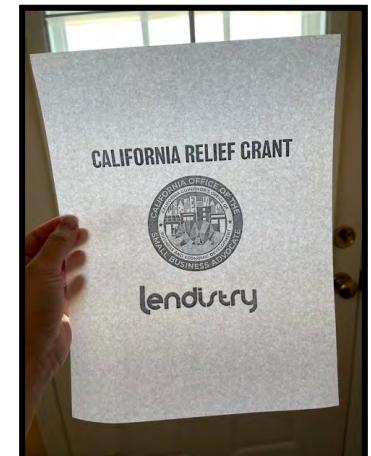
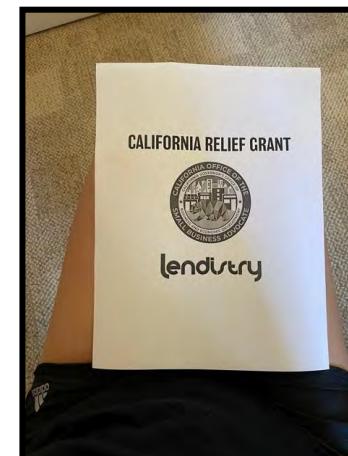
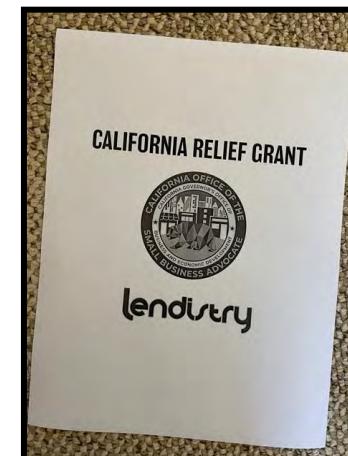
Apple | [Click Here to Download](#)

Android | [Click Here to Download](#)

CORRECT



INCORRECT



TIP #3: USE A VALID EMAIL ADDRESS

Please make sure you are using a valid email address when applying. You will receive updates and additional instructions at the email address you provide.

IMPORTANT NOTE - The following email addresses will not be accepted or recognized in our system:

Emails beginning with **info@**

Example: info@mycompany.com

Emails ending with **@contact.com** or **@noreply.com**

Example: example@contact.com

Example: example@noreply.com

TIP #4: APPLY FOR A GRANT BASED ON YOUR BUSINESS CLASSIFICATION

There will be different application portals for each of the following business classifications:

- For-Profit Businesses
- Nonprofit Organizations
- Arts & Cultural Nonprofit Organizations

Please apply using the correct application for your business.

Each application type will be labeled with different colored boxes.

Your application is not transferrable and you will need to reapply if you submitted the incorrect application type. **However, submitting multiple applications will be detected as potential fraud and will disrupt your application**

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

Arts & Cultural Program

Grant Program for Arts & Cultural Non-Profits

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- Government-issued Tax Identification Number (EIN)
- Proof of Business Existence (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-issued Business License
- Bank Verification

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active non-profit registered as a 501(c)(3)
- Must be in operation on or before June 1st, 2019
- Gross annual revenue at or greater than \$1,000
- Use of funds must be related to COVID-19

APPLY NOW

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

For Profit Businesses

Grant Program for For-Profits

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- Government-issued Tax Identification Number (EIN)
- Proof of Business Existence (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-issued Business License
- Bank Verification

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active for-profit business or individual doing as a business
- Must be in business on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19

APPLY NOW

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

Nonprofit Organizations

Grant Program for Non-Profits

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- Government-issued Tax Identification Number (EIN)
- Proof of Business Existence (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-issued Business License
- Bank Verification

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active non-profit registered as a 501(c)(3), 501(c)(4), or 501(c)(19)
- Must be in operation on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19

APPLY NOW





APPLICATION HELP: ADDITIONAL RESOURCES

TRANSLATION TOOL

Our entire website and application can be translated in the following languages:

Armenian

Chinese (Cantonese)

Chinese (Mandarin)

Dari

Farsi

French

Hindi

Hmong

Japanese

Korean

Portuguese

Punjabi

Russian

Spanish (Nocal)

Spanish (Socal)

Tagalog

Thai

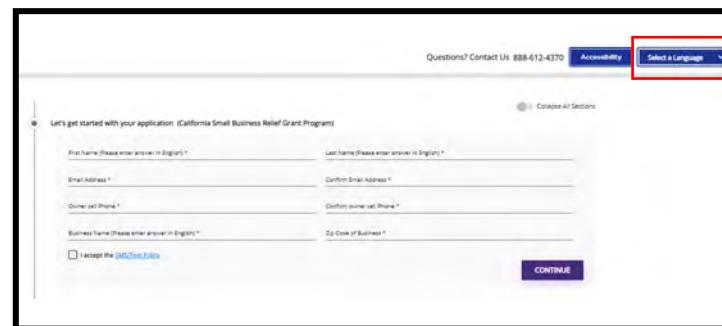
Vietnamese

Important Note: For non-English language support in completing the application, please contact our call center.

The translation tool will be available at the upper right corner of your web browser.



CARELIEFGRANT.COM
WEBSITE



ONLINE
APPLICATION

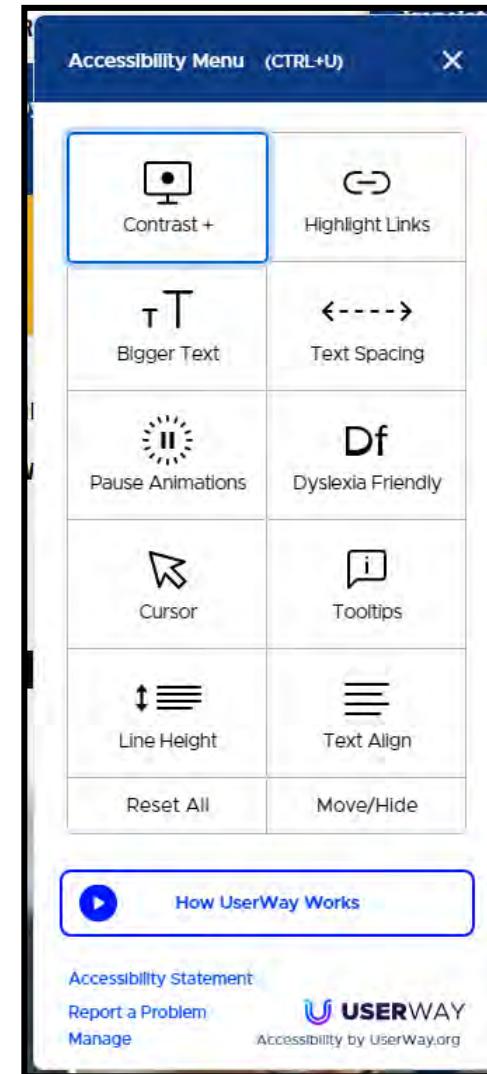


LENDISTRY
PORTAL

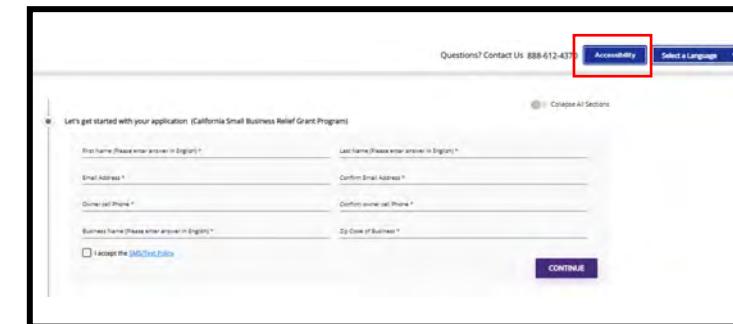
ACCESSIBILITY FEATURE

Our website also has an accessibility feature to ensure that its services are accessible to people with disabilities, including without limitation by making its website easier to use and more accessible for people with disabilities.

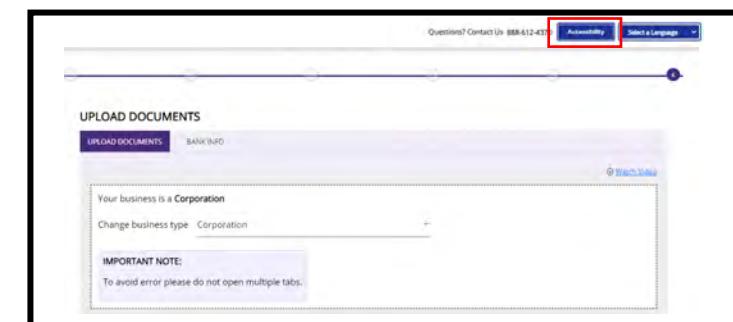
The site careliefgrant.com makes available the UserWay's Web Accessibility Widget, which is powered by a dedicated accessibility server. The careliefgrant.com accessibility menu can be enabled by clicking the accessibility menu icon that appears on the corner of the page. After triggering the accessibility menu, please wait a moment for the accessibility menu to load in its entirety.



CARELIEFGRANT.COM WEBSITE



ONLINE APPLICATION



LENDISTRY PORTAL

VIDEOS

In addition to videos-on-demand on our website [HERE](#), there will also be short videos embedded in each section of the online application. Each video will show you how to complete that section. To view the video, click “Watch Video”. The video will open in a new tab of your web browser.

There also videos in the Portal to help you upload documents and link your bank information.

Let's get started with your application (New York Small Business Recovery Grant Program)

First Name (Please enter answer in English) *

Last Name (Please enter answer in English) *

[Watch Video](#)

Email Address *

Confirm Email Address *

Owner cell Phone *

Confirm owner cell Phone *

Business Name (Please enter answer in English) *

Zip Code of Business *

Referral Partner *

Preferred Language *

I accept the [SMS/Text Policy](#)

[CONTINUE](#)

UPLOAD DOCUMENTS

UPLOAD DOCUMENTS [BANK INFO](#)

[Watch Video](#)

Your business is a **Corporation**

Change business type Corporation

IMPORTANT NOTE:

To avoid error please do not open multiple tabs.

UPLOAD DOCUMENTS [BANK INFO](#)

[Watch Video](#)

Step 1

LINK YOUR BANK ACCOUNT

Linking your bank :

- Tells us where we should deposit your grant
- Expedites your grant
- Verifies your information

[Link Your Bank](#)

By linking your bank, you authorize use of your account to process your grant.

Step 2

Where should we send your funds?

Business name as shown on checking account (Please enter ans...

Bank name (Please enter ans... Street (Please enter answer in ...

City (Please enter answer in En... State

Zip * Routing number *

Account number *

INFO ICONS IN THE APPLICATION

- We added info icons  in the application for additional guidance.
- Hover over the icon to reveal additional information.

Owner Details

Owner First Name *
Luu

Owner Last Name *
Test

Owner Email *
luuucrtgtest@yopmail.com

Owner Telephone *
123-456-7890

Owner Address (Please do not enter PO Box & enter answer in English) *

Owner Address 2 (Please do not enter PO Box & enter answer in English)

Owner City (Please enter answer in English) *

Owner State *

Owner Zip *
92821

Owner County *

Owner date of birth (mm/dd/yyyy) *

Owner Social Security (SSN) or ITIN *

0% of Ownership *
% of Ownership must not be greater than 100 and must not be less than 0.

I accept the [Terms and Conditions](#)

Inputting 0% is satisfactory

Hover over the icon to reveal additional information.

SAVE & AGREE

Business information

[Watch Video](#)

Business Name *
Luu's Company

Business EIN (Only digits, cannot contain special character or spaces) *
i

Business Type *
For sole proprietor without employees, Please enter your SSN.

Business Address (Please do not enter PO Box & enter answer in English) *
Address 2 (Please do not enter PO Box & enter answer in English)

City (Please enter answer in English) *
State *

County *
Zip *

Date Business Established (mm/dd/yyyy) *
Business Website URL - (If no website please type [none.com](#)) *

Hover over the icon to reveal additional information.



HOW TO SUBMIT AN APPLICATION

STEP 1: FIND A PARTNER AT CARELIEFGRANT.COM

HOW TO SELECT A PARTNER

To apply for a grant, you will need to do so through a partner. You can find a partner by language or by county at www.CAReliefGrant.com.

- You may select any Partner that serves your area. Each county and all languages will have at least one Partner from which businesses can choose to apply. Some counties and languages will have more options than others.
- You can select the one that you think best fits your needs, as they can also provide other financing assistance for you, like working capital loans, equipment loans, as well as technical assistance to help you and your business.

Please apply once and through one partner only. Make note of your partner. You will need to sign into your Partner's unique Portal to upload documents.

To make sure you are signing into the correct Portal, find your Partner's name in the web URL.

Example: www.partnername.mylendistry.com

The image contains two screenshots of web browsers. The top screenshot shows a browser window for 'California Small Business COVID' at 'careliefgrant.com'. The page features a large 'California' image and text about the 'California COVID-19 Relief Grant Program'. A red box highlights the 'FIND A PARTNER' menu item, which has sub-options 'BY COUNTY' and 'BY LANGUAGE'. The bottom screenshot shows a browser window for 'The Center by Lendistry' at 'https://thecenter.mylendistry.com/#/grant'. The page features a large 'California Relief Grant Program' title.



STEP 2: FIND A GRANT

INSTRUCTIONS

1. Once you have selected a partner at www.CAReliefGrant.com, click "Apply Now". You will be redirected to your partner's Portal homepage.
2. On the homepage, click "Click Here to Apply".

LEARN MORE ABOUT THIS PARTNER

APPLY NOW

In Partnership with The Center By Lendistry

Find the right Grant that fits your business needs

CLICK HERE TO APPLY

EXISTING CUSTOMERS
SIGN INTO YOUR ACCOUNT

E-Mail

Password

Forgot Password?

New dates and deadlines:
Update and upload documents for in-process applications - January 6th, 2021 ~ January 13th, 2021 at 11:59 p.m.
The new closing date for Round 1 is January 13th, 2021 at 11:59 pm.

SIGN IN



STEP 3: SELECT A GRANT BASED ON YOUR BUSINESS CLASSIFICATION

INSTRUCTIONS

Select the application that is most applicable to your business classification:

- For-Profit Businesses
- Nonprofit Organizations
- Arts & Cultural Nonprofit Organizations
- California Venues

If you submit an application that is not for your business classification, you will need to submit a NEW one.

However, submitting multiple applications will be detected as potential fraud and will disrupt your application

Important Notes:

- Applicants with multiple businesses may only apply for one grant. If you apply for multiple grants, only one will be reviewed.

Click “**Apply Now**” to start your application.



The screenshot shows two side-by-side application forms for the California Small Business Relief Grant Program. Both forms are titled "CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM".

Left Form (For-Profits):

- Section Title:** CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM
- Section Header:** Grant Program for For-Profits
- Text:** Round 5
- Text:** Application Start Date: March 25th – March 31st, 2021
- Text:** APPLY NOW
- Text:** Contact Information: Constance Anderson, carellegrant@lendistry.com, 888-612-4370
- Section Header:** IMPORTANT INFORMATION
- Text:** REQUIRED DOCUMENTATION TO APPLY
 - Application Certification ([Download Form Here](#))
 - Government Issued Photo ID
 - 2019 Tax Return or 2019 1099 (1099s are for Sole Props Only)
- Text:** GRANT AMOUNTS
 - \$5,000 - \$25,000
- Text:** ELIGIBILITY REQUIREMENTS
 - Active for-profit business or individual DBA as a business
 - Must be in business on or before June 1st, 2019
 - Gross annual revenue between \$1,000 - \$2,500,000
 - Use of funds must be related to COVID-19
- Text:** ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT
 - (One of the Following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government Issued Business License
 - Bank Verification

Right Form (Non-Profits):

- Section Title:** CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM
- Section Header:** Grant Program for Non-Profits
- Text:** Round 5
- Text:** Application Start Date: March 25th – March 31st, 2021
- Text:** APPLY NOW
- Text:** Contact Information: Constance Anderson, carellegrant@lendistry.com, 888-612-4370
- Section Header:** IMPORTANT INFORMATION
- Text:** REQUIRED DOCUMENTATION TO APPLY
 - Application Certification ([Download Form Here](#))
 - Government Issued Photo ID
 - 2019 990 Tax Return
- Text:** GRANT AMOUNTS
 - \$5,000 - \$25,000
- Text:** ELIGIBILITY REQUIREMENTS
 - Active non-profit registered as a 501(c)(3), 501(c)(6), or 501(c)(19)
 - Must be in operation on or before June 1st, 2019
 - Gross annual revenue between \$1,000 - \$2,500,000
 - Use of funds must be related to COVID-19
- Text:** ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT
 - Proof of Federal Tax Exemption
 - (One of the Following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government Issued Business License
 - Bank Verification



THE APPLICATION

WHAT INFORMATION YOU WILL NEED AND HOW TO COMPLETE IT

SECTION 1: GET STARTED WITH YOUR APPLICATION

WHAT INFORMATION IS NEEDED?

- First Name
- Last Name
- E-mail
- Phone Number
- Business Name
- Zip Code of Business

Important Note: Please be sure to use a valid email address in this section. Important updates and further instructions will be sent to the email address that you provide. Refer to “**Tips for Applying**” for a list of invalid email addresses.

SMS/TEXT POLICY

Status updates for your grant application will be available by SMS/Text. To receive updates by SMS/Text, please provide consent after reading the disclosure by checking the box. If you'd like to opt out of this feature, leave the box unchecked.

Lendistry

Questions? Contact Us 213-555-1212

Collapse All Sections

Let's get started with your application (California Small Business Relief Grant Program)

First Name * Merisol

Last Name * Testcase

Email Address * test-careleifgrant@yopmail.com

Confirm Email Address * test-careleifgrant@yopmail.com

Owner cell Phone * 123-456-7890

Confirm owner cell Phone * 123-456-7890

Business Name * Test Company

Zip Code of Business * 92821

I accept the [SMS/Text Policy](#)

CONTINUE

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES:

Collapse All Sections

Let's get started with your application (California Small Business Relief Grant Program)

First Name *

Last Name *

Email Address *

Confirm Email Address *

Owner cell Phone *

Business Name *

I accept the [SMS/Text Policy](#)

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES: I expressly consent to receive marketing and other calls and messages, to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls, and SMS messages (including text messages) from Recipients, at telephone numbers that you have provided. Consent is not a condition of submitting an application. Message and data rates may apply.

LENDISTRY is a licensed California Financial Lender, License # 60DB066872

Okay

CONTINUE



SECTION 2: OWNER DETAILS

WHAT INFORMATION IS NEEDED?

- Owner First Name
- Owner Last Name
- Owner E-mail
- Owner Address City, State, Zip Code, and County
- Owner Birthday
- Owner Social Security
- % of Ownership

TERMS AND CONDITIONS

Check the box to acknowledge that you have read and agree to the **Terms and Conditions**. You must agree in order to move forward with your grant application.

Owner Details

Owner First Name *	Owner Last Name *
Marisol	Testcase
Owner Email *	Owner Telephone *
crsdemo@yopmail.com	123-456-7890
Owner Address [Please do not enter PO Box] *	Owner Address 2 [Please do not enter PO Box]
220 Locust Ave	
Owner City *	Owner State *
Anthill	Missouri
Owner Zip *	Owner County *
65488	Adair County
Owner date of birth (mm/dd/yyyy) *	Owner Social Security (SSN) *
12/3/1991	000-00-0001
% of Ownership *	<small>This is utilized to confirm that the representative is not on the OFAC list.</small>
100	

I accept the [Terms and Conditions](#)

SAVE & AGREE

TERMS AND CONDITIONS

By checking the box I acknowledge that I have read and agree to the following:

1. [Terms of Use](#)
2. [Additional Authorizations](#)
3. [Privacy Policy](#)

LENDISTRY is a licensed California Financial Lender, License # 60DBO66872

Okay



SECTION 3: BUSINESS INFORMATION

WHAT INFORMATION IS NEEDED?

- Business Name
- DBA (if applicable)
Note: If your business does not have a DBA, type “NONE” in this field.
- Business EIN
- Business Phone Number
- Business Type
- State of Incorporation
- Non-Profit Status **(For Nonprofit Organization and Nonprofit Cultural Program applications only)**
- Confirm that your organization services is one of the top four program priorities. **(For Nonprofit Organization and Arts & Cultural Program applications only)**
- Business Address, City, State, Zip Code, and County
- Business Start Date
- Business Website
Note: If your business does not have a website, type “none.com” in this field.

Business information

Business Name <small>*</small>	Test Company	DBA (Doing Business As) <small>(Note: If No DBA type NONE) *</small>	none
Business EIN <small>(Only eight (8) numeric characters are needed)</small>	00000001	Business Phone # <small>*</small>	123-456-7890
Business Type <small>*</small>	Corporation	State of Incorporation <small>*</small>	California
Business Address <small>(Please do not enter PO Box)</small>	123 Test Street	Address 2 <small>(Please do not enter PO Box)</small>	
City <small>*</small>	Brea	State <small>*</small>	California
County <small>*</small>	Orange County	Zip <small>*</small>	92821
Date Business Established <small>(mm/dd/yyyy) *</small>	4/23/2012	Business Website URL <small>(If no website please type none.com) *</small>	none.com



SECTION 4: HOW CAN WE HELP YOU?

WHAT INFORMATION IS NEEDED?

- Purpose of Grant
- Amount Requested

Note: The grant amount you can request is based on your annual revenue.

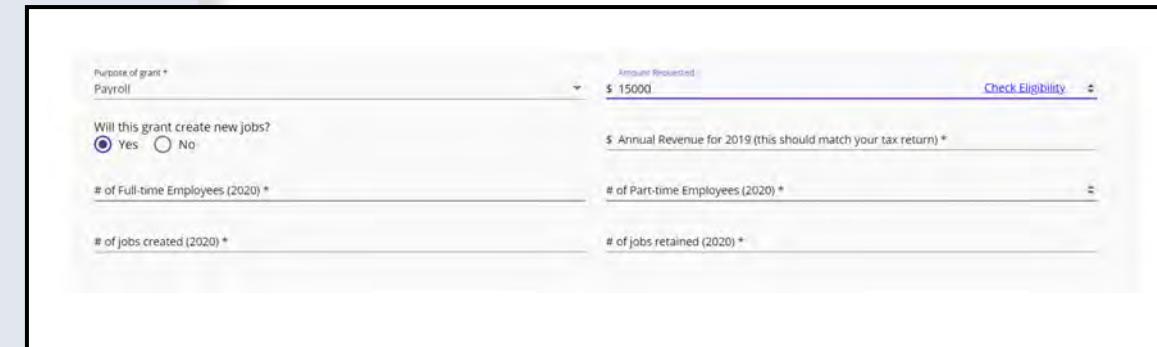
- Will this Grant create new jobs?
- Annual Revenue for 2019 (this must match your tax returns)
- # of Full-Time Employees
- # of Part-Time Employees
- # of Jobs Created
- # of Jobs Retained

HOW TO CHECK ELIGIBILITY FOR GRANT AMOUNT

The form field, **Amount Requested**, is based on your annual revenue.

To check the grant amount you are qualified for, click “**Check Eligibility**” and locate your eligible amount.

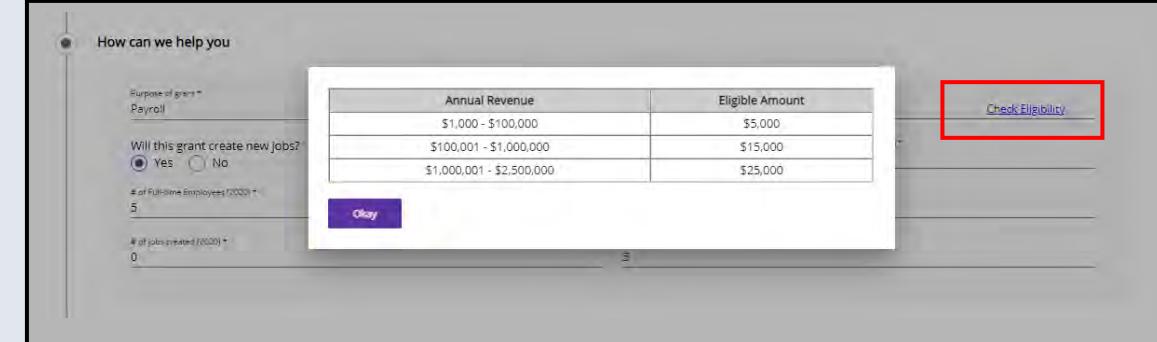
You may only request the amount you are eligible for.



Purpose of grant *
Payroll

Amount Requested
\$ 15000

Check Eligibility



How can we help you

Purpose of grant *
Payroll

Will this grant create new jobs?
 Yes No

of Full-time Employees (2020) *
5

of jobs created (2020) *
0

Annual Revenue	Eligible Amount
\$1,000 - \$100,000	\$5,000
\$100,001 - \$1,000,000	\$15,000
\$1,000,001 - \$2,500,000	\$25,000

Check Eligibility

Okay

SECTION 5: BUSINESS DEMOGRAPHICS

WHAT INFORMATION IS NEEDED?

- Who is your customer base?
 1. **B2B:** Business to Business
 2. **B2C:** Business to Consumer
- What does your business do? What type of business is it?
- Tell us more.
- NAICS Code
- Women Owned Business?
- Veteran?
- Disabled?
- Race?
- Ethnicity?
- Franchise?
- Rural?

Business demographics

Who is your customer base?
 B2B B2C Both

What type of business is it?
Retail Trade

NAICS Code *
000000

[Click here](#) to find your NAICS code

Women-Owned Business *
YES

Disabled *
NO

Ethnicity *
Not Disclosed

Race *
Not Disclosed

Franchise *
NO

Rural *
NO

SECTION 6: DISCLOSURES

INSTRUCTIONS

Once you have completed all fields for the Disclosures, click “Submit” to complete your application.

FOR-PROFIT BUSINESSES

Disclosures

1) Is your business 51% Minority or veteran-owned? (Minority/Person of Color-Owned Small Business) means the following racial or ethnic groups (as identified by the applicant): African-American/Black, Asian, Native American or Alaska Native, Native Hawaiian or Pacific Islander, or Latinx/Hispanic?

2) What was the gross revenue for your business for April 1st, 2019 - September 30th, 2019?

Total Income for Quarter 2 and Quarter 3 (2019)

3) What was the gross revenue for your business for April 1st, 2020 - September 30th, 2020?

Total Income for Quarter 2 and Quarter 3 (2020)

4) Is your business currently in need of business advising or technical assistance services?

5) Is your business currently in need of a business loan?

6) During the last 9 months, has your business received any COVID-19 related emergency funding?

Submit

Disclosures

1) At least 25% of the non-profit's revenues are derived from services in the following categories - food security, housing security, childcare, workforce development.

2) During the last 9 months, has the non-profit received any COVID-19 related emergency funding?

3) The non-profit was in operations on or before June 1st, 2019.

4) The non-profit serves >51% of clients that identify as low-to-moderate income, based HUD household income guidelines for California.

5) What was the gross revenue for the non-profit for April 1st, 2019 - September 30th, 2019?

Total Income for Quarter 2 and Quarter 3 (2019)

6) What was the gross revenue for the non-profit for April 1st, 2020 - September 30th, 2020?

Total Income for Quarter 2 and Quarter 3 (2020)

Submit

Disclosures

1) At least 25% of the non-profit's revenues are derived from services in the following categories - food security, housing security, childcare, workforce development.

2) During the last 9 months, has the non-profit received any COVID-19 related emergency funding?

3) The non-profit was in operations on or before June 1st, 2019.

4) The non-profit serves >51% of clients that identify as low-to-moderate income, based HUD household income guidelines for California.

5) What was the gross revenue for the non-profit for April 1st, 2019 - September 30th, 2019?

Total Income for Quarter 2 and Quarter 3 (2019)

6) What was the gross revenue for the non-profit for April 1st, 2020 - September 30th, 2020?

Total Income for Quarter 2 and Quarter 3 (2020)

Submit

NONPROFIT ORGANIZATIONS

NONPROFIT CULTURAL INSTITUTIONS PROGRAM

SECTION 7: CONFIRMATION

INSTRUCTIONS

At the end of the application, you have two options:

1. Save your application and finish it later
 - If you would like to save and complete your application later, **leave the field blank** and click **“Save & Continue Later”**. **Important Note: Your application must be completed in order to be considered for the grant.**
2. Complete your application and submit
 - If all of the information provided is correct and you would like to complete your application submission, **type in “Yes”** and click **“Continue”**. **Important Note: You will not be able to edit your application once it has been submitted.**

If this confirmation message does not appear, please make sure that the pop-up blocker has been disabled on your web browser.

You are submitting an application as a **FOR PROFIT**. If this is incorrect, please exit out of this application immediately and submit a NEW application as a Non-Profit Business.

If your are a FOR PROFIT and this application is correct, please continue with the following:

Please confirm that the information provided is correct and you would like to submit your application by typing in **“Yes”** and then clicking “Continue”. Please note that once you click “Continue”, you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, leave the field blank and click “Save & Continue Later”. Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

Yes

Save & Continue Later

You are submitting an application as a **FOR PROFIT**. If this is incorrect, please exit out of this application immediately and submit a NEW application as a Non-Profit Business.

If your are a FOR PROFIT and this application is correct, please continue with the following:

Please confirm that the information provided is correct and you would like to submit your application by typing in **“Yes”** and then clicking “Continue”. Please note that once you click “Continue”, you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, leave the field blank and click “Save & Continue Later”. Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

Yes

Continue

OPTION 1:

Save your application and finish later.

Your application will be recorded as INCOMPLETE.

OPTION 2:

Complete your application and submit.

SECTION 8: CONFIRMATION MESSAGE

INSTRUCTIONS

You will receive the following message when your application has been successfully submitted.

WHAT TO EXPECT NEXT

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete all the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in an acceptable format.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. (this is only required for applicants who are selected).

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.

lendistry

Questions? Contact Us 888-612-4370

Confirmation Message:

Thank you for submitting an application to the California Relief Grant Program as a FOR PROFIT ORGANIZATION. This Program is funded by the State of California and administered by CalOSBA. (If you are not a FOR PROFIT ORGANIZATION, please disregard this application and submit a new one for NON-PROFIT ORGANIZATIONS)

WHAT TO EXPECT NEXT

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete all the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in an acceptable format.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. (this is only required for applicants who are selected).

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.

Please use [this link](#) to add additional information or upload requested documentation.



SECTION 9: FIND YOUR USERNAME AND PASSWORD

INSTRUCTIONS

1. Please check the email address that you entered in the “let’s get started with your application” section of the grant application for your username and password to our Portal.

If you do not see this email in your inbox, please check you spam and junk folders.

2. Activate your account by clicking “**Click here to log in**”. You will be redirected to the California Relief Grant Program application homepage.

Hi Marisol,

Thank you for applying for the California Relief Grant.

The link below will take you to the portal and the new account created for Test Company.

Please use this link to add additional information or upload requested documentation.

Clicking the button will activate your account.

[Click here to log in](#)

New username and password:

Username: crgdemo@yopmail.com

Password: K@z(VonlOLE

888-612-4370

careliefgrant@lendistry.com

Lendistry CRG Demo V. All Rights
Reserved



SECTION 10: SIGN INTO YOUR PARTNER'S PORTAL

INSTRUCTIONS

1. Use the username and password that is assigned to you in the confirmation email in order to sign in and activate your account.

Important Note: Please be sure to sign into your partner's Portal. Your login credentials will not work with other partners. Check by looking at the Portal's web URL. You should see your partner's name.

2. Once you login, you will be prompted to reset your password for your privacy. Your new password must have a minimum of eight characters (1-9, a-z, A-Z), which includes one special character (!@#\$%^&*).

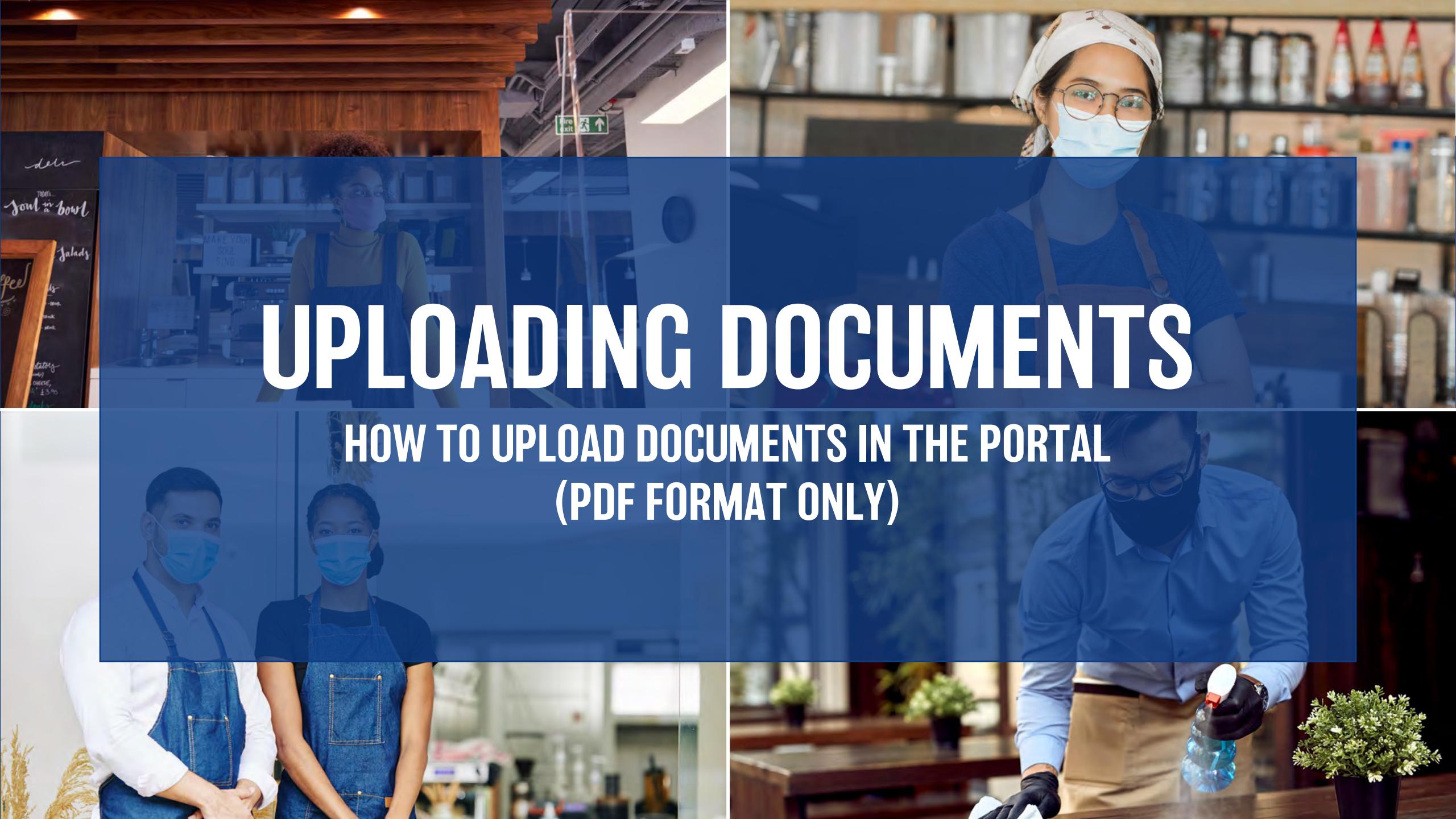
The screenshot shows a web browser window for 'The Center by Lendistry' at the URL <https://thecenter.mylendistry.com/#/grant>. The main title 'California Relief Grant Program' is displayed prominently. Below it, there are two side-by-side login forms.

EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT

This form contains fields for 'Email' (crgdemo@yopmail.com) and 'Password' (represented by a masked input). It includes a 'Forgot Password?' link and a summary of the grant period: 'Round 2 Opens on: February 2, 2021', 'Round 2 Closes on: February 8, 2021', 'Round 2 Approval Notifications: February 11-18, 2021', and 'Round 2 Waitlist Notifications on February 22, 2021'. A 'SIGN IN' button is at the bottom.

RESET YOUR PASSWORD

This form contains fields for 'Email' (Avocado03!) and 'Password' (represented by a masked input). It includes a note about password requirements: 'Note: Please create a new password within the fields listed below. Your password should contain a minimum of 8 characters and include at least 1 letter, 1 number, and 1 special character. You can include numbers 1-9, upper and/or lowercase letters, as well as the following special characters in your new password: ! @ # \$ % & *.' A 'SUBMIT' button is at the bottom.



UPLOADING DOCUMENTS

HOW TO UPLOAD DOCUMENTS IN THE PORTAL
(PDF FORMAT ONLY)

THE PORTAL AT-A-GLANCE

Before you begin, please review the following notes to ensure your documents are uploaded correctly:

- Documents listed with a **red asterisk (*)** are required immediately upon completing an online application.
- Documents listed with a **blue asterisk (*)** are required only if you are selected to move forward with the application process. You will be notified of this selection.
- Banking information is only needed if you are approved for funding.
- If a document does not apply to your business, please select N/A.
- ALL documents must be submitted as a PDF file. The PDF file must be under 15MB. Documents that are multiple pages should be submitted as one (1) PDF file.
- Do NOT include special characters (i.e. ~!@#\$%^&*()_+) in the file name. Our Portal will not recognize special characters.
- If your document is password protected, you will be required to enter it in the Portal.

UPLOAD DOCUMENTS BANK INFO

Your business is a Corporation
Change business type: Corporation

IMPORTANT NOTE:
To avoid error please do not open multiple tabs.

Please upload each document under the corresponding category listed below.

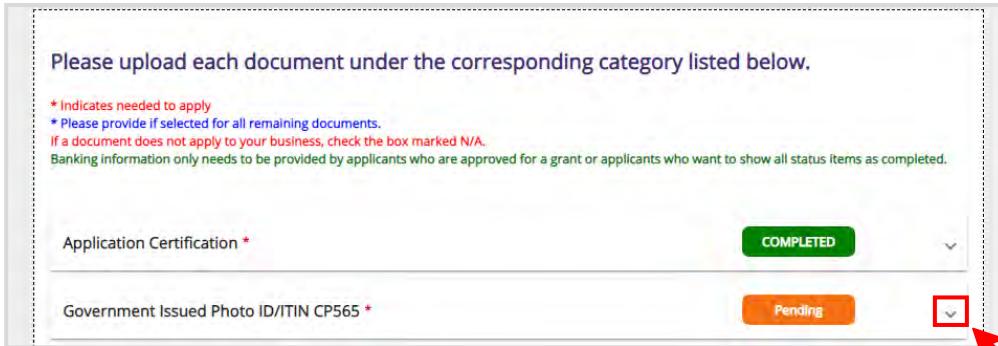
* Indicates needed to apply
+ Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Category	Status
Application Certification +	COMPLETED
Government Issued Photo ID/ITIN CP565 +	Pending
2019 Business Tax Return +	Pending
2020 Business Tax Return +	Pending
Proof of Business Location *	Pending
	<input type="checkbox"/> N/A



HOW TO UPLOAD DOCUMENTS TO THE PORTAL

STEP 1: Select a document type and click the down arrow to expand its folder.



Please upload each document under the corresponding category listed below.

* Indicates needed to apply
* Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification * COMPLETED

Government Issued Photo ID/ITIN CP565 * Pending ▼

STEP 2: Click “Browse” to locate the file on your device. ALL documents must be upload as a PDF.



Government Issued Photo ID/ITIN CP565 *

Please upload document for government issued photo id/itin cp565

BROWSE...

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.
Please do not use special characters in the title of the document (e.g., !@#\$-, etc.)

STEP 3:

- If your document is password protected, select YES from the drop-down menu and enter in the password.



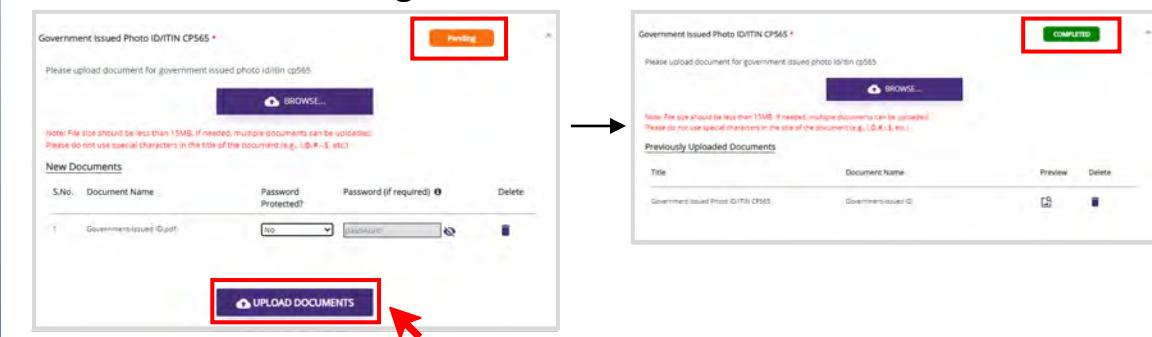
S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-issued ID.pdf	Yes	password	Delete

- If your document is NOT password protected, select NO from the drop-down menu and leave the password field blank.



S.No.	Document Name	Password Protected?	Password (if required)	Delete
1	Government-issued ID.pdf	No		Delete

- Click “Upload Documents” to complete upload. The status of the document will change from PENDING to COMPLETED.



Government Issued Photo ID/ITIN CP565 *

Please upload document for government issued photo id/itin cp565

BROWSE...

Note: File size should be less than 15MB. If needed, multiple documents can be uploaded.
Please do not use special characters in the title of the document (e.g., !@#\$-, etc.)

UPLOAD DOCUMENTS

Previously Uploaded Documents

Title	Document Name	Preview	Delete
Government Issued Photo ID/ITIN CP565	Government-issued ID.pdf	Preview	Delete



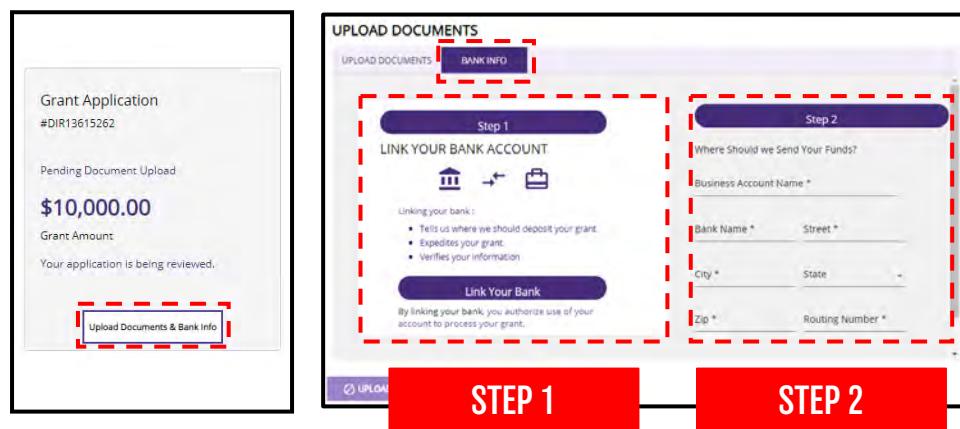
LINKING YOUR BANK INFO

FOR APPROVED APPLICANTS ONLY

HOW TO LINK YOUR BANK INFORMATION

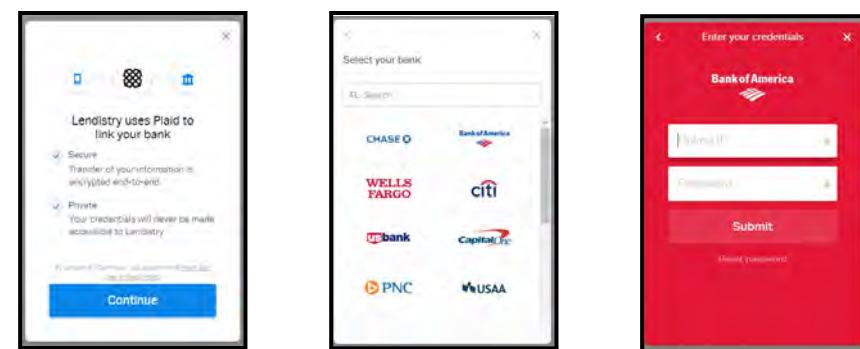
Lendistry uses a third-party technology (Plaid) to set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry's Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies. Lendistry uses this technology only to verify your bank statements. This method of bank verification is preferred but will not always work if your banking institution is not available through the provider. In this case, you can verify your bank account using the other proceeding methods.

How to Verify Your Bank Account in Lendistry's Portal via Plaid



STEP 1

- Click on “Link Your Bank Account” to open a window for Plaid.
- Continue through Plaid and locate your banking institution.
- Sign into your online banking account and connect it to Lendistry’s Portal.



STEP 2

This step must always be completed regardless of the verification method you use.

- Enter your bank information.
- The “Business Account Name” field is NOT your account type. This field is your account name, which must be in the name of your business and listed on your bank statements.
- If your business is a sole proprietor, the bank account can be a personal account, but it must match your name.



HOW TO CHECK THE STATUS OF YOUR APPLICATION

WHERE TO LOCATE THE STATUS OF YOUR APPLICATION

INSTRUCTIONS

Once logged into the Portal, you will be able to see your grant application.

The Portal will show you the following information:

1. **#DIR (Application Number)**

Example: #DIR400022432

2. **Grant Program You've Applied For**

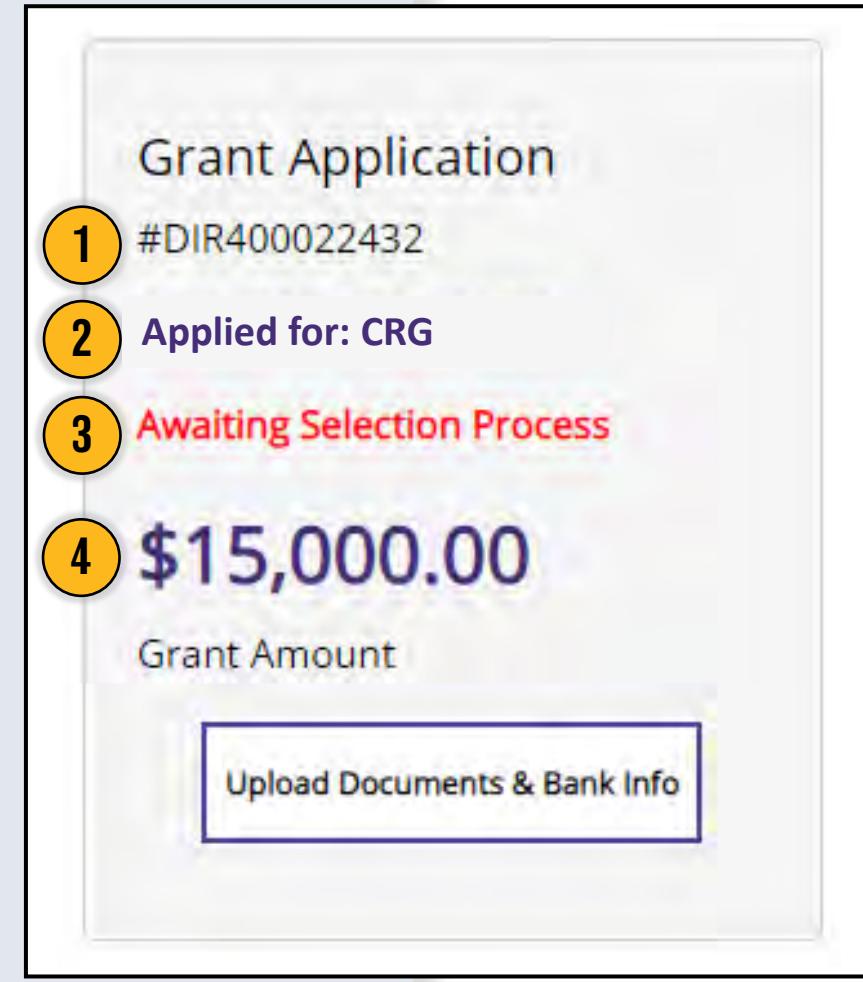
If you are a for-profit business, your application should be listed as "CRG". If it is listed as "CRG NPO", that indicates that you have applied under the incorrect business type. Please submit a NEW application as a for-profit business.

3. **Status of Your Application**

Example: Awaiting Selection Process

4. **Grant Amount**

Example: \$15,000



APPLICATION STATUSES

Grant Application

#DIR400022432

Applied for: CRG

Incomplete

\$0.00

Grant Amount

[Edit Application](#)

Grant Application

#DIR400022432

Applied for: CRG

Awaiting Selection Process

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

Grant Application

#DIR400022432

Applied for: CRG

Selected, Pending Validations

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

Grant Application

#DIR400022432

Applied for: CRG

In Closing, Docs Out/Pending for Funding

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

Grant Application

#DIR400022432

Applied for: CRG

Grant Funded, please allow 3-5 days for funds to appear.

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

INCOMPLETE

What it means: You started an online application but did not complete it.

What you should do: Sign into the Portal and complete all fields in the application. You must submit a finished application in order to be considered for the grant.

AWAITING SELECTION PROCESS

What it means: You have submitted a complete application and it is currently under review for eligibility.

What you should do: Check your email for notification about your selection decision. You will be either selected, waitlisted, or not selected to move forward in the application process.

SELECTED, PENDING VALIDATIONS

What it means: You meet the program's minimum eligibility requirements and have been **selected to move forward in the application process to upload required documents**. Being selected does not guarantee funding.

What you should do: Upload all required documents in PDF format.

IN CLOSING, DOCS OUT

What it means: You have been fully validated and are approved for funding.

What you should do: Check your email for a grantee agreement, which will be sent via DocuSign. Sign the grantee agreement to release funds.

GRANT FUNDED

What it means: We have received your signed grantee agreement and your funds have been released.

What you should do: Check the bank account that you linked in the Portal for your grant award. It may take 3-5 business days for funds to appear.

SELECTION DECISIONS

Grant Application

#DIR400022432

Applied for: CRG

Selected, Pending Validations

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

Grant Application

#DIR400022432

Applied for: CRG

Currently on the Waitlist

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

Grant Application

#DIR400022432

Applied for: CRG

Your application was not selected.

\$15,000.00

Grant Amount

[Upload Documents & Bank Info](#)

SELECTED, PENDING VALIDATIONS

You have been selected to move forward and upload documents. You must be fully validated before you can be approved for funding.

CURRENTLY ON THE WAITLIST

You have been preliminarily determined to meet the eligibility requirements for the grant and are in line for validation.

YOUR APPLICATION WAS NOT SELECTED.

You do not meet the program's minimum eligibility requirements and your application has been disqualified.



BEING SELECTED FOR THE GRANT

WHAT TO DO AFTER BEING SELECTED

Eligible applicants that are selected for pre-approval will be notified via email. After being selected, there are additional verification steps that must be completed before an applicant is approved for funding.

After being selected, applicants should do the following:
Sign into the Portal and upload all required documents.
Link your bank information. This step is necessary to validate your bank statements, prevent fraud, and set up a direct deposit for funding.

Once fully validated and approved for grant funding, you will be sent a grantee agreement via DocuSign. Funding will not be released unless and until the grantee agreement is fully executed.

Once we have received a fully executed grantee agreement, please allow up to 5 business days for funding to be received.

If there are any issues with your documentation or bank verification, a member of the Lendistry Validation Department will contact you via phone, email, and/or text. Please allow up to 7 business days for us to reach out to you to assist you with clearance.