



Palmdale
Small Business
Assistance Programs

City of Palmdale

Application for Small Business Assistance Programs

September 2022

Palmdale Cares – Small Business Assistance Programs Application

Small Business Assistance Programs

The Small Business Assistance Programs are split into two reimbursement programs available to Palmdale small businesses who fit the eligibility requirements. Businesses may participate in one or both programs.

Small Business Digital Marketing Program is offered in English and Spanish as an in-person or online training program in partnership with the SBDC to help small businesses learn the skills needed to create and maintain an online presence. The program will take place in a group format. Sessions will occur in-person or virtually for a total of six hours. The classes will focus on: Google, Social Media Advertising, and Setting up Ad Campaigns. Each participant will also be assigned an individual consultant throughout the training. Upon completion of the program, each business applicant may become eligible to receive up to \$500 reimbursed for a paid-advertising promotion. An approved application is required to be eligible for any reimbursement. Businesses may take the free course without completing an application, however, would not be eligible for any reimbursement of funds for paid advertisements.

Small Business Accounting Bootcamp Program is offered in English and Spanish and will take place in a group format. Sessions will occur in-person or virtually for a total of two hours. Each business owner or their designated employee will receive training on basic accounting practices and training in WAVE or QuickBooks accounting software. Applicant will choose to register for either the WAVE Bootcamp or the QuickBooks Bootcamp. The program will provide training in the proper skills for basic accounting, reading, and understanding financial statements, navigating within the main software's options, how to do the initial setup, record the initial owner contributions, record sales and purchases, and importing bank transactions. Upon completion of the program, each business applicant may become eligible to receive up to \$500 reimbursed for purchase or paid subscription for WAVE or QuickBooks accounting program. Businesses may take the free course without completing an application, however, would not be eligible for any reimbursement of funds for paid subscriptions or purchase of software.

The Small Business Digital Marketing Program and the Small Business Accounting Bootcamp reimbursement programs provide necessary assistance for those businesses who have been impacted by COVID.

For full description of training programs and available course dates visit www.cityofpalmdale.org/SBA

Application Process

Applications can be submitted online at www.CityofPalmdale.org/SBA or by printing and hand delivering applications to the Economic Development Division at 38250 Sierra Highway, Palmdale, CA 93550 during regular hours of operation of Monday through Thursday from 7:30 am to 6 pm. Applications WILL NOT be accepted by email or fax. Applications will be time stamped and reviewed on a first come first serve basis. The application period will open on October 3, 2022, and close on November 8, 2022, or when all funds are granted, whichever comes sooner. If interest persists and funds are still available, the City may extend the application period.

Questions about the application process? For the fastest response, please contact Economic Development Division at (661) 267-5125 or at economicdevelopment@cityofpalmdale.org.

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Eligibility Checklist

The checklist below assists businesses to determine eligibility for the Small Business Assistance Programs. For more guidance, please view the program guidelines at www.cityofpalmdale.org/sba

Is your business located within Palmdale City boundary?	Yes ___ No ___
Does your business have fewer than 10 employees (including the owner(s))?	Yes ___ No ___
Are you able to document that your business was adversely impacted by COVID-19?	Yes ___ No ___
Does your business have a current City of Palmdale business license?	Yes ___ No ___
Does your business meet the eligibility requirements outlined in the program guidelines? <ul style="list-style-type: none"> • Owner is 18 years or older • Business has a valid federal employer identification number • Business or owner has a DUNS number, or will have applied for one prior to executing the program agreement (https://www.dnb.com/duns-number/get-a-duns.html) • Business is not subject to City Conflict of Interest Code 	Yes ___ No ___
Can confirm that my business is not one of the following: <ul style="list-style-type: none"> • Nonprofit entity (e.g., 501 (c)(3), 501 (c)(6), etc.) • Passive business (i.e., rental property or other business in which one does not actively participate) • Government organization • Business that limits patrons to 18 and older 	Yes ___ No ___
Understand that business owner or designated employee must be able to complete the selected Small Business Assistance Program workshop(s) in full in orders to be eligible for reimbursement.	Yes ___ No ___

If you answered yes to all questions above, you may be eligible for the Small Business Assistance Program. Proceed to complete application. **If you answered no** to any question, you may not be eligible for the Small Business Assistance program. If you have any questions regarding your business’ eligibility, please contact the Economic Development Division at 661-267-5125.

Indicate which Small Business Assistance Program you are interested in participating in to qualify for reimbursement of funds spent on digital marketing ads and/or WAVE or QuickBooks software. **(You may choose one or both)**. If you are not interested in receiving a reimbursement and you would like to take the training programs for free, no application is required. You may sign up for the free training programs at cocsbdc.org/workshops/.

I would like to apply for reimbursement of funds spent on a digital marketing campaign **and/or** Wave or QuickBooks software once I have completed the training program.

- Small Business Digital Marketing Assistance Small Business Accounting Assistance Bootcamp

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Summary Application

Name of Business Owner:	
Legal Name of Business:	
DBA (if applicable):	
Business Address:	
Business Owner Email:	
Business Owner Phone:	
Date Business Opened:	
Federal EIN:	
DUNS Number:	
Palmdale Business License #:	
Number of Total Employees:	_____

1. Does the business have a current City of Palmdale business license? Yes _____ No _____
2. Is the business currently the subject of a collection action, involved in a lawsuit, or have a judgement against it? Yes _____ No _____ If yes, please attach a document providing an explanation.
3. Has the business filed for bankruptcy in the past 7 years? Yes _____ No _____ If yes, please attach a document providing an explanation.
4. Is the business owner subject to the City’s conflict of interest code (www.cityofpalmdale.org/SBA)? Yes _____ No _____ If yes, please attach a document providing an explanation.

COVID-19 Impact

In order to be eligible for the Small Business Assistance Program, businesses must have been adversely impacted because of the COVID-19 pandemic. Select ANY impact types that are relevant to your business below. Attach supporting documentation as necessary:

Type of Negative Impact:

- | | |
|---|---|
| <input type="checkbox"/> Loss of revenue | <input type="checkbox"/> Rent, payroll, or utilities arrears |
| <input type="checkbox"/> Difficulty retaining or hiring staff | <input type="checkbox"/> Business temporarily closed due to Health Restrictions |
| <input type="checkbox"/> Increased operating costs | <input type="checkbox"/> Other _____ |

Sample Documentation

- **Loss of revenue:** Provide documentation showing average revenue prior to March 2020 and average revenue after April 2020 through August 2022; i.e. copy of Federal Income Tax Return filed for 2019 and 2020 and/or 2021 (business or personal if a sole proprietor). Include the Federal Schedule E page.
- **Difficulty retaining or hiring staff:** Provide documentation of efforts to hire staff or retain staff in order to effectively run business, i.e., documentation of assistance used (staffing agency, AJCC, job fairs or ads) to attract new hires, documentation of staffing levels prior to March 2020 and current staffing levels or completed self-certification of Covid impact (Exhibit A).
- **Increased operating costs:** Documentation showing new expense items required by State or County guidelines in order to reopen business operations.

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- **Rent, payroll, or utilities arrears:** Documentation showing that business is behind in rent, payroll or utilities between April 1, 2020-August 31, 2022.
- **Business forced to temporarily close due to State or County Restrictions:** Documentation showing that business was mandated to close either due to State of County of Los Angeles restrictions, i.e., copy of State or LA County Health orders applied to your business and completed self-certification form showing dates business was closed (Exhibit A).
- **Other/Self-Certification of Negative COVID-19 Impact:** If needed the self-certification form (Exhibit A) of this application can be completed.

Information for Government Reporting:

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form WILL NOT be used to evaluate your application for participation in the Small Business Assistance Programs. Information is required for federal funding reports only.

BUSINESS OWNER 1	BUSINESS OWNER 2 (if applicable)
PLEASE MARK ONE:	PLEASE MARK ONE:
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD OF HOUSEHOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO
HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON WITH A DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO

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Application Signature Page

(complete one signature page for each business owner)

The applicant warrants and represents that no City Council Member, City Staff Member, Commission Member, Committee Member, and/or any person who is subject to the provisions of the City's Conflict of Interest Code, has any ownership interest of any kind or amount in the business for which the reimbursement would be issued, or would otherwise receive a financial benefit from any reimbursement which may be extended to applicant and/or for the business. By submitting this application, I agree to comply with the current and future guidelines and other requirements as set forth by the City of Palmdale.

I attest that I have read and understood the application and completed the application in full, including the required attachments listed below. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (Print) _____ **Date** _____

Signature _____

Required Attachments (all applicants)

1. City of Palmdale Business License (current at time of application);
2. State Identification Card or Driver's License;
3. IRS Form W-9 (Request for Taxpayer Identification Number and Certification) (Signed & Dated);
4. Documentation of COVID-19 Impact;
5. Other documentation/ explanations, as required.

Required steps to be eligible for the reimbursement up to \$500

1. Complete an application and receive confirmation of approval.
2. Visit <https://cocsbdc.org/workshops/> to view available workshops for the Digital Marketing and/or WAVE Bootcamp or QuickBooks Bootcamp programs.
3. Register for free for the desired program(s) on the SBDC website.
4. Complete all training/workshop hours.
5. Submit receipts or other proof of purchase of either digital marketing campaign ads and/or purchase or subscription to WAVE or QuickBooks to the City of Palmdale, Economic Development Division.

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Exhibit A



Self-Certification of Negative Impact by COVID-19 Pandemic

In order to be eligible for the Small Business Assistance Program reimbursement, businesses must document that they have been adversely impacted because of the COVID-19 pandemic. Applicants that are not able to provide documentation of impact must sign the self-certification.

I/We, as the owners of _____ business located in the City of Palmdale, certify that our business has been negatively impacted as a result of the COVID-19 pandemic as set forth in the Small Business Assistance Program Guidelines.

Indicate type of impact experienced and provide explanation of the details on the box below.

- | | |
|---|--|
| <input type="checkbox"/> Loss of revenue | <input type="checkbox"/> Rent, payroll, or utilities arrears |
| <input type="checkbox"/> Difficulty retaining or hiring staff | <input type="checkbox"/> Business had to temporarily close due to LA County Restrictions |
| <input type="checkbox"/> Increased operating costs | <input type="checkbox"/> Other |

I/We certify under penalty of perjury, under the laws of the State of California, that by signing I/We self-certify that my/our business has been negatively impacted by the COVID-19 pandemic as listed above.

BUSINESS OWNER(S)

<hr/>		
Signature	Printed Name	Date
<hr/>		
Signature	Printed Name	Date