## City of King Covid-19 Small Business Assistance Grant Program

The City of King is utilizing CDBG Cares Act funds for the purpose of providing grant funds to small and medium-sized businesses within the City limits of King City. The purpose of these grants is to offset the negative impacts of the Covid-19 Shelter in Place (SIP) orders, to assist these businesses with financial recovery, and to help businesses to operate more safely with fewer impacts from the pandemic in the future.

Technical assistance for businesses will be provided. All businesses that are initially selected will be notified by El Pajaro CDC via email and required to submit requested documents accordingly.

For questions or additional information regarding the Covid-19 Business Assistance Grant Program, please contact the following:

(831) 386-5929

Attn: Yolanda Cervantes, Covid-19 Community Assistance Coordinator 212 S. Vanderhurst Avenue King City, CA 93930

For questions about the application or assistance in completing the application or to set up a one-on-one consultation, please contact the El Pajaro CDC at:

(831) 722-1224

Attn: Isaac Rodriguez, Program Assistant 23 E Beach Street Watsonville, CA 95076

To access the full City of King Business Assistance Grant Program Guidelines Visit this Website <a href="https://www.elpajarocdc.org">www.kingcity.com</a> or <a href="https://www.elpajarocdc.org">www.kingcity.com</a>

Last Name:	
First Name:	
Title (Owner, Founder, General Manager, Parter etc.):	
If more than one owner, please list the owners (first and last name) below and their of ownership.	percentage
Phone Number:	
Email:	_
Race and Ethnicity of Business Owner(s) Please Select all that apply. (This is for da only):	ita collection
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian / Other Pacific Islander	
Other	
Business Name:	
Type of Business (ex. restaurant, retail, food):	
Business Address (full):	

Do you own or rent your business property?
Mailing Address (if different from Business Address):
When did you start to operate this business? (Initial business license date):
Covid-19 Impact ~
Please describe how Covid-19 shelter in place mandates impacted your business.
How will you use these funds to help your business?
The cost of Rent or Mortgage Payments
The cost of Utilities Retrofit of business to address impacts of Covid-19 Other:
Do you have 25 or fewer full-time employees?
Yes No
Was your business in operation prior to March 2020?
Yes No

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Have received any other Covid-19 business relief funding? These include but are not limited to the Payment Protection Program (PPP), Economic Injury Disaster Loan (EIDL), California Relief Fund, the County of Monterey, the State of California, or the City of King.
*This will be documented by a self-certification and notarized if selected for grant*
Yes
No
If yes, please explain.

End of Initial Application