



**CITY OF DIXON
COVID-19 SMALL BUSINESS SUPPORT PROGRAM APPLICATION**

Applicant Name: _____

Name of Business: _____

Business Phone: _____ Cell Phone: _____

Business Address: _____

Federal Employer Identification Number: _____

DUNS Number (see Attachment B) _____

Do you have an available line of credit? Yes No

Do you have any current tax liens? Yes No

Loan Amount Requested: _____

Applicants may request up to \$10,000 for each employee that they pledge to retain. Maximum loan amount is \$70,000. A minimum of 51% of the retained employees must be low/moderate income. If all employees are retained at the same or higher rate of pay for a minimum of 120 days after loan closing, the loan will be forgiven*

***The table below provides maximum incomes to qualify as low/moderate income**

Number of persons in household

1	2	3	4	5	6	7	8
51,800	59,200	66,600	73,950	79,900	85,800	91,700	97,650

Eligible uses of funds:

- Payroll and associated costs
- Operating expenses such as lease payments, insurance, utilities and replacement of inventory
- Working capital
- Furniture, Fixtures and Equipment (FF&E)
- Capital improvements associated with required COVID modifications (e.g. no touch entry, drive-through, etc.)
- Pay off high interest credit card debt for verified business expenses (no personal debt)

Details of Business Hardship: Describe the impacts of the COVID-19 pandemic on your business revenues, including a calculation of the reduction from one year prior. Discuss how this loan will allow you remain in business and to retain your employees

Number of employees documented on last previous quarter's payroll records:

Number of full time employees _____

Number of part time employees _____

Total Number of hours worked by part-time employees during last previous quarter _____

Proposed Retained FTE's for the purpose of loan request: _____

Employers are asked to identify how many FTE's they propose for the purpose of this loan. For example, if an employer has 20 FTE's, they may choose to designate a smaller number for retention. Loan requests are limited to a maximum of \$10,000 per FTE retained, with a total loan cap of \$70,000.

If the proposed number of FTE's are retained throughout and at the end of the forgiveness period of 120 days after loan closing, the loan will be forgiven. All full-time employees count as one FTE. Any part-time employees will have their average weekly hours worked added together and computed into FTE's. For example, two part-time employees who work 20 hours each will equate to one FTE.

Please describe your employment retention goals and reasoning to support that number

Provide a narrative describing how you intend to use these loan funds. Please provide expense estimates for each category of use. You will be required to submit records documenting your use on eligible expenses prior to loan forgiveness.

Have you received funding from any source that was specifically for the purpose of addressing the impacts of COVID-19?

Yes No

Source of funding _____

Amount _____ Use of funds _____

Please attach:

- A current balance sheet and profit and loss statement
- A balance sheet and profit and loss statement from twelve months earlier to this application
- Payroll records for the last previous quarter
- Completed Authorization for Credit Report (Attachment A)

I certify that the information provided in this application is accurate. I agree to comply with the program guidelines, and provide additional information related to my application upon request by the City of Dixon. I understand that loans will be approved contingent upon the City receiving committed funds from

the California Department of Housing and Community Development.

Applicant Signature

Date

Applicant Name Printed

This area for staff use only

Loan amount approved _____ Application denied _____

Reason for denial _____

Employee retention goal met _____ Retention goal partially met _____

Retention goal not met _____ Amount of repayment due _____

ATTACHMENT A

AUTHORIZATION AND RELEASE FOR CREDIT REPORT

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan.**

PLEASE PRINT THE BELOW INFORMATION NEATLY

Applicant

Spouse/Partner

Name: _____
(Full name including Jr., Sr., etc.)

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

SSN#: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Previous Address: _____

Previous Address: _____

City, State, Zip: _____

City, State, Zip: _____

Signature

Signature

ATTACHMENT B

How to Get a DUNS

Please follow the below steps and read the attached document to assist you with your new D-U-N-S Number request:

1. Click or copy the following link to your browser <http://fedgov.dnb.com/webform>
2. Click on "Begin D-U-N-S Search / Request Process" at the top of the left hand tool bar
3. In the "Search" screen select "United States of America" (It will be at the top of the list) from the drop down list and click "Continue"
4. In the "iUpdate – Webform Page" click on "Continue to iUpdate" arrow at the bottom of the screen
5. In iUpdate, locate the center box titled "Find DUNS or Request new DUNS" and click on the "Start Now" button
6. Read the attachment "Step-by-Step Process for Customers" document. This will assist you in the process.
7. You must first make sure we do not already have your company on file. In the "Company Look-up" screen, please enter your Business Name, City and State and click the "Search" button.
 - A. Utilize the attached "Step-by-Step Process for Customers" document to assist you through the process
8. If you do not locate your company, click on the "Request a D-U-N-S Number" arrow at the bottom of the screen
9. You will now be in the New D-U-N-S Registration Process. Two **IMPORTANT NOTES**
 - A. This **PERSONAL** information is required at this step to validate your **PERSONAL** identity and eliminate fraudulent activity. **Do not** enter your **company address** as your registration will **fail**.
 - B. Please ensure you see the ReCaptcha box at the bottom of the screen (see below screen shot) If you do not have the ReCaptcha box, you will need to return to Step 8. When you get the box "Do you want to view only the webpage content that was delivered securely?" Click the "No" button.



10. Now complete the process.
11. Once you have completed the entire process, you will receive a confirmation email. It will take **24 to 48 hours to receive your D-U-N-S Number**, which you will receive via email for your records.