



MICROENTERPRISE COVID-19 RELIEF GRANT PROGRAM

Program Summary

With the help of a grant from the Office of Small Business Advocate (OSBA) in the Governor’s Office of Business Development (GoBiz), Mariposa County is pleased to administer a Covid-19 relief grant program available to support microenterprise businesses and non-profit organizations (5 employees or less) that have been impacted by the novel coronavirus pandemic.

Determining Loss Recovery & Program Information

Eligible Expenses	Net losses (e.g. \$10,000 in 2020/2021 net revenue, including aid received, compared with \$40,000 for the same period in 2019/2020 would be a \$30,000 loss)
Basic Documentation Requirements	Requires total revenue and expense numbers for March-December in 2020/21 and 2019. Must include documentation of any aid or grants received. Documentation confirming microenterprise status (5 employees or less) or non-profit status is required.
Total Available Funding	\$22,000 available
Funding Source	Office of the Small Business Advocate (OSBA)/GoBiz
Disbursement	Paid in One \$2500 payment
Other Information/program requirements	ORGANIZATIONEs which opened in 2020 are still eligible for funding – see section on revenue and expense information request for guidance on how to best answer the question on comparables. Revenue must be less than \$50,000.
COVID Compliance	Requires ongoing compliance with current COVID mitigation guidelines
Availability	Available to for-profit microenterprise and non-profit organizations with five (5) or fewer employees

Mariposa County Microenterprise Grant Application

Administrative Data

Organization Name: _____

Address: _____ (street address)

_____ (city), CA _____ (zip code)

Contact Name: _____ (first) _____ (last)

Phone: (_____) _____ - _____

Email: _____

Please describe the organization and the products/services that provided in Mariposa County:

How many employees does the organization employ? _____

Impacts

Please describe the financial and operational impacts of COVID-19 to the organization:

When did the impact start and what is the estimated end date (use current date if ongoing)?

From: _____ To: _____

What were the organization's revenues during the affected period of 2020/2021? _____

List the total of aid (grants, loans, etc.) received during this period: _____

Total Revenues (Add the previous two lines): _____

Organization revenues during the same period of 2019/2020 _____

Organization expenses during the affected period of 2020/2021? _____

Organization expenses during the same period of 2019/2020? _____

**If comparable data can not be provided because the organization began in the fall of 2019 or later, a combination of projected data, pre-COVID revenues and expenses, and data from comparable organizations in Mariposa County may be used to establish estimates. Please contact Tara Schiff for more information.

Please describe how the \$2,500 grant funds will be used:

Eligibility

Has the organization received any other forms of financial assistance? If so, how much and what type of financial assistance was received (i.e. PPP, EIDL, Mariposa County Business Relief Grant, personal loan, insurance proceeds, other)? Financial assistance MUST be calculated into 2020/21 net revenue loss.

Does the organization or the applicant have any outstanding judgments, tax liens, or pending lawsuits against them?

YES

NO

Is the applicant currently suspended or debarred from contracting with the Federal Government?

YES

NO

Is the organization in compliance with all Federal, State, and Local Laws?

YES

NO

Is the organization in compliance with current Public Health Officer orders outlining safety measures to mitigate the spread of COVID19?

YES

NO

Is the total annual revenue of the organization more than \$50,000?

YES

NO

Demographic Information

What is the gender of the business owner?

- Male
- Female
- Gender Nonbinary
- Other

What is the ethnicity of the business owner?

- White
- Hispanic
- African American
- Asian
- Pacific Islander
- Native American
- Other

Is the business owner a veteran?

- YES
- NO

Certification

By my signature below, I have read and understand the Microenterprise COVID-19 Relief Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the authorized County representative below, this application becomes a binding contract between the entity named above and Mariposa County.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this agreement.
- In no event shall the County’s financial responsibility exceed the approved amount set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the County.
- Applicant shall defend and indemnify the County and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage from activities reimbursed under this program.
- The representations made by applicant in this application are material terms of the agreement. The County may cancel this agreement at any time upon discovery that any of the information set forth above is inaccurate, or that any terms set forth above have been violated.

Applicant Signature: _____ Date: _____