

(修訂日期2021年09月13日)



這些項目由加州政府資助並由CalOSBA進行管理。

項目概述 及申請指南

加州小型企業**COVID-19**救濟資助項目
非營利性文化機構項目



簡介

該資金用於兩（2）個項目：

1. 「加州小型企業COVID-19救濟資助項目」（「項目1」）將對已經或即將申請當前「加州小型企業COVID-19救濟資助項目」的加州小型企業提供支持。

2. 「非營利性文化機構項目」（「項目2」）將對加州符合條件的非營利性文化機構提供支持；這些機構是已註冊501（c）（3）的非營利單位，滿足項目1下合格小型企業的標準（對年度總收入沒有限制），且屬於本指南第8頁中所確定的NAICS代碼之壹。

	第7輪	第8輪	第9輪
項目	項目1	項目2	項目1
開放申請日期	2021年8月03日	2021年8月27日	2021年9月09日
截止申請日期	2021年9月16日	2021年9月30日	2021年9月30日
符合條件的申請者	僅限候補申請者 本輪為封閉式申請，僅適用於前幾輪申請中位列候補名單的合格申請者—僅現有申請者方可入選。	僅限非營利性文化機構 只限於符合資格標準的非營利性文化機構（任何收入規模均可）。	適用於營利性企業和非營利性機構 <ol style="list-style-type: none"> 1. 前幾輪申請中未入選但目前位列候補名單的小型企業以及（或者）非營利性機構（無需重新申請） 2. 符合資格標準的新申請者（新申請者需要在網站進行申請）
是否接受新申請？	不接受	接受	接受

定義

「符合條件的小型企業」是指符合以下所有標準的企業或非營利性機構；對其收入降低、所獲其他救濟資助、信用記錄、納稅申報和銀行賬戶驗證進行審核後，由審核辦公室或財政機構進行確認：

- 屬於以下任壹企業類型：
 - 獨資企業、獨立承包商、1099型雇員企業、C型公司、S型公司、合作型企業、有限責任公司、合作夥伴型或有限合作夥伴型企業，年度總收入不超過二百五十萬美元（\$2,500,000），但2019年納稅年度的總收入不少於壹千美元（\$1,000）。
 - 已註冊501（c）（3）、501（c）（6）或501（c）（19）的非營利單位，年度總收入不超過二百五十萬美元（\$2,500,000），但2019年納稅年度的總收入不少於壹千美元（\$1,000）。
- 2019年6月1日之前開始營業。
- 目前正在有效運營或者有明確重新開業計劃（州政府允許重新開業時）的企業。

- 受到COVID-19及相關健康安全限制影響的企業（例如因COVID-19疫情大流行而導致業務中斷或業務關閉）。
- 請提供機構相關文件（包括2019年納稅申報表或990-表）以及向州務卿或當地市政當局提交的正式文件副本（如適用；包括但不限於公司章程、機構證書、虛名註冊證書或者政府頒發的營業執照）。
- 請提供壹份認可的政府頒發的帶照片身份證明。
- 屬於集團中收入最高的實體、經營點或特許經營。

符合資格的小型企業必須擁有壹個實際地址並在加州經營業務，可通過所提交的營業稅申報表加以驗證。如果營業稅申報表中未提及加州地址，則被視為不合格。

定義

「符合條件的非營利性文化機構」是指符合以下條件的已註冊 501 (c) (3) 的非營利單位；滿足「符合條件的小型企業」要求，但對年度總收入沒有限制，且符合以下任壹「北美行業分類系統代碼」：

- 453920 - 藝術品經銷商；
- 711110 - 劇院公司和晚宴劇院；
- 711120 - 舞蹈公司；
- 711130 - 音樂團體和藝術家；
- 711190 - 其他表演藝術公司；
- 711310 - 擁有相關設施的表演藝術、體育和類似活動的贊助商；
- 711320 - 沒有相關設施的表演藝術、體育和類似活動的贊助商；
- 711410 - 藝術家、運動員、娛樂人員和其他公眾人物的代理人
和經理人；
- 711510 - 獨立藝術家、作家和表演者；
- 712110 - 博物館；
- 712120 - 歷史遺跡；
- 712130 - 動物園和植物園；或者
- 712190 - 自然公園和其他類似機構

定義

- 「**弱勢人群的小型企業集團**」是指由女性、少數族裔（有色人種）、退伍軍人擁有的企業（大部分業務（至少**51%**）由上述群體人員擁有且每日經營的企業，以及在中低收入社區（**LMI**）和農村社區經營的企業）。
- 「**底層社區**」是指由社會經濟指標跟蹤的社區；這些指標可能包括但不限於中低收入、貧困率、失業率、教育程度以及其他限制資本和其他資源獲取的不利因素。
- 「**中低收入（LMI）社區**」指任何人口普查數據中（或者人口普查局定義的同等地理區域），至少有**50%**的家庭其收入低於「地區總收入中位數」（**AMGI**）的**60%**，或者社區貧困率不低於**25%**。

資金支出結構

根據年度總收入，Lendistry將提供三種資助金額：

符合條件的企業總收入 (2019年納稅年)	每個企業的 可用資助金額
年度總收入 \$1,000至\$100,000	資助金額 \$5,000
年度總收入超過 \$100,000，低於\$1,000,000	資助金額 \$15,000
年度總收入超過\$1,000,000,低於\$2,500,000	資助金額 \$25,000

不符合條件的企業

- 在加州沒有實際辦公地點的企業
- 未註冊501（c）（3）、501（c）（6）或501（c）（19）的非營利性企業
- 政府實體（除外美洲原住民部落）或者民選官方辦事處
- 主要從事政治或遊說活動的企業（無論此類實體是否符合501（c）（3）、501（c）（6）或501（c）（19）標準）
- 銀行受信企業、投資公司以及個人納稅申報表上提交附表-E的投資者
- 教堂及其他宗教機構（無論此類實體是否符合501（c）（3）、501（c）（6）或501（c）（19）標準），除外附屬於以下企業的學校、兒童保育或其他教育機構（i）50%以上的年度總收入來自於學校、兒童保育機構或教育機構；以及（ii）資金僅用於與學校、兒童保育或其他教育機構直接相關的合適成本和費用，且不會將任何資金用於教堂或其他宗教機構的任何正常利潤或開銷
- 主要從事借貸業務的金融機構（例如銀行、財務公司和保理公司等）
- 從事任何聯邦、州或地方法律所規定的非法活動的企業

不符合條件的企業

- 從事淫蕩性行為業務的企業，包括現場表演淫穢性行為的企業，以及通過銷售淫穢產品或服務，或者描繪或展示任何性行為所獲得的直接或間接總收入超過最低限度的企業
- 從事任何社會不良活動或者可能被視為掠奪性活動（例如經營先租後買業務和支票兌現業務）的企業
- 除最多容納人數限制外，因任何原因限制顧客光顧的企業
- 經營投機性生意的企業
- 「附屬」公司（該術語在13 C.F.R. § 121.103 中進行定義）
- 擁有多個業務實體、特許經營、經營網點的企業沒有資格獲得多項資助，且只允許其通過收入最高的符合條件的小型企業申請壹次
- 擁有超過**10%**股權的任何企業所有者存在以下情況（i）過去三年內被定罪或者有針對該所有者的民事判決，又或者因實施與獲取、試圖獲取或執行公共（聯邦、州或地方）交易或公共交易合同相關的欺詐或刑事犯罪而已經開始接受任何形式的假釋或緩刑（包括判決前的緩刑）裁決；違反聯邦或州的反壟斷或採購法規，或者貪汙、盜竊、偽造、賄賂、歪曲或破壞記錄，作出虛假陳述或接收被盜財產；或者（ii）因犯有上文第（i）項所列的任何罪行而正在被起訴或者以其他方式接受政府實體（聯邦、州或地方）刑事或民事指控



項目1： 第7輪

第7輪：概述

- 本輪為封閉式申請，僅適用於前幾輪申請中列於候補名單的合格申請者—**僅現有申請者方可入選**。
 - 我們並未設立申請門戶網站—符合條件的申請者無需重新申請。
 - 本輪不接受新的申請。
- 我們將對符合條件的申請者進行選擇，之後進入確認和驗證審核程序。我們不能確報入選者被批准或得到資助。
- Lendistry內部團隊成員委員會將根據項目優先因素（包括遵循“加州更安全經濟藍圖”而實施的COVID健康安全限制、地方縣狀況以及新頒布的“區域居家令”；請查詢網站<https://covid19.ca.gov/safer-economy/>）對所創建的評分卡和地理分布進行確認。
- 符合條件的申請者審批程序將分為兩（2）個階段：
 - 階段1：申請者上傳所選財務文件、身份證明文件以及與提交資訊準確性和真實性有關的企業證明。
 - 階段2：獲得資助批准的申請者需要提供額外文件，以便撥款。
- Lendistry將代表加州政府向獲得資助批准的合格企業和非營利機構撥款。
- Lendistry將向獲得資助者發放相應的稅表。

第7輪：所需文件

處於階段1的所有申請者需要提供以下資訊：

1. 已簽署的申請認證副本。
2. 最新提交的完整的聯邦納稅申報表（2019年）—僅以PDF格式提供。
3. 以PDF格式提供壹種被認可的政府頒發的帶照片身份證明。
4. 被認可的最低年度總收入超過1,000美元的憑證。

確定企業符合資助條件的其他要求

入選獲得資助後，申請者需要提供以下所列的額外文件，並對所提供資訊的準確性進行再度確認。

處於階段2的所有申請者需要提供以下資訊：

1. 相關機構文件（包括2019年納稅申報表或990s-表）；或者向州務卿（必須為現任）或當地市政當局提交的企業正式文件副本（如適用），例如必須以PDF格式提供以下任壹文件副本：
 - 公司章程
 - 機構證書
 - 虛擬註冊名稱
 - 政府頒發的營業執照（非虛名獨資經營者）
2. 最新IRS免稅信函副本（符合條件的非營利單位申請者）。
3. 通過電子註冊或其他已認證審查程序獲得的銀行賬戶驗證文件。

第7輪：項目優先順序

在州和聯邦平等保護法允許範圍內，我們將根據以下標準制定優先順序：

1. 基於遵循“加州更安全經濟藍圖”而實施的COVID-19健康安全限制、地方縣狀況以及新頒布的“區域居家令”所形成的地理分布。
2. 受疫情大流行影響最嚴重的行業，包括但不限於“北美行業分類系統”中以下列代碼開頭的行業：
 - 61 – 教育服務
 - 71 – 藝術、娛樂和休閒。
 - 72 - 住宿和餐飲服務。
 - 315 - 服裝製造。
 - 448 - 服裝和服飾店。
 - 451 - 體育用品、愛好、樂器和書店。
 - 485 - 公交和地面客運。
 - 487 - 旅遊觀光交通。
 - 512 - 電影和錄音行業。
 - 812 – 個人和洗衣服務。
 - 5111 – 報紙、期刊、書籍和目錄出版物

3. 受疫情大流行影響最嚴重的非營利性宣教服務，包括但不限於緊急食品供應、緊急住房穩度、兒童保育以及勞動力開發。
4. 由社會經濟指標跟蹤的底層社區；這些指標可能包括但不限於中低收入、貧困率、失業率、教育程度以及其他限制資本和其他資源獲取的不利因素。

第7輪：符合條件的資金用途

僅用於因COVID-19疫情大流行及相關健康安全限制而產生的費用（例如因COVID-19疫情大流行而導致的業務中斷或業務關閉）。以下是符合條件的資金用途：

- 所有雇員的相關費用，包括工資、醫療福利、帶薪病假、醫療休假或家庭休假，以及保險費
- 2020年3月1日之前產生的營運資本和開銷（包括租金、水電費、抵押貸款本金和利息，但不包括抵押預付款）以及債務（包括本金和利息）（例如為成為符合資助條件的債務，相關貸款協議、本票等（如適用）必須在2020年3月1日之前簽訂）

- 與重新開放業務運營有關的成本（因州政府強制執行COVID-19健康安全限制和關閉業務而導致的完全或部分性業務關閉）
- 遵守聯邦、州或地方性COVID-19指南、按安全規定重新開放業務的相關成本（包括但不限於相關設備、有機玻璃隔屏、戶外用餐設備、PPE用品、檢測和員工培訓費用）
- 與COVID-19有關的任何其他費用（同壹時期內未獲得聯邦、州、縣或市項目提供的任何資金、可免除貸款或者其他救濟金）
- 與COVID-19有關的任何其他成本（不包括用於州政府支付Medicaid份額的人力資源費用、員工獎金、遣散費、稅費、法律和解費、個人費用或者與COVID-19影響無關的其他費用、已由保險公司支付的損壞修復，或者為物品或服務捐贈者提供的補償費）

第7輪：不符合條件的資金用途

- 用於州政府支付Medicaid份額的人力資源費用；
- 員工獎金或遣散費；
- 稅費；
- 法律和解費；
- 個人費用或者與COVID-19影響無關的其他費用；
- 已由保險公司支付的損壞修復費用；
- 為物品或服務捐贈者提供的補償費。



項目2： 第8輪

第8輪：概述

- 本輪僅適用於**符合條件的非營利性文化機構**（參見定義）。
- 本程序並不遵循「先來後到」的原則。
- 本輪供申請者使用的申請門戶網站將於**2021年8月27日**開放，並於**2021年9月30日**關閉（也提供多個合作夥伴門戶）。
- 本申請將考慮個人和企業人口數據以及相關披露/證明，以確定“加州小型企業COVID-19救濟補助項目”的特定資格和資金合格用途。
- 符合條件的非營利性文化機構必須**完成新申請**，即使其已申請了**第1、2、5或6輪**的COVID-19救濟補助項目。
- 已申請**第4輪**資助的非營利性文化機構無需重新申請。
- 只有在之前任何輪次中沒有獲得資金的非營利性文化機構方可獲得資助。
- 收到申請後，Lendistry將進行資格審核程序。我們將根據所記錄的收入下降百分比對資金進行分配（以**2020年**第二季度和第三季度與**2019年**第二季度和第三季度比較的申報周期為準）
- Lendistry將代表加州政府向獲得資助批准的合格企業和非營利機構撥款。
- Lendistry將向獲得資助者發放相應的稅表。

第8輪：概述

- Lendistry內部團隊成員委員會將根據項目優先因素（包括遵循「加州更安全經濟藍圖」而實施的COVID健康安全限制、地方縣狀況以及新頒布的「區域居家令」；請查詢網站<https://covid19.ca.gov/safer-economy/>）對所創建的評分卡和地理分布進行確認。
- 如果滿足優先標準的小型企業和非營利性機構資金需求超過可用資金，則將優先因素進行評估。
- 符合條件的申請者審批程序將分為兩（2）個階段：
 - 階段1：申請者上傳所選財務文件、身份證明文件以及與提交資訊準確性和真實性有關的企業證明。
 - 階段2：獲得資助批準的申請者需要提供額外文件，以便撥款。
- Lendistry將代表加州政府向獲得資助批準的合格企業和非營利機構撥款。
- Lendistry將向獲得資助者發放相應的稅表。

第8輪：所需文件

處於階段1的所有申請者需要提供以下資訊：

1. 已簽署的申請認證副本。
2. 最新提交的完整的聯邦納稅申報表（2019年）—僅以PDF格式提供。
3. 以PDF格式提供壹種被認可的政府頒發的帶照片身份證明。
4. 被認可的最低年度總收入超過1,000美元的憑證。

確定企業符合資助條件的其他要求

入選獲得資助後，申請者需要提供以下所列的額外文件，並對所提供資訊的準確性進行再度確認。

處於階段2的所有申請者需要提供以下資訊：

1. 相關機構文件（包括2019年納稅申報表或990s-表）；或者向州務卿（必須為現任）或當地市政當局提交的企業正式文件副本（如適用），例如必須以PDF格式提供以下任壹文件副本：
 - 公司章程
 - 機構證書
 - 虛擬註冊名稱
 - 政府頒發的營業執照（非虛名獨資經營者）
2. 最新IRS免稅信函副本（符合條件的非營利單位申請者）。
3. 通過電子註冊或其他已認證審查程序獲得的銀行賬戶驗證文件。

第8輪：符合條件的資金用途

僅用於因COVID-19疫情大流行及相關健康安全限制而產生的費用（例如因COVID-19疫情大流行而導致的業務中斷或業務關閉）。以下是符合條件的資金用途：

- 所有雇員的相關費用，包括工資、醫療福利、帶薪病假、醫療休假或家庭休假，以及保險費
- 2020年3月1日之前產生的營運資本和開銷（包括租金、水電費、抵押貸款本金和利息，但不包括抵押預付款）以及債務（包括本金和利息）（例如為成為符合資助條件的債務，相關貸款協議、本票等（如適用）必須在2020年3月1日之前簽訂）

- 與重新開放業務運營有關的成本（因州政府強制執行COVID-19健康安全限制和關閉業務而導致的完全或部分性業務關閉）
- 遵守聯邦、州或地方性COVID-19指南、按安全規定重新開放業務的相關成本（包括但不限於相關設備、有機玻璃隔屏、戶外用餐設備、PPE用品、檢測和員工培訓費用）
- 與COVID-19有關的任何其他費用（同壹時期內未獲得聯邦、州、縣或市項目提供的任何資金、可免除貸款或者其他救濟金）
- 與COVID-19有關的任何其他成本（不包括用於州政府支付Medicaid份額的人力資源費用、員工獎金、遣散費、稅費、法律和解費、個人費用或者與COVID-19影響無關的其他費用、已由保險公司支付的損壞修復，或者為物品或服務捐贈者提供的補償費）

第8輪：不符合條件的資金用途

- 用於州政府支付Medicaid份額的人力資源費用；
- 員工獎金或遣散費；
- 稅費；
- 法律和解費；
- 個人費用或者與COVID-19影響無關的其他費用；
- 已由保險公司支付的損壞修復費用；
- 為物品或服務捐贈者提供的補償費。



項目1： 第9輪

第9輪：概述

- 本輪適用於：
 1. 當前位列候補名單的小型企業和（或）非營利性機構。這些申請者無需重新申請。
 2. 前幾輪申請（第1、2、3、5、6或7輪）中未入選但位列候補名單的小型企業和（或）非營利性機構。這些申請者無需重新申請。
 3. 滿足「**符合條件的小型企業**」或者「**符合條件的非營利性文化機構**」定義的新申請者（參見定義）。新申請者需要在「CAREliefGrant.com」網站上進行申請
- 本程序並不遵循「先來後到」的原則。
- 供新申請者使用的申請門戶網站將於**2021年9月09日**開放，並於**2021年9月30日**關閉（也提供多個合作夥伴門戶網站）。
- 本申請將考慮個人和企業人口數據以及相關披露/證明，以確定「加州小型企業**COVID-19**救濟補助項目」的特定資格和資金合格用途。
- **Lendistry**內部團隊成員委員會將根據項目優先因素（包括遵循「加州更安全經濟藍圖」而實施的**COVID**健康安全限制、地方縣狀況以及新頒布的「區域居家令」；請查詢網站<https://covid19.ca.gov/safer-economy/>）對所創建的評分卡和地理分布進行確認。
- 如果滿足優先標準的小型企業和非營利性機構資金需求超過可用資金，則將優先因素進行評估。

第9輪：概述

- 符合條件的申請者審批程序將分為兩（2）個階段：
 - 階段1：申請者上傳所選財務文件、身份證明文件以及與提交資訊準確性和真實性有關的企業證明。
 - 階段2：獲得資助批准的申請者需要提供額外文件，以便撥款。
- Lendistry將代表加州政府向獲得資助批准的合格企業和非營利機構撥款。
- Lendistry將向獲得資助者發放相應的稅表。

第9輪：所需文件

處於階段1的所有申請者需要提供以下資訊：

1. 已簽署的申請認證副本。
2. 最新提交的完整的聯邦納稅申報表（2019年）—僅以PDF格式提供。
3. 以PDF格式提供壹種被認可的政府頒發的帶照片身份證明。
4. 被認可的最低年度總收入超過1,000美元的憑證。

確定企業符合資助條件的其他要求

入選獲得資助後，申請者需要提供以下所列的額外文件，並對所提供資訊的準確性進行再度確認。

處於階段2的所有申請者需要提供以下資訊：

1. 相關機構文件（包括2019年納稅申報表或990s-表）；或者向州務卿（必須為現任）或當地市政當局提交的企業正式文件副本（如適用），例如必須以PDF格式提供以下任壹文件副本：
 - 公司章程
 - 機構證書
 - 虛擬註冊名稱
 - 政府頒發的營業執照（非虛名獨資經營者）
2. 最新IRS免稅信函副本（符合條件的非營利單位申請者）。
3. 通過電子註冊或其他已認證審查程序獲得的銀行賬戶驗證文件。

第9輪：項目優先順序

在州和聯邦平等保護法允許範圍內，我們將根據以下標準制定優先順序：

1. 基於遵循“加州更安全經濟藍圖”而實施的COVID-19健康安全限制、地方縣狀況以及新頒布的“區域居家令”所形成的地理分布。
2. 受疫情大流行影響最嚴重的行業，包括但不限於“北美行業分類系統”中以下列代碼開頭的行業：
 - 61 – 教育服務
 - 71 – 藝術、娛樂和休閒。
 - 72 - 住宿和餐飲服務。
 - 315 - 服裝製造。
 - 448 - 服裝和服飾店。
 - 451 - 體育用品、愛好、樂器和書店。
 - 485 - 公交和地面客運。
 - 487 - 旅遊觀光交通。
 - 512 - 電影和錄音行業。
 - 812 – 個人和洗衣服務。
 - 5111 – 報紙、期刊、書籍和目錄出版物

3. 受疫情大流行影響最嚴重的非營利性宣教服務，包括但不限於緊急食品供應、緊急住房穩度、兒童保育以及勞動力開發。
4. 由社會經濟指標跟蹤的底層社區；這些指標可能包括但不限於中低收入、貧困率、失業率、教育程度以及其他限制資本和其他資源獲取的不利因素。

第9輪：符合條件的資金用途

僅用於因COVID-19疫情大流行及相關健康安全限制而產生的費用（例如因COVID-19疫情大流行而導致的業務中斷或業務關閉）。以下是符合條件的資金用途：

- 所有雇員的相關費用，包括工資、醫療福利、帶薪病假、醫療休假或家庭休假，以及保險費
- 2020年3月1日之前產生的營運資本和開銷（包括租金、水電費、抵押貸款本金和利息，但不包括抵押預付款）以及債務（包括本金和利息）（例如為成為符合資助條件的債務，相關貸款協議、本票等（如適用）必須在2020年3月1日之前簽訂）

- 與重新開放業務運營有關的成本（因州政府強制執行COVID-19健康安全限制和關閉業務而導致的完全或部分性業務關閉）
- 遵守聯邦、州或地方性COVID-19指南、按安全規定重新開放業務的相關成本（包括但不限於相關設備、有機玻璃隔屏、戶外用餐設備、PPE用品、檢測和員工培訓費用）
- 與COVID-19有關的任何其他費用（同壹時期內未獲得聯邦、州、縣或市項目提供的任何資金、可免除貸款或者其他救濟金）
- 與COVID-19有關的任何其他成本（不包括用於州政府支付Medicaid份額的人力資源費用、員工獎金、遣散費、稅費、法律和解費、個人費用或者與COVID-19影響無關的其他費用、已由保險公司支付的損壞修復，或者為物品或服務捐贈者提供的補償費）

第9輪：不符合條件的資金用途

- 用於州政府支付Medicaid份額的人力資源費用；
- 員工獎金或遣散費；
- 稅費；
- 法律和解費；
- 個人費用或者與COVID-19影響無關的其他費用；
- 已由保險公司支付的損壞修復費用；
- 為物品或服務捐贈者提供的補償費。



申請認證

如何下載和填寫表格

申請認證

作為申請程序的壹部分，您需要簽署「申請認證表」，對相關資訊的準確性進行自我認證。

您可以下載並填寫電子形式的「申請認證表」。您需要在申請程序中「上傳文件」部分提交已簽字的“申請認證表”。


請使用以下鏈接查看企業的「申請認證」。

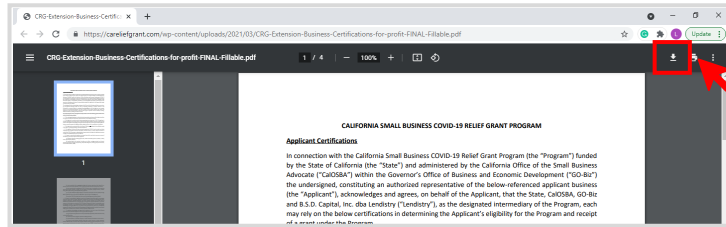
營利性企業 | [點擊此處下載](#)

非營利性機構 | [點擊此處下載](#)

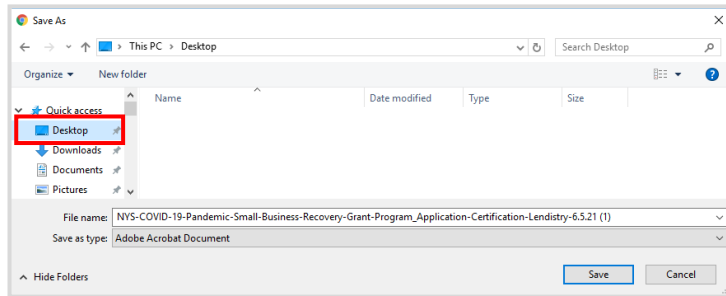
非營利性文化機構 | [點擊此處下載](#)

如何填寫電子表格

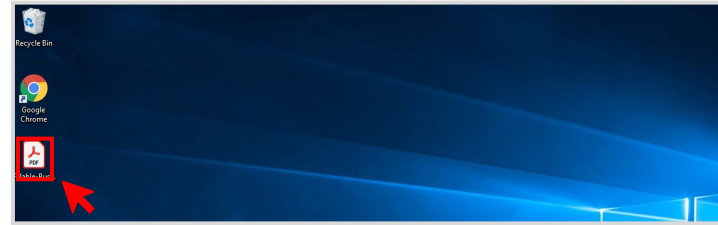
步驟1：點擊  圖標，在計算機上下載「申請認證表」。



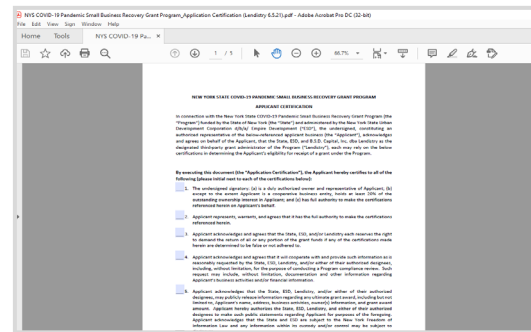
步驟2：將認證表保存到計算機桌面。



步驟3：轉到計算機桌面，找到「申請認證表」並打開文件。



步驟4：「申請認證表」將按PDF文件格式打開。在所有編號項目旁輸入您的姓名首字母，然後在第5頁上輸入您的簽名和企業資訊完成「申請認證表」。

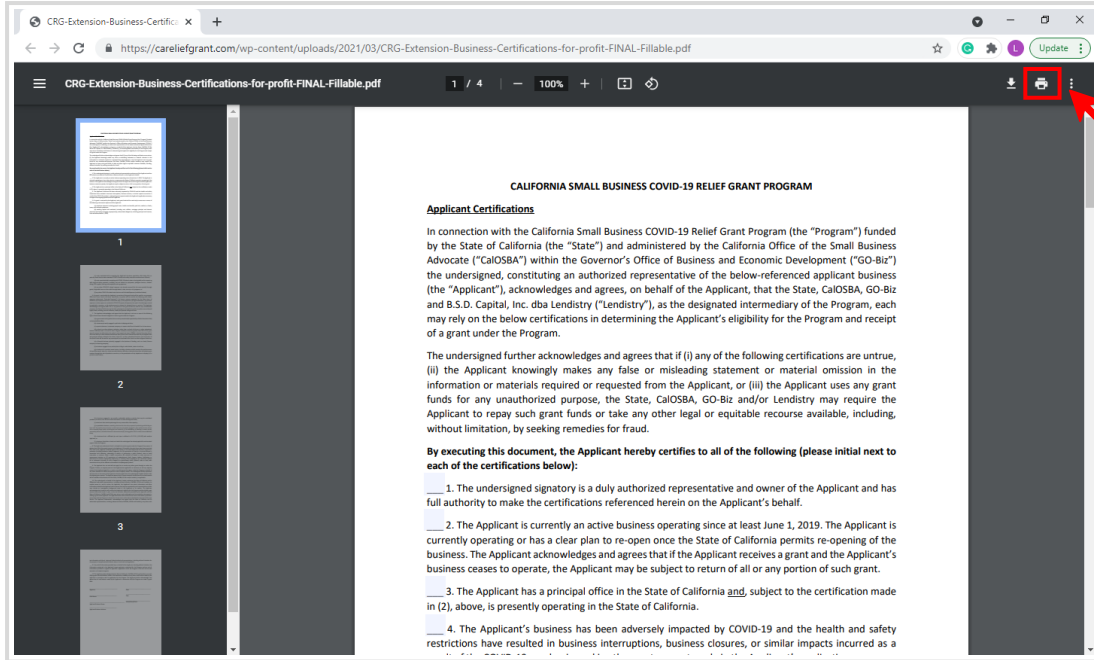


步驟5：轉到「文件」>「保存」或者使用鍵盤上的「CTRL+S」保存完全生效的「申請認證表」。

步驟6：將填寫完成的「申請認證表」上傳到門戶網站。

如何手工填寫表格

步驟1：點擊打印機圖標打印「申請認證表」。



步驟2：使用深色鋼筆，筆跡清晰地填寫「申請認證表」。

步驟3：掃描填寫完成「申請認證表」，並上傳到門戶網站。

點擊[此處](#)下載。

CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Applicant Certifications

In connection with the California Small Business COVID-19 Relief Grant Program (the "Program") funded by the State of California (the "State") and administered by the California Office of the Small Business Advocate ("CalOSBA") within the Governor's Office of Business and Economic Development ("GO-Biz") the undersigned, constituting an authorized representative of the below-referenced applicant business (the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry ("Lendistry"), as the designated intermediary of the Program, each may rely on the below certifications in determining the Applicant's eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory is a duly authorized representative and owner of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.

___ 2. The Applicant is currently an active business operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the business. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's business ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

___ 3. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

___ 4. The Applicant's business has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

___ 5. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

(a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

(b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

(c) costs associated with re-opening the Applicant's business operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

(d) costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including, but not limited to, equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

(e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

(f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

___ 6. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (5) above. Specifically, no portion will be used for the following costs and/or expenses (collectively, "Excluded Expenses"): (a) human resource expenses for the State share of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance; or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other owner thereof legally liable, including, but not limited to, liability for possible charges of fraud.

___ 7. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of businesses deemed ineligible to receive a grant under the Program:

(a) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official office;

(b) a business primarily engaged in political or lobbying activities;

(c) a passive business, investment company or investor who files a Schedule E on its tax returns;

(d) a church or other religious institution, other than a school, child care, or other educational business affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax return (2019)) is derived from the school, child care facility or other educational business and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational business, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

(e) a financial business primarily engaged in the business of lending, such as a bank, finance company or factoring company;

(f) a business engaged in any activity that is illegal under federal, state or local law;

(g) a business of a prurient sexual nature, including a business which presents live performances of a prurient sexual nature or a business which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

(h) a business engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

(i) a business that restricts patronage for any reason other than capacity;

(j) a speculative business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcatting, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields;

(k) a business that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

(l) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

___ 8. The Applicant understands that it is ineligible to receive a grant under the Program if any owner of greater than 10% of the equity interest in the Applicant: (i) has within the prior three-years been convicted of or had a civil judgment rendered against such owner, or has had commenced any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (B) violation of federal or state anti-trust or procurement statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (i) above.

___ 9. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no majority owner of the Applicant has applied for or received, nor will any majority owner of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business for which such person is also a majority owner. The undersigned hereby represents and warrants, as the owner of the Applicant, that the Applicant is the undersigned's eligible business with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

___ 10. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to request access to, and to review, the Applicant, the Applicant's tax return information and other information related to the Applicant and its owners that may be requested by such representatives, which may include an investigatory background check of the Applicant or its owners. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 11. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

___ 12. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature

Print Name

Applicant Business Name

Applicant Business Address

Date

Title

EIN #/SSN #/ITIN #

點擊[此處](#)下載。

CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Nonprofit Applicant Certifications

In connection with the California Small Business COVID-19 Relief Grant Program (the "Program") funded by the State of California (the "State") and administered by the California Office of the Small Business Advocate ("CalOSBA") within the Governor's Office of Business and Economic Development ("GO-Biz"), the undersigned, constituting an authorized representative of the below-referenced applicant nonprofit entity (the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry ("Lendistry"), as the designated intermediary of the Program, each may rely on the below certifications in determining the Applicant's eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory is a duly authorized representative and executive director or other equivalent senior managing officer of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.

___ 2. The Applicant is currently an active nonprofit organization pursuant to either Section 501(c)(3), Section 501(c)(6) or Section 501(c)(19) of the Internal Revenue Code operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the organization. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's organization ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

___ 3. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

___ 4. The Applicant's organization has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

___ 5. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

(a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

(b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

(c) costs associated with re-opening the Applicant's operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

(d) costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

(e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

(f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

___ 6. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (5) above. Specifically, no portion will be used for the following costs and/or expenses (collectively "Excluded Expenses"): (a) human resource expenses for the State share of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance; or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other officer or director thereof legally liable, including, but not limited to, liability for possible charges of fraud.

___ 7. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of entities deemed ineligible to receive a grant under the Program:

(a) a nonprofit entity not registered as either a 501(c)(3), 501(c)(6) or 501(c)(19);

(b) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official;

(c) a business or organization primarily engaged in political or lobbying activities;

(d) a passive business, investment company or investor who files a Schedule E on its tax returns;

(e) a church or other religious institution, other than a school, child care, or other educational organization affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax filing (2019)) is derived from the school, child care facility or other educational organization and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational organization, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

(f) a financial business or organization primarily engaged in the business of lending, such as a bank, finance company or factoring company;

(g) a business or organization engaged in any activity that is illegal under federal, state or local law;

(h) a business or organization of a prurient sexual nature, including a business or organization which presents live performances of a prurient sexual nature or a business or organization which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

(i) a business or organization engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

(j) a business or organization that restricts patronage for any reason other than capacity;

(k) a speculative business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcatting, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields; or

(l) a business or organization that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

(m) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

___ 8. The Applicant understands that it is ineligible to receive a grant under the Program if any officer or board member of the Applicant: (i) has within the prior three-years been convicted of or had a civil judgment rendered against such officer or owner, or has had commenced any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, (B) violation of federal or state anti-trust or procurement statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (l) above.

___ 9. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no executive director or equivalent senior managing officer of the Applicant has applied for or received, nor will any executive director or equivalent senior managing officer of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business and/or organization for which such person is also an owner, executive director or equivalent senior managing officer. The undersigned hereby represents and warrants, as the executive director or equivalent senior managing officer of the Applicant, that the Applicant is the undersigned's eligible organization with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

___ 10. Neither the Applicant nor its officers or directors are listed on the sanctions list for the Office of Foreign Assets Control of the U.S. Department of the Treasury.

___ 11. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to

request access to, and to review, the Applicant and the Applicant's tax return information and other information related to the Applicant that may be requested by such representatives, which may include an investigatory background check of the Applicant. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 12. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

___ 13. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature

Print Name

Organization Name

Organization Address

Date

Title

EIN #

點擊[此處](#)下載。

CALIFORNIA SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Nonprofit Cultural Institution Applicant Certifications

In connection with the California Small Business COVID-19 Relief Grant Program (the "Program") funded by the State of California (the "State") and administered by the California Office of the Small Business Advocate ("CalOSBA") within the Governor's Office of Business and Economic Development ("GO-Biz"), the undersigned, constituting an authorized representative of the below-referenced applicant nonprofit entity (the "Applicant"), acknowledges and agrees, on behalf of the Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry ("Lendistry"), as the designated intermediary of the Program, each may rely on the below certifications in determining the Applicant's eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) the Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from the Applicant, or (iii) the Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require the Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, the Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory is a duly authorized representative and executive director or other equivalent senior managing officer of the Applicant and has full authority to make the certifications referenced herein on the Applicant's behalf.

___ 2. The Applicant is currently an active nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code operating since at least June 1, 2019. The Applicant is currently operating or has a clear plan to re-open once the State of California permits re-opening of the organization. The Applicant acknowledges and agrees that if the Applicant receives a grant and the Applicant's organization ceases to operate, the Applicant may be subject to return of all or any portion of such grant.

___ 3. The North American Industry Classification System code(s) (NAICS code(s)) identified in the Applicant's application accurately reflects the classification of industry(ies) in which the Applicant operates.

___ 4. The Applicant has a principal office in the State of California and, subject to the certification made in (2), above, is presently operating in the State of California.

___ 5. The Applicant's organization has been adversely impacted by COVID-19 and the health and safety restrictions have resulted in documented percentage revenue declines, business interruptions, business closures, or similar impacts incurred as a result of the COVID-19 pandemic, making the grant request made in the Applicant's application necessary to support the ongoing operations of the Applicant.

___ 6. If a grant is received by the Applicant, such grant funds will be used only to cover one or more of the following costs and/or expenses of the Applicant:

(a) employee expenses including payroll costs, health care benefits, paid sick, medical, or family leave, and insurance premiums;

(b) working capital and overhead, including rent, utilities, mortgage principal and interest payments (excluding mortgage prepayments), and/or debt obligations, including principal and interest, incurred before March 1, 2020;

(c) costs associated with re-opening the Applicant's operations after being fully or partially closed due to state-mandated COVID-19 health and safety restrictions and business closures;

(d) costs associated with complying with COVID-19 federal, state or local guidelines for reopening with required safety protocols, including but not limited to equipment, plexiglass barriers, outdoor dining, PPE supplies, testing, and employee training expenses;

(e) any other COVID-19 related expenses not already covered (for the same period) through grants, forgivable loans or other relief through federal, state, county or city programs; or

(f) any other COVID-19-related costs that are not Excluded Expenses (as defined below).

___ 7. If a grant is received by the Applicant, no portion of the grant funds will be used for any purposes other than those listed in (6) above. Specifically, no portion will be used for the following costs and/or expenses (collectively "Excluded Expenses"): (a) human resource expenses for the State share of Medicaid; (b) employee bonuses or severance pay; (c) tax payments; (d) legal settlements; (e) personal expenses or other expenses unrelated to COVID-19 impacts; (f) expenses for repairs from damage covered by applicable insurance; or (g) reimbursement to donors for donated items or services. The Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, the Applicant and/or any other officer or director thereof legally liable, including, but not limited to, liability for possible charges of fraud.

___ 8. The Applicant acknowledges and agrees that the Applicant is not one or more of the following types of entities deemed ineligible to receive a grant under the Program:

(a) a nonprofit entity not registered as a 501(c)(3);

(b) a government entity (other than an entity owned and/or operated by a Native American tribe) or elected official office;

(c) a business or organization primarily engaged in political or lobbying activities;

(d) a passive business, investment company or investor who files a Schedule E on its tax returns;

(e) a church or other religious institution, other than a school, child care, or other educational business affiliated with a church or other religious institution where (i) greater than 50% of the gross annual revenue (as reflected on the entity's most recent tax return (2019)) is derived from the school, child care facility or other educational business and (ii) the Grant Funds will be used only for eligible costs and expenses directly related to the school, child care, or other educational business, and no portion of the Grant Funds will be used for any normal profit or overhead of the church or other religious institution;

(f) a financial business or organization primarily engaged in the business of lending, such as a bank, finance company or factoring company;

(g) a business or organization engaged in any activity that is illegal under federal, state or local law;

(h) a business or organization of a prurient sexual nature, including a business or organization which presents live performances of a prurient sexual nature or a business or organization which derives directly or indirectly more than *de minimis* gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature;

(i) a business or organization engaged in any socially undesirable activity or activity that may be considered predatory in nature such as rent-to-own businesses or check cashing businesses;

(j) a business or organization that restricts patronage for any reason other than capacity;

(k) a speculative business, meaning a business for the sole purpose of purchasing and holding an item until the market price increases or other business principally engaged in risky activity for the chance of an unusually large profit, including but not limited to, (i) oil wildcatting, (ii) dealing in stocks, bonds, commodity futures, and other financial instruments and (iii) mining gold or silver in other than established fields; or

(l) a business or organization that is affiliated (as such term is defined in 13 C.F.R. § 121.103) with another Applicant; or

(m) a business, franchise or location of which the undersigned has already applied for and received a grant under the Program.

___ 9. The Applicant understands that it is ineligible to receive a grant under the Program if any officer or board member of the Applicant: (i) has within the prior three-years been convicted of or had a civil judgment rendered against such officer or owner, or has had commenced any form of parole or probation (including probation before judgment), for (A) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; (B) violation of federal or state anti-trust or procurement statutes, or (C) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or (ii) is presently indicted for or otherwise criminally or civilly charged by a government entity, (federal, state or local) with commission of any of the offenses enumerated in subparagraph (i) above.

___ 10. The Applicant has not and will not apply for or receive any other grant through or under the Program. Further, no executive director or equivalent senior managing officer of the Applicant has applied for or received, nor will any executive director or equivalent senior managing officer of the Applicant apply for or receive, any other grant through or under the Program on behalf of any other business and/or organization for which such person is also an owner, executive director or equivalent senior managing officer. The undersigned hereby represents and warrants, as the executive director or equivalent senior managing officer of the Applicant, that the Applicant is the undersigned's eligible organization with the highest gross revenue. The Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State, CalOSBA, GO-Biz and/or Lendistry, as applicable.

___ 11. Neither the Applicant nor its officers or directors are listed on the sanctions list for the Office of Foreign Assets Control of the U.S. Department of the Treasury.

___ 12. The undersigned, on behalf of the Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to request access to, and to review, the Applicant and the Applicant's tax return information and other information related to the Applicant that may be requested by such representatives, which may include an investigatory background check of the Applicant. The Applicant acknowledges that Lendistry will confirm the Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax and other documents provided by the Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to the Applicant. The Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. The Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 13. Any and all information provided by or on behalf of the Applicant, including without limitation the information contained in the Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

___ 14. The Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by the Applicant in connection with its application for the Program. The Applicant further acknowledges and agrees that all certifications made by the Applicant in connection with the Program are made in good faith.

Signature

Date

Print Name

Title

Organization Name

EIN #

Organization Address



申請提示

提示#1：使用谷歌Chrome瀏覽器

為獲得最佳用戶體驗，整個申請過程中請使用谷歌瀏覽器。

其他網絡瀏覽器可能不支持我們的界面，並可能導致申請錯誤。

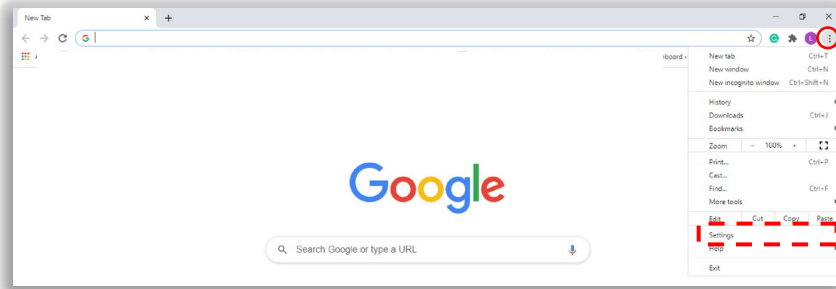
如果設備上沒有谷歌瀏覽器，您可以在以下網址免費下載
<https://www.google.com/chrome/>

開始申請前，請在谷歌Chrome瀏覽器上執行以下操作：

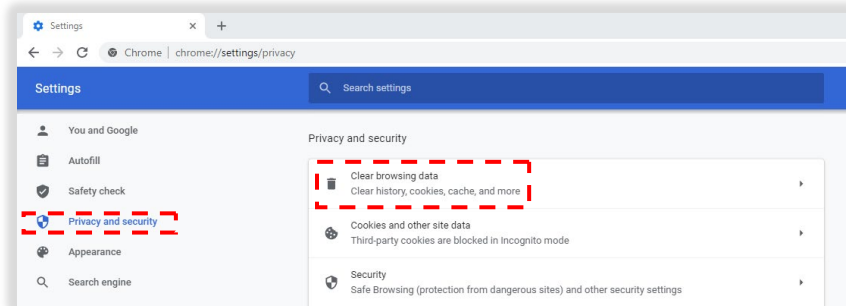
1. **清除緩存：**緩存數據是從以前使用過的網站或應用程序中存儲的資訊，主要通過自動填充資訊加快瀏覽過程。但是，緩存數據也可能含有過時資訊（例如舊密碼或之前錯誤輸入的資訊）。這可能導致申請過程中產生錯誤，並可能被標記為潛在欺詐。
2. **打開隱身模式：**您可以通過隱身模式秘密輸入資訊，防止計算機記住或緩存相關數據。
3. **禁用彈出窗口攔截器：**我們的申請包含多個彈出資訊，用以確認提供資訊的準確性。您必須禁用谷歌Chrome瀏覽器的彈出窗口攔截器才能看到這些資訊。

如何清除緩存

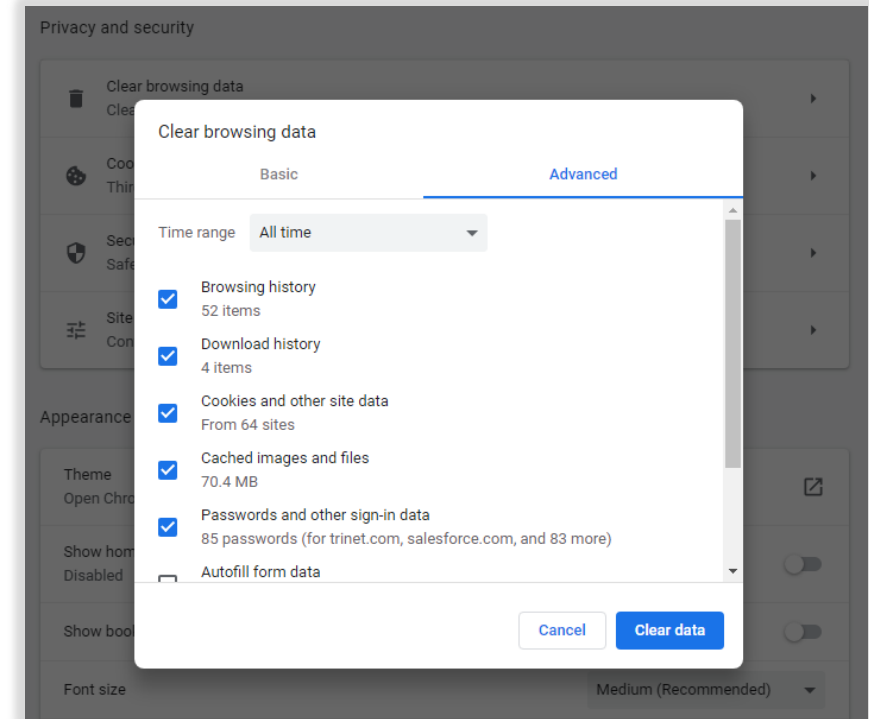
1. 點擊右上角的三點標記，然後轉到「設置」



2. 轉至「隱私和安全」，然後選擇「清除瀏覽數據」

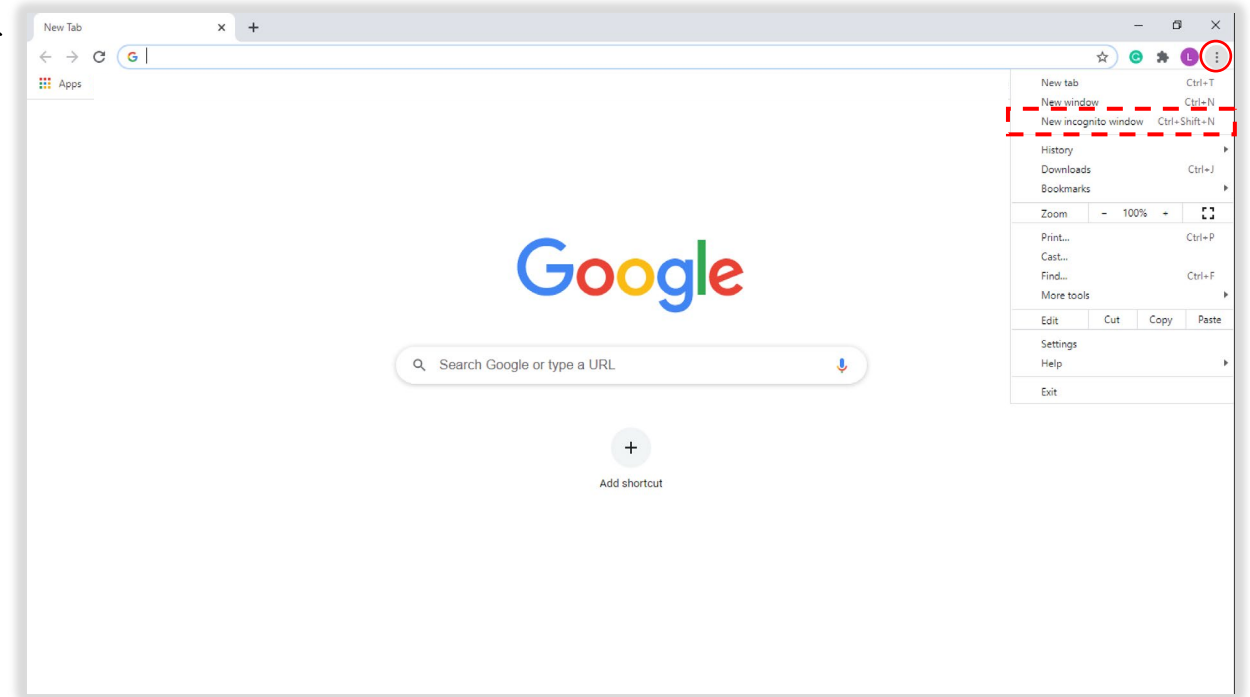


3. 選擇「清除數據」



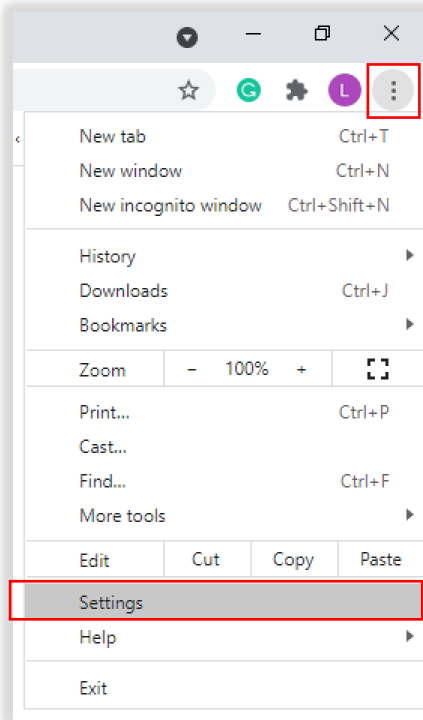
使用隱身模式

1. 點擊網絡瀏覽器右上角的三點標記，然後選擇「新隱身窗口」。瀏覽器將打開壹個新窗口。

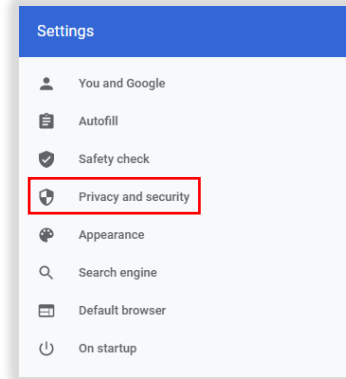


禁用彈出窗口攔截器

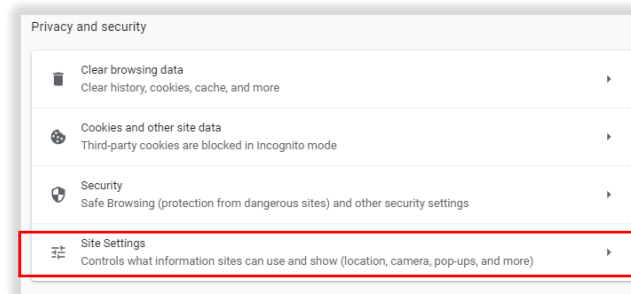
1. 在谷歌Chrome瀏覽器上，點擊右上角的三點標記，然後選擇「設置」



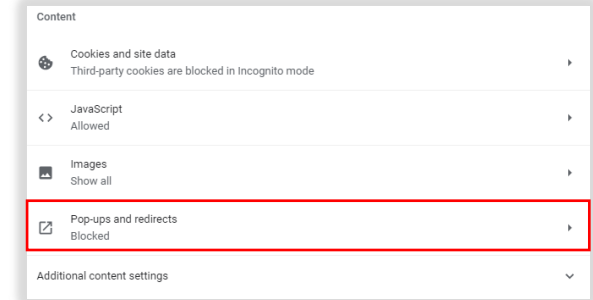
2. 選擇「隱私和安全」



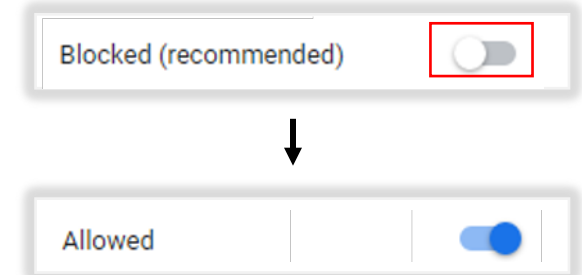
3. 選擇「網站設置」



4. 選擇「彈出窗口和重新定向」



5. 點擊按鈕使其變為藍色，將功能狀態從「攔截」變為「允許」



提示#2：以PDF格式提交所有文件

電子表格必須清晰、齊整，且不含混亂的背景。

上傳文件時的重要事項：

- 所有文件必須以PDF格式提交。
- 文件大小必須小於15MB。
- 文件名不能包含任何特殊字符（!@#\$\$%^&*（）_+）。
- 如果文件有密碼保護，您需要將其輸入門戶，否則我們無法查看該文件。

如果沒有掃描儀，我們建議您使用以下免費移動設備應用程式：

Genius Scan

蘋果系統 | [點擊此處下載](#)

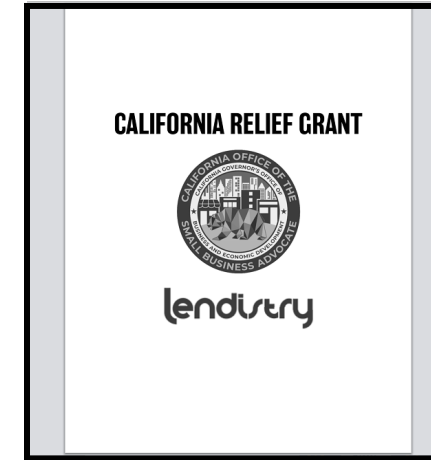
安卓系統 | [點擊此處下載](#)

Adobe Scan

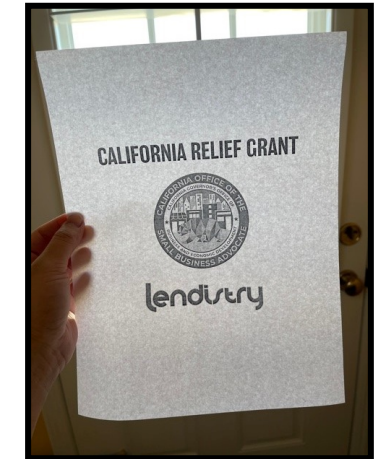
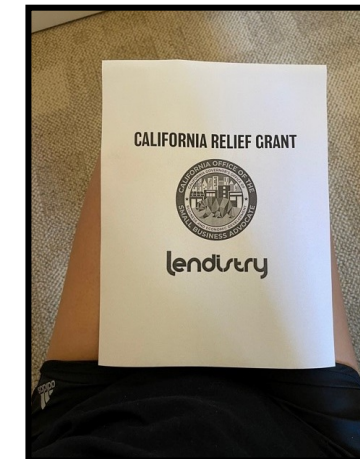
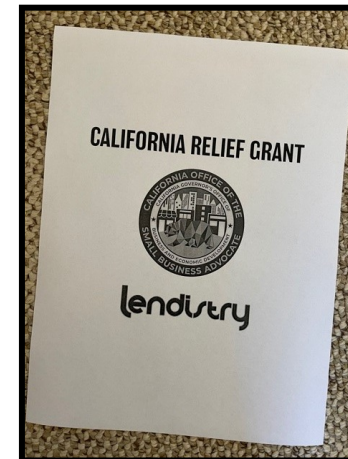
蘋果系統 | [點擊此處下載](#)

安卓系統 | [點擊此處下載](#)

正確



不正確



提示#3：使用有效電子郵件地址

請確保申請過程中使用有效電子郵件地址。您會通過所提供的電子郵件地址接收更新和附加說明。

重要說明-我們的系統不會接收或識別以下電子郵件地址：

以**@info**開頭的電子郵件

示例：info@mycompany.com

以**@contact.com**或者**@noreply.com**結尾的電子郵件

示例：example@contact.com

示例：example@noreply.com

提示#4：根據業務類別申請資助金

以下每種業務分類均有不同的申請門戶：

- 營利性企業
- 非營利性機構
- 藝術與文化類非營利性機構

請使用正確的業務申請門戶網站進行申請。

每種申請類型都標有不同顏色的選框。

您的申請不能改變；如果提交的申請類型不正確，您需要重新申請。但是，提交多份申請將作為潛在欺詐被發現，您的申請將被終止

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

藝術與文化

項目
Grant Program for Arts & Cultural Non-Profits

APPLY NOW

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- (Download) Photo ID
- (Download) Federal Tax Exemption

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active non-profit registered as a 501(c)(3)
- Must be in operation on or before June 1st, 2019
- Gross annual revenue at or greater than \$1,000
- Use of funds must be related to COVID-19

ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT

- Proof of Federal Tax Exemption
- (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-Issued Business License
- Bank Verification

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

營利性企業

Grant Program for For-Profits

APPLY NOW

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- (Download) Photo ID
- (Download) Business License

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active for-profit business or individual dba as a business
- Must be in business on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19

ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT

- (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-Issued Business License
- Bank Verification

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

非營利性機構

Grant Program for Non-Profits

APPLY NOW

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Form
- (Download) Photo ID
- (Download) Federal Tax Exemption

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active non-profit registered as a 501(c)(3), 501(c)(6), or 501(c)(19)
- Must be in operation on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19

ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT

- Proof of Federal Tax exemption
- (One of the following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or Government-Issued Business License
- Bank Verification



申請幫助： 其他資源

翻譯工具

我們的整個網站和申請程序可以翻譯成以下語種：

亞美尼亞語
中文（粵語）
中文（普通話）
達裏語
波斯語
法語

印度語
苗語
日語
韓語
葡萄牙語
旁遮普語

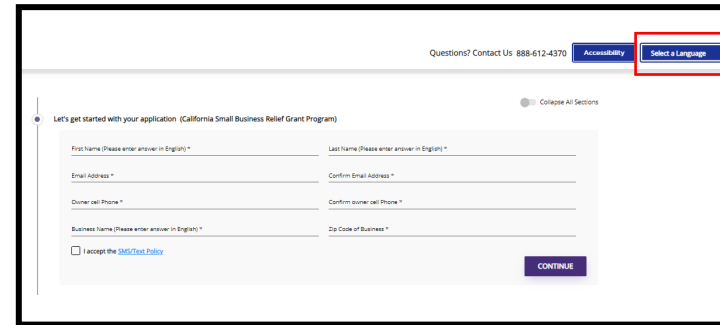
俄語
西班牙語（北加州）
西班牙語（南加州）
他加祿語
泰語
越南語

重要提示：如需非英語語種幫助完成申請，請聯系我們的呼叫中心。

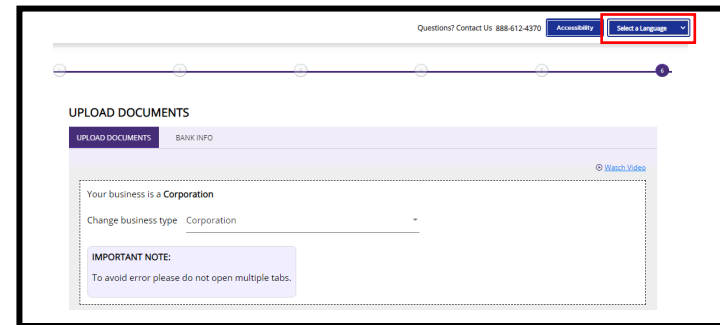
網絡瀏覽器右上角提供翻譯工具。



CARELIEFGRANT.COM
網站



在線
申請

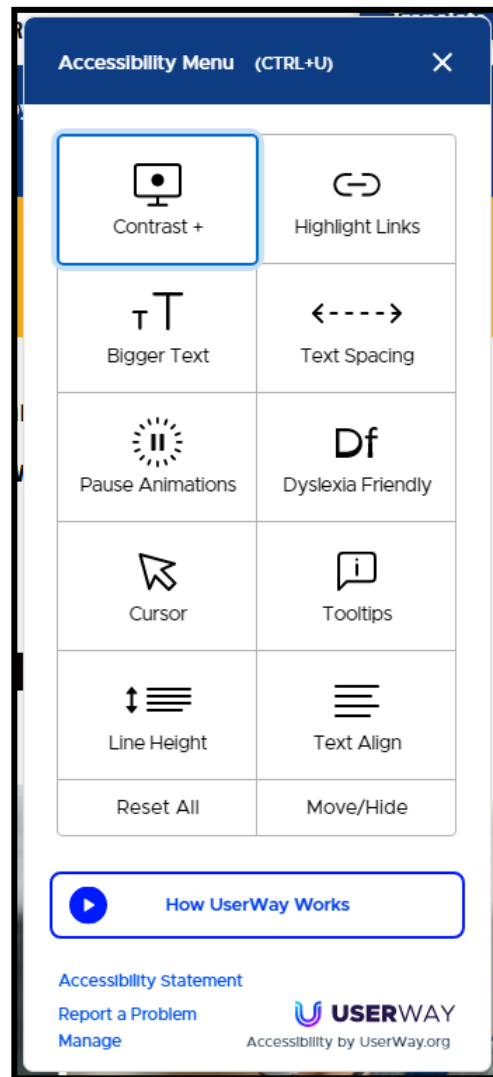


LENDISTRY
門戶網站

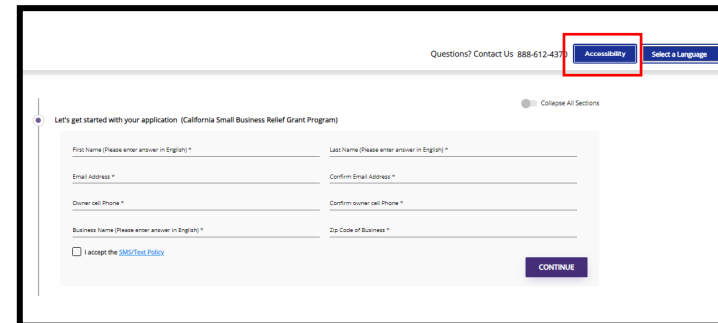
無障礙輔助功能

我們的網站還具有無障礙輔助功能，確保為殘障人士提供服務，包括但不限於讓網站更易於使用以及為殘障人士提供更多輔助功能。

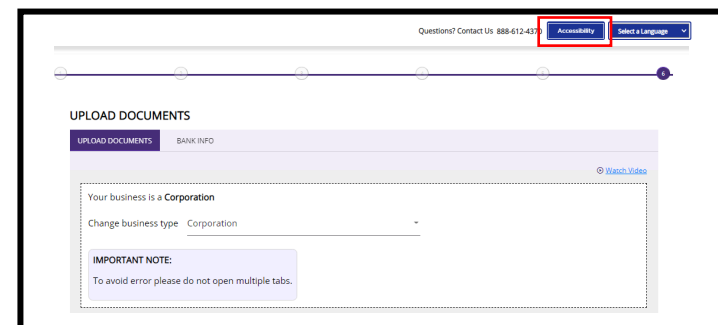
網站careliefgrant.com提供「UserWay's Web Accessibility」插件，由專用無障礙輔助服務器提供支持。點擊頁面角落中顯示的輔助功能菜單圖標即可開啟careliefgrant.com網站的輔助功能菜單。啟動輔助功能菜單後，請稍等片刻，以完整加載輔助功能菜單。



CARELIEFGRANT.COM
網站



在線
申請



LENDISTRY
門戶網站

視頻

除網站**[此處](#)**的視頻點播外，在線申請的各個部分也會嵌入短視頻。

每個視頻將顯示如何填寫此部分內容。如需觀看視頻，請點擊「觀看視頻」。該視頻將在網頁瀏覽器的新標籤頁中播放。

門戶網站中還有相關視頻，為上傳文件和鏈接銀行資訊提供幫助。

Let's get started with your application (New York Small Business Recovery Grant Program)

[Collapse All Sections](#)

[Watch Video](#)

First Name (Please enter answer in English) *

Last Name (Please enter answer in English) *

Email Address *

Confirm Email Address *

Owner cell Phone *

Confirm owner cell Phone *

Business Name (Please enter answer in English) *

Zip Code of Business *

Referral Partner *

Preferred Language *

☐ I accept the [SMS/Text Policy](#)

CONTINUE

UPLOAD DOCUMENTS

UPLOAD DOCUMENTS BANK INFO

[Watch Video](#)

Your business is a **Corporation**

Change business type Corporation

IMPORTANT NOTE:

To avoid error please do not open multiple tabs.

UPLOAD DOCUMENTS BANK INFO

[Watch Video](#)

Step 1

LINK YOUR BANK ACCOUNT

Linking your bank :

- Tells us where we should deposit your grant
- Expedites your grant
- Verifies your information

Link Your Bank

By linking your bank, you authorize use of your account to process your grant.

Step 2

Where should we send your funds?

Business name as shown on checking account (Please enter ans...


Bank name (Please enter answ... Street (Please enter answer in ...

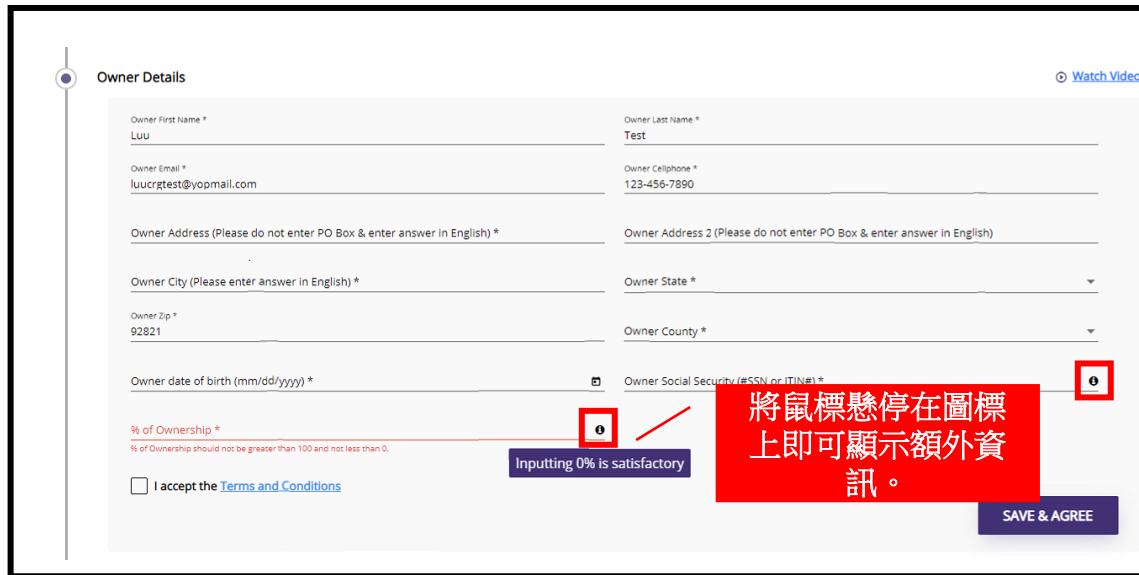
City (Please enter answer in En... State

Zip * Routing number *

Account number *

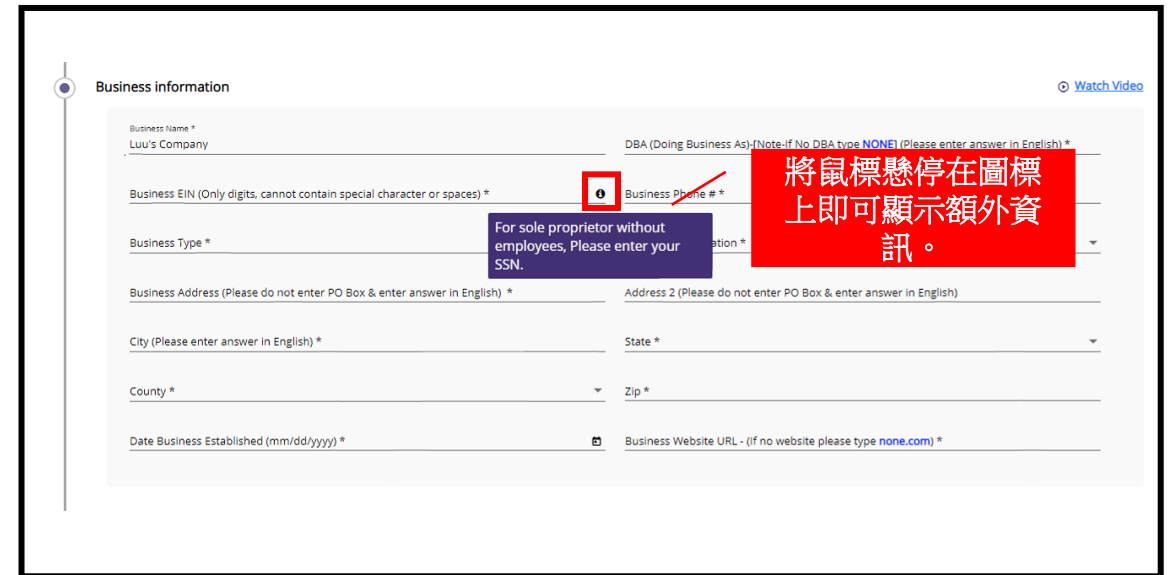
申請過程中的資訊圖標

- 我們在申請過程中添加了資訊圖標 ，以提供更多指導。
- 將鼠標懸停在圖標上即可顯示額外資訊。



The 'Owner Details' form contains fields for Owner First Name, Last Name, Email, Cellphone, Address, City, State, Zip, County, Date of Birth, and Social Security. A red box highlights the information icon next to the Social Security field, with a tooltip stating 'Inputting 0% is satisfactory'.

將鼠標懸停在圖標上即可顯示額外資訊。



The 'Business Information' form contains fields for Business Name, DBA, EIN, Phone, Type, Address, City, State, County, Zip, Date Established, and Website URL. A red box highlights the information icon next to the Business Phone field, with a tooltip stating 'For sole proprietor without employees, Please enter your SSN.'.

將鼠標懸停在圖標上即可顯示額外資訊。



如何提交申請

步驟1：在CARELIEFGRANT.COM查找合作夥伴

如何選擇合作夥伴

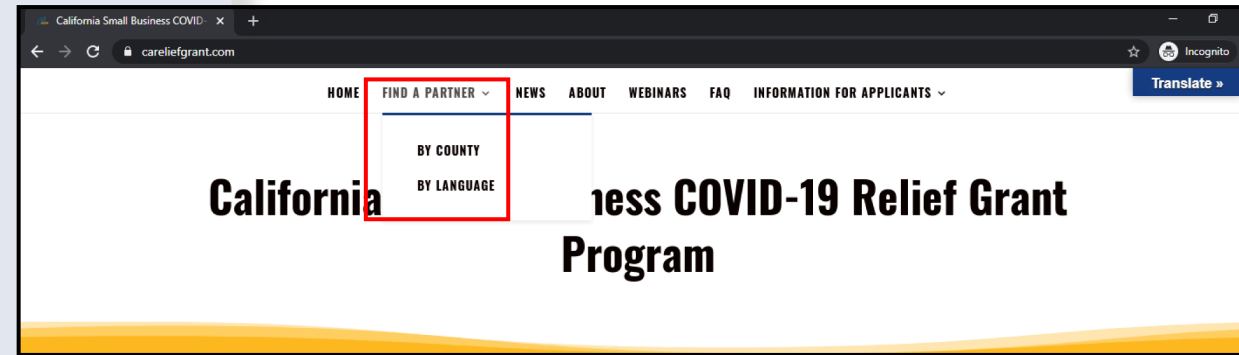
申請資助時，您需要經由壹名合作夥伴來完成。您可以在網站 www.CAReliefGrant.com 按語言或按所在縣查找合作夥伴。

- 您可以選擇服務於所在地區的任何合作夥伴。每個縣和所有語言都會有至少壹個合作夥伴供企業申請時選擇。相較於其他縣和語言，某些縣和語言會擁有更多選擇。
- 您可以選擇您認為最能滿足需求的合作夥伴，因為他們還可以提供其他財務援助（例如營運資金貸款、設備貸款以及技術援助），以幫助您和企業。

您只能通過壹位合作夥伴申請壹次資助。請對合作夥伴進行標記。您需要登錄合作夥伴的單獨門戶網站才能上傳文件。

為確保登錄到正確門戶網站，請在網頁URL中找到合作夥伴的姓名。

示例：www.partnername.mylendistry.com



步驟2：查找資助項目

說明

1. 在www.CAReliefGrant.com網站選擇合作夥伴後，點擊「立即申請」。您將被重新轉至合作夥伴的門戶網站主頁。
2. 在主頁上，請點擊「點擊此處申請」。

The screenshot displays the Lendistry website interface. At the top, there is a white box with the text "LEARN MORE ABOUT THIS PARTNER" and a large blue button labeled "APPLY NOW". Below this, a grey banner reads "In Partnership with The Center By Lendistry". The main content area features two white boxes. The left box, titled "Find the right Grant that fits your business needs", contains a red-bordered button labeled "CLICK HERE TO APPLY". The right box, titled "EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT", includes input fields for "E-Mail" and "Password" (with a "Show/Hide" link), a "Forgot Password?" link, and a "SIGN IN" button. A "New dates and deadlines" section is also present, detailing update and upload deadlines for in-process applications and the closing date for Round 1.

步驟3：根據業務分類選擇資助項目

說明

選擇最適合您業務分類的申請程序：

- 營利性企業
- 非營利性機構
- 藝術與文化類非營利性機構
- 加州經營地點

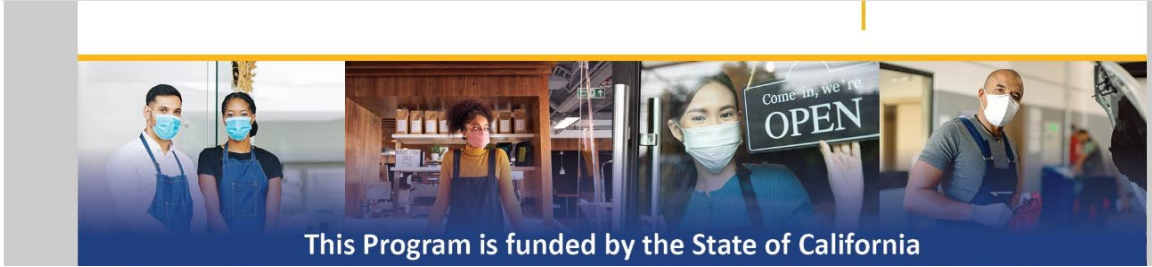
如果所提交的申請不適合您的業務分類，您需要提交壹份新申請。

但是，提交多份申請將作為潛在欺詐被發現，您的申請將被終止

重要提示：

- 擁有多項業務的申請者只能申請壹項資助。如果申請多項資助，則僅能審核其中壹項。

請點擊「立即申請」啟動您的申請程序。



CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

Grant Program for For-Profits

Round 5

Application Start Date: March 25th – March 31st, 2021

[APPLY NOW](#)

Contact Information:
Constance Anderson
careliegrant@lendistry.com
888-612-4370

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Certification ([Download Form Here](#))
- Government Issued Photo ID
- 2019 Tax Return or 2019 1099 (1099s are for Sole Props Only)

ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT

- (One of the Following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Organization, or Government Issued Business License
- Bank Verification

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active for-profit business or individual DBA as a business
- Must be in business on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19

CALIFORNIA SMALL BUSINESS RELIEF GRANT PROGRAM

Grant Program for Non-Profits

Round 5

Application Start Date: March 25th – March 31st, 2021

[APPLY NOW](#)

Contact Information:
Constance Anderson
careliegrant@lendistry.com
888-612-4370

IMPORTANT INFORMATION

REQUIRED DOCUMENTATION TO APPLY

- Application Certification ([Download Form Here](#))
- Government Issued Photo ID
- 2019 990 Tax Return

ADDITIONAL DOCUMENTATION FOR APPLICANTS CHOSEN FOR A GRANT

- Proof of Federal Tax Exemption
- (One of the Following): Articles of Incorporation, Certificate of Organization, Fictitious Name of Organization, or Government Issued Business License
- Bank Verification

GRANT AMOUNTS

- \$5,000 - \$25,000

ELIGIBILITY REQUIREMENTS

- Active non-profit registered as a 501(c)(3), 501(c)(6), or 501(c)(19)
- Must be in operation on or before June 1st, 2019
- Gross annual revenue between \$1,000 - \$2,500,000
- Use of funds must be related to COVID-19



申請程序

需要哪些資訊以及如何完成申請程序

第1部分: 開始申請程序

需要哪些資訊？

- 名字
- 姓氏
- 電子郵件
- 電話號碼
- 企業名稱：
- 企業郵政編碼

重要提示：請確保在此部分中使用有效電子郵件地址。我們將通過您提供的電子郵件地址向您發送重要更新和進壹步說明。請參考「申請提示」，了解無效電子郵件地址清單。

SMS/短信條例

我們將通過SMS/短信為您提供資助申請狀態更新。如需通過SMS/短信接收更新資訊，請在閱讀披露條例後勾選此選框表示同意。如果希望退出此項功能，請不要勾選此選框。

lendistry Questions? Contact Us 213-555-1212

Let's get started with your application (California Small Business Relief Grant Program)

First Name * Marisol Last Name * Testcase

Email Address * test-careliefgrant@yopmail.com Confirm Email Address * test-careliefgrant@yopmail.com

Owner cell Phone * 123-456-7890 Confirm owner cell Phone * 123-456-7890

Business Name * Test Company Zip Code of Business * 92821

☒ I accept the [SMS/Text Policy](#)

CONTINUE

同意自動撥號或發送短信：

lendistry Questions? Contact Us 213-555-1212

Let's get started with your application (California Small Business Relief Grant Program)

First Name * Last Name *

Email Address * Confirm Email Address *

Owner cell Phone * Confirm owner cell Phone *

Business Name * Zip Code of Business *

☒ I accept the [SMS/Text Policy](#)

CONTINUE

CONSENT TO AUTO-DIALED CALLS OR TEXT MESSAGES: I expressly consent to receive marketing and other calls and messages, to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls, and SMS messages (including text messages) from Recipients, at telephone numbers that you have provided. Consent is not a condition of submitting an application. Message and data rates may apply.

LENDISTRY is a licensed California Financial Lender, License # 60DBO66872

Okay

第2部分: 企業所有者詳情

需要哪些資訊？

- 所有者名字
- 所有者姓氏
- 所有者的電子郵箱
- 所有者地址所在市、州、郵政編碼和縣
- 所有者出生日期
- 所有者的社會安全號
- 所有權%

相關條款

勾選此選框，承認您已閱讀並同意本條款。您必須同意本條款才能繼續申請資助。

Owner Details

Owner First Name *	Owner Last Name *
Marisol	Testcase
Owner Email *	Owner Cellphone *
crgdemo@yopmail.com	123-456-7890
Owner Address (Please do not enter PO Box) *	Owner Address 2 (Please do not enter PO Box)
220 Locust Ave	
Owner City *	Owner State *
Anthill	Missouri
Owner Zip *	Owner County *
65488	Adair County
Owner date of birth (mm/dd/yyyy) *	Owner Social Security (SSN) *
12/3/1991	000-00-0001
% of Ownership *	
100	

☒ I accept the [Terms and Conditions](#)

This is utilized to confirm that the representative is not on the OFAC list.

SAVE & AGREE

相關條款

By checking the box I acknowledge that I have read and agree to the following:

1. [Terms of Use](#)
2. [Additional Authorizations](#)
3. [Privacy Policy](#)

LENDISTRY is a licensed California Financial Lender, License # 60DBO66872

Okay

第3部分: 業務資訊

需要哪些資訊？

- 企業名稱：
DBA（如果適用）
備註：如果企業沒有**DBA**，請在此字段中輸入「無」。
- 企業EIN
- 企業電話號碼
- 業務類型
- 公司註冊狀態
- 非盈利狀態（僅限於非營利性機構和非營利性文化項目申請）
- 確認您的機構服務位列項目優先事項前四位。
（僅適用於非營利性機構和藝術與文化項目申請）
- 企業地址、所在市、州、郵政編碼和縣
- 企業開始運營日期
- 企業網站
備註：如果企業沒有網站，請在此字段中輸入「**none.com**」。

Business information

Business Name *	Test Company	DBA (Doing Business As)-(Note: If No DBA type NONE) *	none
Business EIN (Only digits, cannot contain special character or spaces) *	000000001	Business Phone # *	123-456-7890
Business Type *	Corporation	State of Incorporation *	California
Business Address [Please do not enter PO Box] *	123 Test Street	Address 2 [Please do not enter PO Box]	
City *	Brea	State *	California
County *	Orange County	Zip *	92821
Date Business Established (mm/dd/yyyy) *	4/23/2012	Business Website URL - (If no website please type none.com) *	none.com

第4部分: 我們如何為您提供幫助？

需要哪些資訊？

- 資助目的
- 申請資助金額
備註：您可以申請的資助金額取決於您的年收入。
- 該資助項目能否創造新的就業機會？
- 2019年年度總收入（必須與您的納稅申報表相符）
- 全職雇員人數#
- 兼職雇員人數#
- 創造工作崗位數量#
- 保留職位數量#

如何審查資助金額是否合格

根據年收入填寫申請表中的申請資助金額。

如需查看合格資助金額，請點擊「查看資格」並找到合格的申請金額。

您只能申請合格的資助金額。

Purpose of grant *
Payroll

Amount Requested *
\$ 15000 [Check Eligibility](#)

Will this grant create new jobs?
☒ Yes ☐ No

\$ Annual Revenue for 2019 (this should match your tax return) *

of Full-time Employees (2020) *
of Part-time Employees (2020) *

of jobs created (2020) *
of jobs retained (2020) *

How can we help you

Annual Revenue	Eligible Amount
\$1,000 - \$100,000	\$5,000
\$100,001 - \$1,000,000	\$15,000
\$1,000,001 - \$2,500,000	\$25,000

[Check Eligibility](#)

Okay

第5部分: 企業人口資訊

需要哪些資訊？

- 您擁有哪些客戶群？
 1. **B2B**：企業對企業
 2. **B2C**：企業對消費者
- 您有哪些經營業務？哪種業務類型？
- 請詳細說明。
- NAICS代碼
- 企業主是否為女性？
- 是否為退伍軍人？
- 是否為殘疾人士？
- 哪個種族？
- 哪個民族？
- 是否為特許經營？
- 是否位於鄉村？

Business demographics

Who is your customer base?
☒ B2B ⓘ ☐ B2C ⓘ ☐ Both

What type of business is it? *
Retail Trade ▼

NAICS Code *
000000

Women-Owned Business *
YES ▼

Disabled *
NO ▼

Ethnicity *
Not Disclosed ▼

Rural *
NO ▼

What does your business do? *
Sells Products ▼

Tell us more. *
Apparel and accessory ▼

[Click here](#) to find your NAICS code

Veteran *
NO ▼

Race *
Not Disclosed ▼

Franchise *
NO ▼

第6部分: 資訊披露

說明

填寫完成「資訊披露」部分的所有字段後，
點擊「提交」完成申請程序。

Disclosures

1) Is your business 51% Minority or veteran-owned? (Minority/Person of Color-Owned Small Business* means the following racial or ethnic groups (as identified by the applicant): African-American/Black, Asian, Native American or Alaska Native, Native Hawaiian or Pacific Islander, or Latinx/Hispanic.)

Please select an answer *

NO

2) What was the gross revenue for your business for April 1st, 2019 - September 30th, 2019?
Total income for Quarter 2 and Quarter 3 (2019)

Please enter your answer in numeric value *

\$ 11450

3) What was the gross revenue for your business for April 1st, 2020 - September 30th, 2020?
Total income for Quarter 2 and Quarter 3 (2020)

Please enter your answer in numeric value *

\$ 0

4) Is your business currently in need of business advising or technical assistance services?

Please select an answer *

NO

5) Is your business currently in need of a business loan?

Please select an answer *

YES

6) During the last 9 months, has your business received any COVID-19 related emergency funding?

Please select an answer *

NO

SUBMIT

Disclosures

1) At least 25% of the non-profit's revenues are derived from services in the following categories - food security, housing security, childcare, workforce development.

Please select an answer *

YES

2) During the last 9 months, has the non-profit received any COVID-19 related emergency funding?

Please select an answer *

NO

3) The non-profit was in operations on or before June 1st, 2019.

Please select an answer *

YES

4) The nonprofit serves >51% of clients that identify as low-to-moderate income, based HUD household income guidelines for California.

Please select an answer *

YES

5) What was the gross revenue for the non-profit for April 1st, 2019 - September 30th, 2019?
Total income for Quarter 2 and Quarter 3 (2019)

Please enter your answer in numeric value *

\$ 0

6) What was the gross revenue for the non-profit for April 1st, 2020 - September 30th, 2020?
Total income for Quarter 2 and Quarter 3 (2020)

Please enter your answer in numeric value *

\$ 5000

SUBMIT

Disclosures

1) At least 25% of the non-profit's revenues are derived from services in the following categories - food security, housing security, childcare, workforce development.

Please select an answer *

YES

2) During the last 9 months, has the non-profit received any COVID-19 related emergency funding?

Please select an answer *

NO

3) The non-profit was in operations on or before June 1st, 2019.

Please select an answer *

YES

4) The nonprofit serves >51% of clients that identify as low-to-moderate income, based HUD household income guidelines for California.

Please select an answer *

YES

5) What was the gross revenue for the non-profit for April 1st, 2019 - September 30th, 2019?
Total income for Quarter 2 and Quarter 3 (2019)

Please enter your answer in numeric value *

\$ 0

6) What was the gross revenue for the non-profit for April 1st, 2020 - September 30th, 2020?
Total income for Quarter 2 and Quarter 3 (2020)

Please enter your answer in numeric value *

\$ 5000

SUBMIT

營利性
企業

非營利性
機構

非營利性
文化機構項目

第7部分: 確認

說明

申請結束時，您有兩個選擇：

1. 保存申請，稍後完成
 - 如果希望保存申請並在稍後完成申請，請在**此處留白**，並點擊「保存&稍後繼續」。重要提示：必須完成申請程序才能獲得資助考量。
2. 完成申請並提交
 - 如果提供的所有資訊準確無誤，而且希望完成申請提交，請輸入「**是**」，並點擊「繼續」。重要提示：一旦提交申請，則不能再進行任何編輯。

如果未出現此確認資訊，請確保網絡瀏覽器「彈出窗口攔截器」以被禁用。

You are submitting an application as a **FOR PROFIT**. If this is incorrect, please exit out of this application immediately and submit a NEW application as a Non-Profit Business.

If you are a FOR PROFIT and this application is correct, please continue with the following:

Please confirm that the information provided is correct and you would like to submit your application by typing in **"Yes"** and then clicking "Continue". Please note that once you click "Continue", you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, leave the field blank and click "Save & Continue Later". Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

You are submitting an application as a **FOR PROFIT**. If this is incorrect, please exit out of this application immediately and submit a NEW application as a Non-Profit Business.

If you are a FOR PROFIT and this application is correct, please continue with the following:

Please confirm that the information provided is correct and you would like to submit your application by typing in **"Yes"** and then clicking "Continue". Please note that once you click "Continue", you will no longer be able to edit your responses. Once you continue with your application submission, you will receive a confirmation message with further instructions.

If you would like to edit or complete your application later, leave the field blank and click "Save & Continue Later". Please check your email for your username and password to the Portal. You will be able to sign in and complete your application there.

Yes _____

選項1：

保存申請，稍後完成。

申請將被記錄為**未完成**。

選項2：

完成申請並提交。

第8部分: 確認資訊

說明

成功提交申請後，您將收到以下資訊。

接下來如何

您將收到壹封單獨電子郵件，其中包含門戶網站的用戶名和密碼。請使用登錄憑證完成以下所有步驟：

1. 激活並登錄門戶網站。
2. 以可接受格式上傳所有必需文件。
3. 鏈接您的銀行資訊，以便驗證銀行帳單並設置直接存款方式。（僅適用於入選的申請者）。

請查看電子郵件（包括待篩選郵件、廢棄郵件和垃圾郵件），以便從「no-reply@mylendistry.com」郵件中獲取用戶名和密碼，以激活帳戶並上傳文檔。



Questions? Contact Us 888-612-4370

Confirmation Message:

Thank you for submitting an application to the California Relief Grant Program as a FOR PROFIT ORGANIZATION. This Program is funded by the State of California and administered by CalOSBA. (If you are not a FOR PROFIT ORGANIZATION, please disregard this application and submit a new one for NON-PROFIT ORGANIZATIONS)

WHAT TO EXPECT NEXT

You will receive a separate email containing a username and password to the Portal. Please use the login credentials to complete all the following steps:

1. Activate and sign into the Portal.
2. Upload all required documents in an acceptable format.
3. Link your bank information so that we can verify your bank statements and set up a direct deposit. (this is only required for applicants who are selected).

Please check your email including Clutter, Junk, and Spam for your username and password from no-reply@mylendistry.com to activate your account and to upload documentation.

Please use [this link](#) to add additional information or upload requested documentation.

第9部分: 獲取用戶名和密碼

說明

1. 請檢查您在申請資助「開始申請」部分中輸入的電子郵件地址，以獲取門戶網站的用戶名和密碼。

如果在收件箱中沒有看到此郵件，請查看廢棄郵件和垃圾郵件文件夾。

2. 點擊「點擊此處登錄」，以激活帳戶。您將被重新定向到「加州救濟資助項目」申請主頁。

Hi Marisol,

Thank you for applying for the California Relief Grant.

The link below will take you to the portal and the new account created for Test Company.

Please use this link to add additional information or upload requested documentation.

Clicking the button will activate your account.

[Click here to log in](#)

New username and password:

Username: crgdemo@yopmail.com

Password: K@z(VonlOLe

888-612-4370

carelifgrant@lendistry.com

Lendistry CRG Demo V. All Rights

Reserved

第10部分: 登錄合作夥伴的門戶網站

說明

1. 請使用確認電子郵件中指定的用戶名和密碼，以登錄並激活帳戶。

重要提示：請務必登錄合作夥伴的門戶網站。您的登錄憑證不適用於其他合作夥伴。查看門戶網站的URL。您應該能夠看到合作夥伴的名稱。

2. 登錄後，系統會提示您重置密碼以保護隱私。新密碼必須包含至少8個字符（1-9、a-z、A-Z），其中需包括壹個特殊字符（!@#\$%^&*）。

The screenshot shows a web browser window with the URL <https://thecenter.mylendistry.com/#/grant>. The page title is "California Relief Grant Program". Below the title, there are two main sections: "EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT" and "RESET YOUR PASSWORD".

EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT

This section contains two input fields: a username field with the placeholder "crgdemo@yopmail.com" and a password field with a masked password ".....". Below the password field is a link "Forgot Password?". At the bottom of this section is a "SIGN IN" button.

RESET YOUR PASSWORD

This section contains a note: "Note: Please create a new password within the fields listed below. Your password should contain a minimum of 8 characters and include at least 1 letter, 1 number, and 1 special character. You can include numbers 1-9, upper and/or lowercase letters, as well as the following special characters in your new password: ! @ # \$ % ^ & * .". Below the note are two input fields: a new password field with the placeholder "Avocado03!" and a confirm password field with a masked password ".....". At the bottom of this section is a "SUBMIT" button.



上傳文件

如何在門戶網站中上傳文件
(僅限**PDF**格式)

門戶網站概覽

開始上傳之前，請查看以下注意事項以確保文檔正確上傳：

- 所列紅色星號（*）文件需在完成在線申請後立即上傳。
- 所列藍色星號（*）文件僅在入選進入下壹步申請程序時才需要上傳。您將收到是否入選的通知。
- 只有批准獲得資助時才需要您的銀行資訊。
- 如果文件與您的業務不符，請選擇N/A（不適用）。
- 所有文件必須以PDF格式提交。PDF文件必須小於15MB。含有多頁的文件應按壹（1）個PDF文件提交。
- 請勿在文件名中包含特殊字符（例如 ~!@#\$\$%^&*（）_+）。門戶網站無法識別特殊字符。
- 如果您的文檔有密碼保護，請將其輸入門戶網站中。

UPLOAD DOCUMENTS

BANK INFO

Your business is a **Corporation**

Change business type Corporation

IMPORTANT NOTE:
To avoid error please do not open multiple tabs.

Please upload each document under the corresponding category listed below.

* Indicates needed to apply
* Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Application Certification *	COMPLETED	▼
Government Issued Photo ID/ITIN CP565 *	Pending	▼
2019 Business Tax Return *	Pending	▼
2020 Business Tax Return *	Pending	▼
Proof of Business Location *	Pending	<input type="checkbox"/> N/A ▼

如何將文件上傳到門戶網站

步驟1：選擇文件類型並點擊向下箭頭展開文件夾。

Please upload each document under the corresponding category listed below.

* Indicates needed to apply
* Please provide if selected for all remaining documents.
If a document does not apply to your business, check the box marked N/A.
Banking information only needs to be provided by applicants who are approved for a grant or applicants who want to show all status items as completed.

Category	Status	Action
Application Certification *	COMPLETED	▼
Government Issued Photo ID/ITIN CP565 *	Pending	▼

步驟2：點擊「瀏覽」，在設備上找到該文件。所有文件必須以PDF格式上傳。

Government Issued Photo ID/ITIN CP565 * Pending || Please upload document for government issued photo id/itin cp565 | |
| **BROWSE...** | |
| Note: File size should be less than 15MB. If needed, multiple documents can be uploaded. Please do not use special characters in the title of the document (e.g., !, @, #, %, etc.). | |

步驟3：

- 如果您的文檔有密碼保護，請從下拉菜單中選擇「是」並輸入密碼。

S.No.	Document Name	Password Protected?	Password (if required) ⓘ	Delete
1	Government-Issued ID.pdf	Yes	password	🗑️

- 如果您的文檔沒有密碼保護，請從下拉菜單中選擇「否」並將密碼字段留白。

S.No.	Document Name	Password Protected?	Password (if required) ⓘ	Delete
1	Government-Issued ID.pdf	No	password	🗑️

- 點擊「上傳文件」完成上傳。文檔的狀態將從「待完成」更改為「完成」。

Government Issued Photo ID/ITIN CP565 * Pending || Please upload document for government issued photo id/itin cp565 | |
BROWSE...	
Note: File size should be less than 15MB. If needed, multiple documents can be uploaded. Please do not use special characters in the title of the document (e.g., !, @, #, %, etc.).	
UPLOAD DOCUMENTS	

Title	Document Name	Preview	Delete
Government Issued Photo ID/ITIN CP565	Government-Issued ID	📄	🗑️



鏈接您的銀行資訊

僅適用於已獲披的申請者

如何鏈接您的銀行資訊

Lendistry使用第三方技術（Plaid）設置ACH轉賬，將美國任何銀行或信用合作社的賬戶連接到某個應用程序（例如Lendistry門戶）。未經許可，第三方不會共享您的個人資訊，也不會將其出售或出租給外部公司。Lendistry僅使用此技術驗證您的銀行帳單。我們首選此銀行驗證方法；但如果提供商無法獲得您的銀行機構，則此方法可能無效。這種情況下，您可以使用其他處理方法驗證您的銀行帳戶。

如何通過Plaid在Lendistry門戶網站驗證您的銀行帳戶

Grant Application
#DIR13615262

Pending Document Upload

\$10,000.00

Grant Amount

Your application is being reviewed.

Upload Documents & Bank Info

UPLOAD DOCUMENTS

BANK INFO

Step 1

LINK YOUR BANK ACCOUNT

Linking your bank:

- Tells us where we should deposit your grant
- Expedites your grant
- Verifies your information

Link Your Bank

By linking your bank, you authorize use of your account to process your grant.

Step 2

Where Should we Send Your Funds?

Business Account Name *

Bank Name * Street *

City * State *

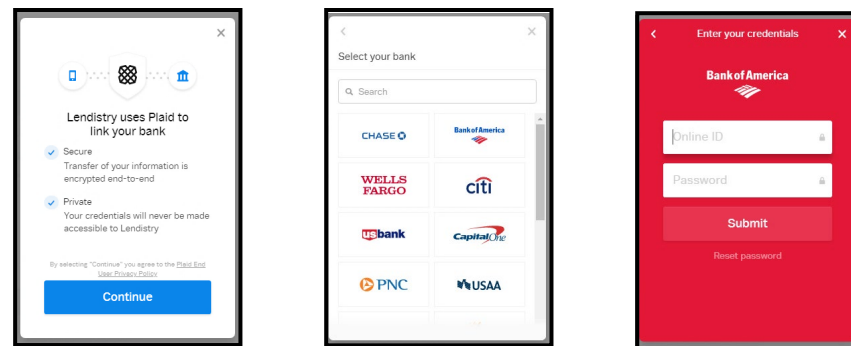
Zip * Routing Number *

步驟1

步驟2

步驟1

- 點擊「鏈接您的銀行帳戶」，為Plaid打開壹個操作窗口。
- 繼續Plaid，並找到您的銀行機構。
- 登錄您的網上銀行帳戶並將其連接到Lendistry門戶網站。



步驟2

無論使用何種驗證方法，您都必須完成此步驟。

- 輸入您的銀行資訊。
- 「企業帳戶名稱」字段並非您的帳戶類型。該字段為您的帳戶名稱，必須以企業名稱命名且顯示在您的銀行帳單上。
- 如果企業屬於獨資經營，則銀行帳戶可以是個人帳戶，但必須與您的姓名壹致。



如何查看

申請狀態

何處查詢申請狀態

說明

登錄門戶網站後，您能夠看到您的資助申請。

門戶網站將向您顯示以下資訊：

1. **#DIR (申請號)**
示範：#DIR400022432
2. **您申請的資助項目**
如果經營營利性業務，您的申請應被列為「**CRG**」。如果被列為「**CRG NPO**」，則表明您申請的業務類型不正確。請按營利性企業提交新申請。
3. **申請狀態**
示範：待選程序
4. **資助金額**
示範：\$15,000

Grant Application

1

#DIR400022432

2

申請項目：CRG

3

Awaiting Selection Process

4

\$15,000.00

Grant Amount

Upload Documents & Bank Info

申請狀態

Grant Application

#DIR400022432

Applied for: CRG

Incomplete

\$0.00

Grant Amount

Edit Application

Grant Application

#DIR400022432

Applied for: CRG

Awaiting Selection Process

\$15,000.00

Grant Amount

Upload Documents & Bank Info

Grant Application

#DIR400022432

Applied for: CRG

入選，待驗證

\$15,000.00

Grant Amount

Upload Documents & Bank Info

Grant Application

#DIR400022432

Applied for: CRG

結束，已獲資助/資助待批

\$15,000.00

Grant Amount

Upload Documents & Bank Info

Grant Application

#DIR400022432

Applied for: CRG

資金發放，請等待3-5天後獲得資金。

\$15,000.00

Grant Amount

Upload Documents & Bank Info

不完整

這是什麼意思：您已開始在線申請，但尚未完成。

您應該如何去做：登錄門戶網站並填寫申請表中的所有字段。必須提交完整填寫的申請方可獲得資助。

待選程序

這是什麼意思：您已提交完整填寫的申請，目前正在進行資格審查。

您應該如何去做：查看電子郵件，以獲取入選決定通知。您的狀態可以是入選、候補或未入選中，以進壹步完成申請程序。

已入選，等待驗證

這是什麼意思：您符合獲得資助的最低要求，且已入選繼續完成申請過程，請上傳所需文件。入選後並不能確保獲得資助。

您應該如何去做：以PDF格式上傳所有必需文件。

結束，已獲資助

這是什麼意思：您已通過全面驗證並獲得資助。

您應該如何去做：請查看電子郵件，獲取受資助者協議；該協議將通過DocuSign發送。簽署受資助者協議，以便發放資金。

資金發放

這是什麼意思：我們已收到簽署後的受資助者協議，資金已發放。

您應該如何去做：查看門戶網站鏈接的銀行帳戶，獲取資金。可能需要3-5個工作日才可獲得資金。

入選決定

Grant Application
#DIR400022432
Applied for: CRG
入選，待驗證
\$15,000.00
Grant Amount
Upload Documents & Bank Info

入選，待驗證

您已入選，請繼續完成申請程序並上傳文件。必須經過充分驗證後方可獲得資助。

Grant Application
#DIR400022432
Applied for: CRG
目前位列候補名單
\$15,000.00
Grant Amount
Upload Documents & Bank Info

目前位列候補名單

已初步認定您符合獲得資助的要求，並等待驗證。

Grant Application
#DIR400022432
Applied for: CRG
申請未入選。
\$15,000.00
Grant Amount
Upload Documents & Bank Info

申請未入選。

您不符合本項目的最低資格要求，已取消申請資格。



已入選 獲得資助

入選後該如何去做

入選預批准程序的合格申請者將收到電子郵件通知。

入選後，必須完成額外驗證步驟之後，申請者方可獲得資助。

入選後，申請者應執行以下操作：

登錄門戶網站並上傳所有必需文件。

鏈接您的銀行資訊。此步驟對驗證您的銀行帳單、防止欺詐以及設置資金直接存款來說必不可少。

一旦完全驗證並批准發放資金，您將通過DocuSign獲得受資助者協議。受資助者協議必須完全生效後，方可發放資金。

收到完全生效的受資助者協議後，您最多等待5個工作日即可獲得資金。

如果您的文件或銀行驗證出現任何問題，Lendistry驗證部門的人員將通過電話、電子郵件和（或）短信與您聯系。我們會在最多7個工作日內聯系您，為您的審核批准提供幫助。