

In order to support small business employers facing financial impacts and potential layoffs from the novel coronavirus 2019 (COVID-19), **Monterey County Workforce Development Board** has established the *COVID-19 Small Business Grant Fund*. The fund will provide grants to small employers experiencing economic stresses in order to prevent potential layoffs or facility closures during COVID-19. Monterey County Workforce Development Board has designated \$47,000 of Workforce Innovation and Opportunity Act Rapid Response Layoff Aversion Funds to this project, with an additional round of funding after July 1, 2020.

Eligibility

Eligible applicants include businesses or industry associations that:

- Have a business location in Monterey County (*NOTE: funds may only be utilized for Monterey County locations*)
- Have 50 employees or less
 - Are up-to-date on Unemployment Insurance (UI) taxes and are in good standing with the state of California, to be submitted via attestation on the grant application
 - Can demonstrate a need to prevent layoffs which would occur due to the impacts of COVID-19

Funding Availability

- Businesses with 1-25 employees are eligible for total grant funding of \$1,500
- Businesses with 26-50 employees are eligible for total grant funding of \$2,500

Use of Funds

Employers must utilize the funds to create solutions that mitigate layoffs. Requests must be reasonable, necessary, and directly related to preventing potential layoffs or facility closures as a result of COVID-19 and must have taken place during COVID-19 State required business closures through the end of the grant period, which is two months after the awarding of funding. All applications will be reviewed by Monterey County Workforce Development Board staff.

Examples of permissible use of funds include, but are not limited to:

- Purchasing remote access equipment or software that allows employees to work from home rather than being laid off (e.g. computers, printers, telephones, headsets, video conferencing software, etc.);
- Purchasing cleaning/sanitation supplies and/or services that will allow exposure reduction as business begins to implement a re-opening plan
- Other creative approaches and strategies to reduce or eliminate the need for layoffs.

Funds may not be used to pay for employee wages or benefits, nor for support services for employees such as childcare, transportation costs, lodging expenses, or meals.

Grant Requirements

The COVID-19 Fund was created from federal Workforce Innovation and Opportunity Act (WIOA) funding. As a result, selected employers must attest to the Certifications and Assurances and complete the contract process before funds are expended. Funds will be reimbursed after expenditures are made. Businesses will be required to submit brief performance reports and proof of expenses before reimbursements are issued. Performance reports will include number of jobs saved, estimated amount of annual wages saved, and project-specific measures and results.

Disclaimer: Entities receiving an award may be subject to local, state, or federal monitoring.

Fund recipients must retain a folder of receipts, copies of invoices, grant application, budget for grant, and grant submission paperwork for at least three years beyond the term of the grant period.

Only one award per business may be made.

A small budget is required as part of the application. Attached is an application template to start your application for submission.

All applications and budget are to be submitted via email to the following address:
WDBinfo@co.monterey.ca.us

or in-person at:

344 Salinas Street Suite 101
Salinas, CA 93901

What to Expect if You are Funded:

1. An award letter and contract template will be sent to you via the email address you provided on the application;
2. A phone call will be scheduled with Monterey County Workforce Development Board (WDB) staff to ensure questions are answered;
3. Upon contract execution, the awarded business will submit invoices and/or receipts for purchases made no later than two months after the awarding of funds, along with the specific invoice and/or receipts and narrative forms for the grant;
4. The Workforce Development Board staff will mail a check for reimbursement of funds to you within three weeks after receiving receipts and completed invoice and narrative forms from the business. The staff will work with you to ensure forms are completed in their entirety;
5. Upon expending the grant in full, the WDB will send a letter to you documenting the closing of the grant for your records;
6. Monterey County WDB will follow up to ensure that funding documentation is maintained at your business. Documentation to be maintained will be outlined in the contractual agreement.

What You Need To Complete Your Application

1. Total number of employees (in the company as a whole and at the specific location the application is for);
2. The total number of part-time employees (in the company as a whole and at the specific location the application is for);
3. The legal structure of the business (sole proprietorship, partnership, corporation, S corporation, limited liability corporation);
4. Number of employees whose jobs are affected by COVID-19;
5. What funding will be used for and how the funding will allow for employees to maintain their jobs;
6. Number of jobs that will be saved if funding is distributed;
7. Specific items requested with estimated costs.

Section 1. Business Information			
Business Name:			
Business Contact:			Title:
Street Address:			
City:		Zip:	County:
Phone:		Ext:	Fax:
Email:		Website Address:	
For which business location are you seeking funding?			
Total # of Full-Time Employees:		Total # of Part-Time Employees:	
Total # of Full-Time Employees at this Business Location:		Total # of Part-time Employees at this Business Location:	
Legal Structure of Business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation (Designation:)		Employer's Federal ID #:	
		CA Tax #:	
		Is your business current on all State of California tax obligations? ☐ YES ☐ NO	
NAICS Code: Business Industry			
Select your business' industry:	☐ Accommodation and Food Service ☐ Administrative or Waste Management ☐ Agriculture, Forestry, Fishing, and Hunting ☐ Arts and Entertainment ☐ Construction ☐ Education	☐ Finance / Insurance ☐ Health Care and Social Assistance ☐ Information ☐ Manufacturing ☐ Professional, Scientific, and Technical Services	☐ Real Estate ☐ Retail Trade ☐ Transportation and Warehousing ☐ Utilities ☐ Wholesale Trade ☐ Other Services
COVID-19 Impact			
Has your business been affected by COVID-19?			☐ YES ☐ NO
If yes, please describe:			
Number of employees' jobs affected by COVID-19:			
Please describe your business, product(s) and/or service(s):			
Section 2. Layoff Aversion Plan			
Amount of funding requested: \$ _____			Anticipated Number of Jobs Saved:

Provide a description of the specific planned actions that will allow your business and employees to continue operations. Attach any relevant information on a separate page if needed.

Section 3. Budget

Budget Category	Description	Cost
Total Costs		

Section 5. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved expenditures. Activities may not start prior to the effective date of the agreement.

Print Name:

Title:

Signature:

Date:

Please submit signed application and attachments via email to WDBinfo@co.monterey.ca.us. Staff from the Workforce Development Board will send confirmation of receipt of application within 24 hours.

(Rev. 3-2012)

Required when doing business with the County of Monterey - No IRS W-9 form needed (Foreign vendors should submit IRS W-8)

1 RETURN TO:	COUNTY OF MONTEREY Workforce Development Board PO Box 2448 Salinas, CA 93902 Email: ortegauribej@co.monterey.ca.us Fax: (831) 796-3321	PURPOSE: Information contained in this form will be used by the County of Monterey to prepare information returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. See Privacy Statement and California Non-Resident Withholding Information on next page.		
2 NAME AND ADDRESS	VENDOR'S LEGAL NAME (as shown on your income tax return)	SELECT NAME TO BE MADE PAYABLE TO ☐ Legal Name ☐ Alias/DBA ☐ Both		
	BUSINESS NAME / DBA (if different from line 1)	PHONE NUMBER	FAX NUMBER	
	MAILING ADDRESS	E-MAIL ADDRESS		
	ADDITIONAL MAILING ADDRESS	REMIT-TO ADDRESS		
	CITY, STATE, ZIP CODE	REMIT-TO CITY, STATE, ZIP CODE		
3 TAX ID AND BUSINESS ENTITY TYPE	FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):			For Tax ID entry instructions, please see next page NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ EXEMPT PAYEE (e.g., government, non-profit) ☐ OTHER: ▶	☐ TRUST/ESTATE ☐ LIMITED LIABILITY COMPANY (LLC) ☐ C Corporation ☐ S Corporation ☐ Partnership		
	SOCIAL SECURITY NUMBER (SSN):			
	☐ INDIVIDUAL OR SOLE PROPRIETOR			
4 PAYMENT TYPE & ACTIVITY	PLEASE CHECK ALL BOXES THAT ARE APPLICABLE TO THE CATEGORY OF PAYMENT:			
	☐ SUPPLIES/EQUIPMENT ☐ ATTORNEY SERVICES ☐ INTEREST ☐ SERVICES (MEDICAL) ☐ LEGAL SETTLEMENT ☐ GRANTS ☐ SERVICES (NON-MEDICAL) ☐ RENT/LEASE ☐ OTHER: ▶			
	Are you a former employee of the County of Monterey? ☐ Yes ☐ No			
	Are you a Certified Green Business? ☐ Yes ☐ No (See Information regarding green certification on next page)			
5 VENDOR RESIDENCY STATUS FOR CA TAX PURPOSES	CALIFORNIA STATE WITHHOLDING STATUS (CA withholding information on next page):		CA Form 590 required if your address above in section 2 is a non-CA address CA NON-RESIDENTS: 7% will be withheld from payment unless one of the lower four boxes on left is checked.	
	☐ California Resident ☐ California Form 590 (Withholding Exemption Certificate) attached ☐ California Non-Resident ☐ Waiver of State withholding from California Franchise Tax Board attached ☐ California Form 590 (Withholding Exemption Certificate) attached ☐ All services for payments issued are performed OUTSIDE of California ☐ No Services are being rendered, only goods are being provided for payment			
6 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the County of Monterey.			
	Authorized Representative's Name (Type or Print)	Title		
	Signature	Date	Phone Number	

COUNTY OF MONTEREY – VENDOR DATA RECORD (Rev 3-2012)

Section 1 **Requirement to Complete Vendor Data Record**
A completed Vendor Data Record (VDR) is required for payments to all vendors and will be kept on file at the County. Please return the fully completed VDR form and any other necessary documents for vendor setups/updates to the County of Monterey – Contracts/Purchasing at the address listed in this section. (For more information on Vendor Registration Process, visit <http://www.co.monterey.ca.us/admin/vendorinfo.htm>)

Section 2
Enter the payee's legal business name **as shown on your income tax return**. Individuals/Sole proprietorships must also include the owner's full name **as shown on your income tax return**.
The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here. The remit-to address should be the address the payee chooses to receive payments. If there are multiple remit-to addresses for the same payee, please list them and send it together with the completed Vendor Data Record (VDR) form.

Check **ONE** box that corresponds to the payee entity type. (For more information on account types and TIN info, visit www.irs.gov)

What Name and Number to Give the Requester

For this type of Account		Give name and SSN of:
1	Individual	The individual
2	Two or more individuals (joint account)	The actual owner of the account or if combined funds, the first individual on the account
3	Custodian account of a minor	The minor
4	a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee The actual owner
5	Sole proprietorship or disregarded entity owned by an individual	The owner
6	Grantor trust filing under Optional Form 1099 filing Method	The grantor
For this type of Account		Give name and EIN of:
7	Disregarded entity not owned by an individual	The owner
8	A valid trust, estate, or pension trust	Legal entity
9	Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11	Partnership or multi-member LLC	The partnership
12	A broker or registered nominee	The broker or nominee
13	Account with the Dept of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14	Grantor trust filing under the Form 1041 filing Method or the Optional Form 1099 filing Method 2	The trust

Section 4
Check **ALL** boxes that are applicable to the category of payment.
Indicate if you are a former employee of the County of Monterey.
Green Business Certification within the Tri-County area (Monterey, Santa Cruz and San Benito Counties) is administered through the Monterey Bay Area Green Business Program (www.montereybaygreenbusiness.org). Vendors from outside the Tri-County area are encouraged to seek similar certification from a local authority within their jurisdiction, and if a similar green business type of certification has been issued, vendors should check the "Yes" box. Green Business Certification may be used as one of the selection factors when awarding contracts from solicitations issued by the County of Monterey, therefore vendors should inform the County of this certification.

Section 5 **ARE YOU A CALIFORNIA RESIDENT OR NONRESIDENT?**
A **corporation** will be defined as a CA Resident if it has a permanent place of business in California or is qualified through the Secretary of State to conduct business in California.
A **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at the time of death. A trust is considered a resident if at least one trustee is a California resident.
For **individuals and sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a non resident.
Payments to all non-resident vendors may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes.
Due to resource limitations, the County of Monterey will withhold 7% of their total payments even when the following conditions apply:
1) The total payments to the vendor are \$1,500 or less for the calendar year; and
2) The vendor is providing a combination of goods and services; and
3) The vendor is performing services for the County of Monterey both inside and outside of California.
If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form and submit to the County of Monterey.
For information on Nonresident withholding, contact the Franchise Tax Board at the numbers listed below:
Withholding Services and Compliance Section: 1-888-792-4900 or Outside the United States: 1-916-845-4900
For hearing impaired with TDD, call: 1-800-822-6268 or E-mail Address: wscs.gen@ftb.ca.gov or visit FTB's Website: www.ftb.ca.gov

Section 6
Provide the name, title, signature and telephone number of the beneficial owner of the payment requested or authorized agent of beneficial owner.
Provide the date the form was completed.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The County of Monterey requires that all parties entering into business transactions that may lead to payment(s) from the County must provide their Taxpayer Identification Number (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a).

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact County of Monterey, Contracts/Purchasing at the address listed in Section 1 of this form.