



CITY OF WEST SACRAMENTO SMALL BUSINESS ACCELERATOR PROGRAM- *FOOD AND BEVERAGE FACILITY ENHANCEMENT PROGRAM*

The purpose of the City of West Sacramento (City) Small Business Accelerator Program (Program) is to help reduce barriers for small businesses by absorbing many start-up/improvement costs and create visible community improvements. This program encourages small businesses to invest in their business and make meaningful improvements that otherwise would be difficult financially.

Submit Completed Applications to Meaghan Stiles:

- **Email:** Meaghan Stiles at Meaghans@cityofwestsacramento.org
- **Mail:** 1110 West Capitol Ave West Sacramento, CA 95691
- **Deliver in Person to:** 825 Tower Bridge Gateway West Sacramento, CA 95691 (by appointment only)

This Program will offer one-time grants of up to \$15,000 through the City's Small Business Accelerator Program (Program) to offer financial assistance to food and beverage facilities located in the City who wish to make purchases associated with refreshing dining spaces, making technology upgrades, and making improvements to kitchen operations and equipment. Any business may receive funding from this category one time only and must meet one of the following categories: quick service dining, casual dining, fine dining, fast casual dining, brewery, or tasting room; and must be privately operated (no national brands or chains).

The business MUST be located within the City of West Sacramento. Please type or complete in ink, applications in pencil will be returned. Do not leave any blank spaces and answer "N/A" if a question does not apply to your business.

STEP ONE: Determine your eligibility. (All conditions must apply)

- Business is physically located within the City's jurisdictional limits.
- Business employees 15 or less full-time equivalent employees, including the owner.
- Business holds a current business license.
- Business is in good standing with the city and does not have existing violations of the West Sacramento Municipal Code.
- Business can provide documentation of annual revenues not exceeding \$3M.

STEP TWO: Submit the following documents:

- Completed Small Business Grant Program Application (this entire packet).
- Statement of intended use of grant funds.
- Summary of Costs: Business Expenses (Attachment A).
- Payroll reports, tax documents, or other official documents noting the number of staff employed by the business.
- Financial documents demonstrating the business has annual revenues of less than \$3M.
- Copy of current business license.
- Completed Form W-9 Request for Taxpayer Identification Number and Certification.

DISCLAIMER: The submittal of information herein does not guarantee any award of funding by the City or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City's verification of an applicant meeting the Program's eligibility requirements.

**CITY OF WEST SACRAMENTO SMALL BUSINESS
ACCELERATOR PROGRAM-
FOOD AND BEVERAGE FACILITY ENHANCEMENT
PROGRAM**

1. Applicant Information

Business Owner Name(s): _____

Mailing Address: _____

Email Address: _____

Business Name: _____

Location Address: _____

Business Phone: _____

Business Website: _____

IRS Tax ID/ EIN: _____

Business Open Date: _____

Business License No.: _____

2. Background Information

2.1. Is the business owner(s) or any individual owning 20% or more of the equity of the business subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction, or presently incarcerates, or on probation or parole?

No

Yes

2.2. Within the last 5 years, for any felony, has the business owner(s) 1) been convicted, 2) plead guilty, 3) pleaded nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

No Yes

2.3. Is the business owner(s) presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

No Yes, please describe:

2.4. Does the business owner(s) have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens?

No Yes, please describe:

2.5. Has the business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?

No Yes, please describe:

2.6. Are there any delinquent taxes (local, state, federal, etc.) or payments owed to municipal utilities (sewer, water) by the business owner(s)?

No Yes, please describe:

2.7. Are you compliant with all applicable local, state, and federal zoning, building, business licenses and permits, and other regulations regarding the operation of your business?

No Yes, please describe:

3. Financial Information

3.1. Does your business have annual revenues less than \$3M?

No Yes

3.2. Provide a description of your business, including the types of services and/or products you provide.

3.3. List your business category (e.g., quick service dining, casual dining, fine dining, fast casual dining, brewery, or tasting room).

3.4. List the number of staff your business directly employs:

Permanent Full-time: _____ Seasonal Full-time: _____

Permanent Part-time: _____ Seasonal Part-time: _____

4. Certification

By signing below, I certify that all the information I have provided in this application, including all applicable attachments, is true and correct to the best of my knowledge. I agree to notify the City promptly in writing upon any material change in the information provided herein. I understand that the City and its consultants reserve the right to request additional documentation to determine eligibility.

I make the following representations and acknowledge agreement to the following terms and conditions:

- I am the duly authorized representative of the applicant entity named below and can bind the entity to terms of this applicant and attachments.
- If I am granted Program funds, I will use the funds for the purposes stated in this application.
- In no event shall the City be financially responsible for any business expenses that exceed the approved grant funding amount, if approved.
- I bear full responsibility for any and all tax consequences related to my receipt of grant funds, if awarded, including, but not limited to, issuance of an IRS Form 1099 by the City.
- I understand that there is no agency, employment, joint venture, or other such relationship created by virtue of award of the grant, if granted. The City does not endorse the specific business.
- I agree to indemnify the City, its employees, and its consultants from and against any claim, injury, liability, loss, cost and/or expense or damage, including all costs and reasonable attorney’s fees, arising from or alleged to arise from the activity in which the business uses the awarded Program funds.
- I agree to comply with all applicable local, state, and federal regulations, including, but not limited to, business licenses and permits, zoning (e.g., signage), building, and other regulations regarding the operation of the business.
- I agree to comply with all equal employment opportunity laws and civil rights laws, and the provisions of the Americans with Disabilities Act (ADA). As a grant recipient, I must give equal consideration to all qualified job applicants and treatment of employees without regard to race, color, religion, sex, or national origin.

BUSINESS OWNER:

Name

Signature

Date

ADDITIONAL BUSINESS OWNER (if applicable):

Name

Signature

Date

ATTACHMENT A
Summary of Costs: Business Expenses

Grant funds are intended to assist with expenses associated with building or refreshing dining spaces, making technology upgrades, and making improvements to kitchen operations and equipment. Examples of eligible activities include:

- Indoor dining furniture
- Outdoor dining furniture
- IT system upgrades
- Outdoor patio improvements
- Outdoor cooling and/or heating systems
- Appliance upgrades
- Energy efficient switch outs

PLEASE INCLUDE QUOTES FOR REQUESTED EXPENSES IN THIS PACKET

Business Owner(s) Name(s): _____

Business Name: _____

Business Location Address: _____

Amount Being Requested: _____

Item / Expense	Cost
Total Requested Funding (\$15,000 max)	