



CITY OF RANCHO MIRAGE

CITY MANAGERS OFFICE

69-825 Highway 111, Rancho Mirage, CA 92270
General: 760.324.4511

(For City Use Only)

Date: _____

Approved ☐

Denied ☐

COVID-19 FOOD ACCESS PROGRAM

IMPORTANT

Please complete the following sections and submit a completed application with a copy of your W-9 (your check will match W-9) to apply for emergency funding from the 2020 Rancho Mirage Food Access Program; submit to: marketing@ranchomirageca.gov. This program is first-come, first-served and will discontinue once allocated budget is dispersed. The program provides funding to Rancho Mirage independent restaurants, resort and country club restaurants and/or locally franchised eateries to ensure continued and stable access to food and supplies for Rancho Mirage residents and neighboring areas. Corporate chain restaurants, fast-food or local restaurants with existing drive-thru, convenience and/or liquor stores and gas station convenience markets are not eligible. Eligible restaurants will receive \$8000 and specialty shops (i.e. coffee, juice bars) will receive \$5000.

To qualify for funding a business must: 1. be open at least six hours per day, five days per week; 2. maintain these operations, at a minimum, until May 31, 2020; 3. Applicants must provide weekly reports of the number of meals served and hourly employees staffed during this period by submitting pg. 2 by email to: marketing@ranchomirageca.gov; 4. Comply with all health orders and regulations; and 5. implement sanitation measures for takeout and delivery orders.

Approval of an application and the accepting of funding is considered a contractual obligation between the City of Rancho Mirage and the applicant. Approved businesses will need to meet or exceed all requirements and the lack of meeting operational hours or reporting requirements will require full repayment of funding to the City by business and/or owner.

BUSINESS INFORMATION

Business Name: _____ Telephone No.: _____
Street Address: _____ Current No. of Hourly Employees: _____
Number of Meals Served Weekly: _____
Hours of Operation: _____
Description of Services Offered: _____

OWNER INFORMATION

Name: _____ Telephone No.: _____
Email Address: _____

CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that the information presented in this application is true and correct. I agree to meet all requirements and understand that providing false information and/or failing to meet obligations will result in denial of funding and/or the immediate full repayment of funding received. The person executing this document warrants he/she is authorized to execute this certification. City reserves all rights and remedies available to it under law. Such rights and remedies are cumulative and exercise of one or more of such rights or remedies shall not preclude the exercise of any other rights or remedies for the same default or any other default.

Date: ____/____/____ Name: _____

(Signature)



CITY OF RANCHO MIRAGE

CITY MANAGERS OFFICE

69-825 Highway 111, Rancho Mirage, CA 92270

General: 760.324.4511

COVID-19 FOOD ACCESS PROGRAM WEEKLY REPORTING

IMPORTANT

To qualify for funding a business must: 1. be open at least six hours per day, five days per week; 2. maintain these operations, at a minimum, until May 31, 2020; 3. Applicants must provide weekly reports of the number of meals served and hourly employees staffed during this period by submitting pg. 2 by email to: marketing@ranchomirageca.gov; 4. Comply with all health orders and regulations; and 5. implement sanitation measures for takeout and delivery orders.

Reporting Period: _____

BUSINESS INFORMATION

Business Name: _____ Telephone No.: _____

Street Address: _____

No. of Meals Served During Reporting Period: _____

Approx. No. of Meal Equivalents Sold During Reporting Period (i.e. if sold eggs, bread): _____

Approx. No. Non-Food Items Sold During Reporting Period (i.e. if sold paper products): _____

Total No. of Staff Hours During Reporting Period (all staff working hours added together): _____

Hours of Operation: _____

Description of Services Offered: _____

CERTIFICATION

Date: ____/____/____ Name: _____

(Signature)