



CITY OF SANTA ANA

SANTA ANA SMALL BUSINESS INCENTIVE PROGRAM

Dear Business Owner:

Thank you for your interest in the City of Santa Ana's Small Business Incentive Program. The City is dedicated to the support and growth of local businesses. We look forward to working with you personally, providing information on other City programs and services, and connecting you with the Orange County Small Business Development Center (SBDC). The Orange County SBDC will provide access to training and other business resources for businesses to grow and prosper.

This program is designed to encourage entrepreneurs to establish businesses within the City of Santa Ana. The program provides a reimbursement grant for eligible businesses on a first-come, first-served basis. Grant amounts are up to \$5,000 for businesses with a storefront, and up to \$2,500 for Santa Ana residents with businesses operating in Santa Ana without a storefront.

Eligible businesses must meet the following criteria:

- New Santa Ana business within three years of operation
- Business License & Certificate of Occupancy
- Microenterprise with 5 or fewer employees, including the owners
- Income Qualifying or Geographic qualifying
- Exclusions apply and are listed in the application

IMPORTANT: As a first step, please fill out and email the *Pre-eligibility Form* (attached) to svazquez@santa-ana.org or mail to the address listed below. Upon receipt, staff will review and provide verification of your eligibility.

If eligible, a complete application with the following supporting documentation will be required:

1. A **copy** of your current City of Santa Ana business license.
2. **Copies** of bank statements, tax returns, and pay stubs from other sources of employment (if qualifying by the income criteria if applicable).
3. **Copies** of your paid receipts to document expenses that you have spent during the last six months of the start-up process for your business, along with documentation that verifies how the receipts were paid (bank statements, credit card statements).
4. **Copy** of the receipt for completion for the business development training workshop from the Orange County Small Business Development Center or CIELO.
5. **Completed** Forms: W-9, ACH, & Vendor Information

Applications are accepted via mail or hand delivery to the following address:

City of Santa Ana
Economic Development Division SBIP
20 Civic Center Plaza, M-25
Santa Ana, CA 92701

Please note that funds are limited for this program. Applications will be processed on a first-come, first-served basis. Once the incentive funding is not available, the program will end. There may be additional funding in subsequent years if approval is granted. Again, thank you for choosing Santa Ana as the home to grow your business. Please contact our office at (714) 647-5445 to learn more about this program and other City programs and services that could be available to you.



SANTA ANA SMALL BUSINESS INCENTIVE PROGRAM PRE-ELIGIBILITY FORM

Date Submitted: _____ Business Opening Date: _____

Business License No: _____ Date Issued: _____ No. of Employees (inc. owner): _____

DUNS No: _____

Business Owner/Operator: (Please include names of all owners/partners of the business)

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Home Address: _____

Description of type of business and products or services provided: _____

Program Eligibility Questions: (check answer)

Yes No

- 1) Are you a new business with less than 3 years in operation? Yes No
- 2) Do you have 5 or less employees? Yes No
- 3) Is your business now open to the public, and intended to be a permanent business (not temporary)? Yes No
- 4) Does your business primarily serve Santa Ana residents? Yes No
- 5) Is your business located in a commercial storefront? Yes No
- 6) Are you a Santa Ana Resident, operating a business within the City of Santa Ana? Yes No

Applicant Certification: I acknowledge and agree to the above eligibility requirements and certify that all information provided herein is true and complete to the best of my knowledge and belief. Verification will be provided, if requested.

Business Owner/Operator (Print or Type)

Date

Business Owner/Operator Signature

Date

Office Use Only

Pre Eligibility Complete – To Provide Full Application

Not Eligible for Program