



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

SMALL BUSINESS RELIEF GRANT PROGRAM

The City of Rancho Mirage Small Business Relief Grant Program has established \$500,000 and will provide one-time grants to small businesses located within the City who require financial assistance to aid in recovery from the temporary loss of revenue due to the COVID-19 public health emergency. Funding will be on a first-come, first-service basis with priority funding outlined in program guidelines. Applicants are eligible to receive a grant of up to \$10,000 according to the following:

Businesses with 5 or less, full-time equivalent employees are eligible for a grant up to \$5,000.

Businesses with 6-10 full-time equivalent employees are eligible for a grant up to \$7,500.

Businesses with 11-30 full-time equivalent employees are eligible for a grant up to \$10,000.

Eligible applicants must have:

- A physical location and be operating in Rancho Mirage for at least 1 year;
- A valid City Business License;
- A valid Certificate of Occupancy;
- No active code violations;
- Been adhering to State and Regional Orders;
- Provide proof of valid identification
- Proof of Ownership, W-9 & required supporting documentation (DBA, Articles of Incorporation/Organization)
- Proof that their business has been affected by COVID-19 in one of the following ways:
 - 1. The business was deemed non-essential and was forced to shut down by the state or local government;
 - 2. Business sales are down by 25 percent or more in the last quarter (October, November, December 2020) when, compared to the previous year during the same three months (October, November, December 2019) or a comparable 3-month period in 2019.

BUSINESS INFORMATION

Business Name:	Telephone No.:
Street Address:	Email:
Current No. of Hourly Employees: _____	
Website: _____	
Business Category:	
<input type="checkbox"/> Restaurant; Do you have outdoor dining operations <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Personal Care Services (Hair and Nail Salons, Estheticians, Skin Care, Massage, etc.)	
<input type="checkbox"/> Retail	
<input type="checkbox"/> Other: _____	

OWNER INFORMATION

Name:	Telephone No.:
Email Address:	_____

ELIGIBLE ACTIVITIES

Grant funds may only be deposited into the approved business bank account and must be used for approved business expenses only. Approved business expenses may include working capital to cover the business's day-to-day operating such as rent or lease payments, mortgage payments, utility bills, payroll, inventory, technology, marketing/communication, or other similar expenses that occur in the ordinary course of operations. Grant monies may also be used toward the cost of obtaining personal protective equipment for staff and customers as well as devices intended to enhance safety of staff and customers, such as hands-free payment devices, sanitation supplies and plexiglass partitions.

Applicants must provide a summary of business need and proposal of how they intend to expend grant funds. Businesses are required to provide monthly reports documenting use of any grant funds received. Additional documentation may be requested to verify that the grant funds were used toward credible business expenses related to COVID-19. Any use of funding other than that to support the business is strictly prohibited. The business must reimburse the program for any expenses found to be not in compliance with the program's list of eligible activities.

SUMMARY OF NEED AND PROPOSED USE OF GRANT

CERTIFICATION

By signing this application, I certify that the information provided is accurate. I understand that qualification in the Emergency Business Relief program lies solely with the City Council and its assigned committees and that this application is not a guarantee of funding. By signing this application, I certify that the business for which I am applying is in good standing with the City of Rancho Mirage and with the California Secretary of State. By signing, I am stating my understanding that if grant funds are issued, I may be required to sign an agreement and other documents in order to receive funding. By signing, I am agreeing to follow all local, county and state health orders regarding business closures.

Date: ____ / ____ / ____ Name: _____

(Signature)

Submit completed application, identification, proof of ownership, revenue reports, W-9 and any other supporting documents by the deadline to: COVID19BusinessGrants@RanchoMirageCA.gov