(修订日期2021年09月13日)



这些项目由加州政府资助并由CalOSBA进行管理。



加州小型企业COVID-19救济资助项目 非营利性文化机构项目





该资金用于两(2)个项目:

1. "加州小型企业COVID-19救济资助项目("项目1")将对 已经或即将申请当前"加州小型企业COVID-19救济资助项目" 的加州小型企业提供支持。 "非营利性文化机构项目"("项目2")将对加州符合条件的非营利性文化机构提供支持;这些机构是已注册501(c) (3)的非营利单位,满足项目1下合格小型企业的标准(对年度总收入没有限制),且属于本指南第8页中所确定的NAICS代码之一。

	第7轮	第8轮	第9轮
项目	项目1	项目2	项目1
开放申请日期	2021年8月3日	2021年8月27日	2021年9月9日
截止申请日期	2021年9月16日	2021年9月30日	2021年9月30日
符合条件的申请者	仅限候补申请者 本轮为封闭式申请, 仅适用于前几轮申请中位列候补 名单的合格申请者仅现有申请者方可入选。	仅限非营利性文化机构 只限于符合资格标准的非营利性文化机构(任何收入 规模均可)。	适用于营利性企业和非营利性机构 1. 前几轮申请中未入选但目前位列候补名单的小型 企业以及(或者)非营利性机构(无需重新申请) 2. 符合资格标准的新申请者(新申请者需要在网站 进行申请)
是否接受新申请?	不接受	接受	接受

定义

- "符合条件的小型企业"是指符合以下所有标准的企业或非营利性机构;对其收入降低、所获其他救济资助、信用记录、纳税申报和银行账户验证进行审核后,由审核办公室或财政机构进行确认:
- 属于以下任一企业类型:
 - 独资企业、独立承包商、1099型雇员企业、C型公司、S 型公司、合作型企业、有限责任公司、合作伙伴型或有 限合作伙伴型企业,年度总收入不超过二百五十万美元 (\$2,500,000),但2019年纳税年度的总收入不少于一千 美元(\$1,000)。
 - C注册501(c)(3)、501(c)(6)或501(c)(19)
 的非营利单位,年度总收入不超过二百五十万美元
 (\$2,500,000),但2019年纳税年度的总收入不少于一千美元(\$1,000)。
- 2019年6月1日之前开始营业。
- 目前正在有效运营或者有明确重新开业计划(州政府允许重新开业时)的企业。

- 受到COVID-19及相关健康安全限制影响的企业(例如因 COVID-19疫情大流行而导致业务中断或业务关闭)。
- 请提供机构相关文件(包括2019年纳税申报表或990-表)以及向州务卿或当地市政当局提交的正式文件副本(如适用; 包括但不限于公司章程、机构证书、虚名注册证书或者政府颁发的营业执照)。
- 请提供一份被认可的政府颁发的带照片身份证明。
- 属于集团中收入最高的实体、经营点或特许经营。

符合资格的小型企业必须拥有一个实际地址并在加州经营业务, 可通过所提交的营业税申报表加以验证。如果营业税申报表中未 提及加州地址,则被视为不合格。



定义

"符合条件的非营利性文化机构"是指符合以下条件的已注册 501 (c) (3) 的非营利单位;满足"符合条件的小型企业"要求,但对年度总收入没有限制,且符合以下任一"北美行业分类系统代码":	 453920 - 艺术品经销商; 711110 - 剧院公司和晚宴剧院; 711120 - 舞蹈公司; 711130 - 音乐团体和艺术家; 711190 - 其他表演艺术公司; 711310 - 拥有相关设施的表演艺术、体育和类似活动的赞助商; 711320 - 没有相关设施的表演艺术、体育和类似活动的赞助商; 711410 - 艺术家、运动员、娱乐人员和其他公众人物的代理人和经理人; 711510 - 独立艺术家、作家和表演人; 712110 - 博物馆; 712120 - 历史遗迹; 712130 - 动物园和植物园;或者 712190 - 自然公园和其他类似机构



定义

- "*弱势人群的小型企业集团*"是指由女性、少数族裔(有色人种)、退伍军人拥有的企业(大部分业务(至少51%)由上述群体人员拥有且每日经营的企业,以及在中低收入社区(LMI)和农村社区经营的企业)。
- "底层社区"是指由社会经济指标跟踪的社区;这些指标可能包括但不限于中低收入、贫困率、失业率、教育程度以及其他限制资本和其他资源获取的不利因素。
- "*中低收入(LMI)社区*"指任何人口普查数据中(或者人口 普查局定义的同等地理区域),至少有50%的家庭其收入低于 "地区总收入中位数"(AMGI)的60%,或者社区贫困率不 低于25%。



资金支出结构

根据年度总收入,Lendistry将提供三种资助金额:

符合条件的企业总收入 (2019年纳税年)	每个企业的 可用资助金额
年度总收入 \$1,000至\$100,000	资助金额 \$5,000
年度总收入超过 \$100,000至\$1,000,000	资助金额 \$15,000
年度总收入超过\$1,000,000,低于\$2,500,000	资助金额 \$25,000





不符合条件的企业

- 在加州没有实际办公地点的企业
- 未注册501(c)(3)、501(c)(6)或501(c)(19)的 非营利性企业
- 政府实体(除外美洲原住民部落)或者民选官方办事处
- 主要从事政治或游说活动的企业(无论此类实体是否符合 501(c)(3)、501(c)(6)或501(c)(19)标准)
- 银行受信企业、投资公司以及个人纳税申报表上提交附表-E 的投资者

- 教堂及其他宗教机构(无论此类实体是否符合501(c)(3)、 501(c)(6)或501(c)(19)标准),除外附属于以下企 业的学校、儿童保育或其他教育机构(i)50%以上的年度总 收入来自于学校、儿童保育机构或教育机构;以及(ii)资金 仅用于与学校、儿童保育或其他教育机构直接相关的合适成 本和费用,且不会将任何资金用于教堂或其他宗教机构的任 何正常利润或开销
- 主要从事借贷业务的金融机构(例如银行、财务公司和保理公司等)
- 从事任何联邦、州或地方法律所规定的非法活动的企业



不符合条件的企业

- 从事淫荡性行为业务的企业,包括现场表演淫秽性行为的企 ٠ 业,以及通过销售淫秽产品或服务,或者描绘或展示任何性 行为而获得的直接或间接总收入超过最低限度的企业
- 从事任何社会不良活动或者可能被视为掠夺性活动(例如经 ٠ 营先租后买业务和支票兑现业务)的企业
- 除最多容纳人数限制外,因任何原因限制顾客光顾的企业 •
- 经营投机性生意的企业 ٠
- "附属"公司(该术语在13C.F.R. § 121.103中进行定义) •

- 拥有多个业务实体、特许经营、经营网点的企业没有资格获 • 得多项资助,只允许其通过收入最高的符合条件的小型企业 申请一次
- 拥有超过10%股权的任何企业所有者存在以下情况(i)过去 三年内被定罪或者有针对该所有者的民事判决,又或者因实 施与获取、试图获取或执行公共(联邦、州或地方)交易或 公共交易合同相关的欺诈或刑事犯罪而已经开始接受任何形 式的假释或缓刑(包括判决前的缓刑)裁决;违反联邦或州 的反垄断或采购法规,或者贪污、盗窃、伪造、贿赂、歪曲 或破坏记录,作出虚假陈述或接收被盗财产;或者(ii)因犯 有上文第(i)项所列的任何罪行而正在被起诉或者以其他方 式接受政府实体(联邦、州或地方)刑事或民事指控





第7轮: 概述

- 本轮为封闭式申请,仅适用于前几轮申请中位列候补名单的 • 合格申请者--仅现有申请者方可入选。
 - o 我们并未设立申请门户网站—符合条件的申请者无需重 新申请。
 - o 本轮不接受新的申请。
- 我们将对符合条件的申请者进行选择,之后进入确认和验证 ٠ 审核程序。我们不能确保入选者被批准或得到资助。
- Lendistry内部团队成员委员会将根据项目优先因素(包括遵循 ٠ "加州更安全经济蓝图"而实施的COVID健康安全限制、地方 县状况以及新颁布的"区域居家令";请查询网站 <u>https://covid19.ca.gov/safer-economy/</u>)对所创建的评分卡和地 理分布进行确认。

- 符合条件的申请者审批程序将分为两(2)个阶段:
 - o 阶段1: 申请者上传所选财务文件、身份证明文件以及与 提交信息准确性和真实性有关的企业证明。
 - o 阶段2:获得资助批准的申请者需要提供额外文件,用于 拨款。
- Lendistry将代表加州政府向获得资助批准的合格企业和非营 利机构拨款。
- Lendistry将向获得资助者发放相应的税表。 •



第7轮:所需文件

处于阶段1的所有申请者需要提供以下信息: 确定企业符合资助条件的其他要求 1. 已签署的申请认证副本。 入选获得资助后,申请者需要提供以下所列的额外文件,并对所 2. 最新提交的完整的联邦纳税申报表(2019年)—仅以PDF格式 提供信息的准确性进行再度确认。 提供。 3. 以PDF格式提供一种被认可的政府颁发的带照片身份证明。 处于阶段2的所有申请者需要提供以下信息: 被认可的最低年度总收入超过1,000美元的凭证。 相关机构文件(包括2019年纳税申报表或990s-表);或者向 1. 4. 州务卿(必须为现任)或当地市政当局提交的企业正式文件 副本(如适用),例如必须以PDF格式提供以下任一文件副 本: 公司童程 • 机构证书 虚拟注册名称 • 政府颁发的营业执照(非虑名独资经营者) 最新IRS免税信函副本(符合条件的非营利单位申请者)。 2. 3. 通过电子注册或其他已认证审查程序获得的银行账户验证文 件。



- 在州和联邦平等保护法允许范围内,我们将根据以下标准制定优 先顺序:
- 1. 基于遵循"加州更安全经济蓝图"而实施的COVID-19健康安 全限制、地方县状况以及新颁布的"区域居家令"所形成的 地理分布
- 2. 受疫情大流行影响最严重的行业,包括但不限于"北美行业 分类系统"中以下列代码开头的行业:
 - 61-教育服务。
 - 71-艺术、娱乐和休闲。
 - 72-住宿和餐饮服务。
 - 315-服装制造。
 - 448-服装和服饰店。
 - 451-体育用品、爱好、乐器和书店。
 - 485-公交和地面客运。
 - 487-旅游观光交通。
 - 512-电影和录音行业。
 - 812 个人和洗衣服务。
 - 5111-报纸、期刊、书籍和目录出版物

- **3**. 受疫情大流行影响最严重的非营利性宣教服务,包括但不限 于紧急食品供应、紧急住房稳度、儿童保育以及劳动力开发。
- 由社会经济指标跟踪的底层社区;这些指标可能包括但不限 于中低收入、贫困率、失业率、教育程度以及其他限制资本 和其他资源获取的不利因素。



第7轮: 符合条件的资金用途

- 仅用于因COVID-19疫情大流行及相关健康安全限制而产生的费用 (例如因COVID-19疫情大流行而导致的业务中断或业务关闭)。 以下是符合条件的资金用途:
- 所有雇员的相关费用,包括工资、医疗福利、带薪病假、医疗休假或家庭休假,以及保险费
- 2020年3月1日之前产生的营运资本和开销(包括租金、水电费、抵押贷款本金和利息,但不包括抵押预付款)以及债务(包括本金和利息)(例如为成为符合资助条件的债务,相关贷款协议、本票等(如适用)必须在2020年3月1日之前签订)

- 与重新开放业务运营有关的成本(因州政府强制执行COVID-19健康安全限制和关闭业务而导致的完全或部分性业务关闭)
- · 遵守联邦、州或地方性COVID-19指南、按安全规定重新开放 业务的相关成本(包括但不限于相关设备、有机玻璃隔屏、 户外用餐设备、PPE用品、检测和员工培训费用)
- 与COVID-19有关的任何其他费用(同一时期内未获得联邦、 州、县或市项目提供的任何资金、可免除贷款或者其他救济 金)
- 与COVID-19有关的任何其他成本(不包括用于州政府支付 Medicaid份额的人力资源费用、员工奖金、遣散费、税费、法 律和解费、个人费用或者与COVID-19影响无关的其他费用、 已由保险公司支付的损坏修复,或者为物品或服务捐赠者提 供的补偿费)



第7轮:不符合条件的资金用途

- 用于州政府支付Medicaid份额的人力资源费用;
- 员工奖金或遣散费;
- 税费;
- 法律和解费;
- 个人费用或者与COVID-19影响无关的其他费用;
- 已由保险公司支付的损坏修复费用;
- 为物品或服务捐赠者提供的补偿费。





第8轮: 概述

- 本轮仅适用于符合条件的非营利性文化机构(参见定义)。
- 本程序<u>并不</u>遵循"先来后到"原则。
- 本轮供申请者使用的申请门户网站将于2021年8月27日开放, 并于2021年9月30日关闭(也提供多个合作伙伴门户)。
- 本申请将考虑个人和企业人口数据以及相关披露/证明,以确定"加州小型企业COVID-19救济补助项目"的特定资格和资金合格用途。
- 符合条件的非营利性文化机构必须完成新申请,即使其已申请了第1、2、5或6轮的COVID-19救济补助项目。

- · 己申请第4轮资助的非营利性文化机构无需重新申请。
- 只有在之前任何轮次中<u>没有</u>获得资金的非营利性文化机构方 可获得资助。
- 收到申请后,Lendistry将执行资格审核程序。我们将根据所记录的收入下降百分比对资金进行分配(以2020年第二季度和第三季度与2019年第二季度和第三季度比较的申报周期为准)
- Lendistry将代表加州政府向获得资助批准的合格企业和非营利机构拨款。
- Lendistry将向获得资助者发放相应的税表。



第8轮: 概述

- Lendistry内部团队成员委员会将根据项目优先因素(包括遵循 "加州更安全经济蓝图"而实施的COVID健康安全限制、地方 县状况以及新颁布的"区域居家令";请查询网站 <u>https://covid19.ca.gov/safer-economy/</u>)对所创建的评分卡和地 理分布进行确认。
- 如果满足优先标准的小型企业和非营利性机构的资金需求超过所提供的资金,则将对优先因素进行评估。

- 符合条件的申请者审批程序将分为两(2)个阶段:
 - 阶段1:申请者上传所选财务文件、身份证明文件以及与 提交信息准确性和真实性有关的企业证明。
 - 阶段2:获得资助批准的申请者需要提供额外文件,用于 拨款。
- · Lendistry将代表加州政府向获得资助批准的合格企业和非营利机构拨款。
- Lendistry将向获得资助者发放相应的税表。



第8轮:所需文件

处于阶段1的所有申请者需要提供以下信息:

- 1. 已签署的申请认证副本。
- 2. 最新提交的完整的联邦纳税申报表(2019年)—仅以PDF格式 提供。
- 3. 以PDF格式提供一种被认可的政府颁发的带照片身份证明。
- 被认可的最低年度总收入超过1,000美元的凭证。 4.

确定企业符合资助条件的其他要求

入选获得资助后,申请者需要提供以下所列的额外文件,并对所 提供信息的准确性进行再度确认。

处于阶段2的所有申请者需要提供以下信息:

- 相关机构文件(包括2019年纳税申报表或990s-表);或者向 1. 州务卿(必须为现任)或当地市政当局提交的企业正式文件 副本(如适用),例如必须以PDF格式提供以下任一文件副 本:
 - 公司童程 •
 - 机构证书
 - 虚拟注册名称 •
 - 政府颁发的营业执照(非虑名独资经营者)
- 最新IRS免税信函副本(符合条件的非营利单位申请者)。 2.
- 3. 通过电子注册或其他已认证审查程序获得的银行账户验证文 件。



第8轮: 符合条件的资金用途

- 仅用于因COVID-19疫情大流行及相关健康安全限制而产生的费用 (例如因COVID-19疫情大流行而导致的业务中断或业务关闭)。 以下是符合条件的资金用途:
- 所有雇员的相关费用,包括工资、医疗福利、带薪病假、医 疗休假或家庭休假,以及保险费
- 2020年3月1日之前产生的营运资本和开销(包括租金、水电 费、抵押贷款本金和利息,但不包括抵押预付款)以及债务 (包括本金和利息) (例如为成为符合资助条件的债务,相 关贷款协议、本票等(如适用)必须在2020年3月1日之前签 订)

- 与重新开放业务运营有关的成本(因州政府强制执行COVID-• 19健康安全限制和关闭业务而导致的完全或部分性业务关闭)
- 遵守联邦、州或地方性COVID-19指南、按安全规定重新开放 业务的相关成本(包括但不限于相关设备、有机玻璃隔屏、 户外用餐设备、PPE用品、检测和员工培训费用)
- 与COVID-19有关的任何其他费用(同一时期内未获得联邦、 州、县或市项目提供的任何资金、可免除贷款或者其他救济 金)
- 与COVID-19有关的任何其他成本(不包括用于州政府支付 • Medicaid份额的人力资源费用、员工奖金、遣散费、税费、法 律和解费、个人费用或者与COVID-19影响无关的其他费用、 已由保险公司支付的损坏修复,或者为物品或服务捐赠者提 供的补偿费)



第8轮:不符合条件的资金用途

- 用于州政府支付Medicaid份额的人力资源费用; ٠
- 员工奖金或遣散费; ٠
- 税费; •
- 法律和解费; •
- 个人费用或者与COVID-19影响无关的其他费用; ٠
- 已由保险公司支付的损坏修复费用; •
- 为物品或服务捐赠者提供的补偿费。 ٠





第9轮: 概述

- 本轮适用于: ٠
 - 1. 当前位列候补名单的小型企业和(或)非营利性机构。 这些申请者无需重新申请。
 - 2. 前几轮申请(第1、2、3、5、6或7轮)中未入选但位列 候补名单的小型企业和(或)非营利性机构。这些申请 者无需重新申请。
 - 3. 满足"符合条件的小型企业"或者"符合条件的非营 利性文化机构"定义的新申请者(参见定义)。新申请 者需要在"CAReliefGrant.com"网站上进行申请
- 本程序并不遵循"先来后到"原则。 ٠
- 供新申请者使用的申请门户将于2021年9月9日开放,并于 • 2021年9月30日关闭(也提供多个合作伙伴门户)。

- 本申请将考虑个人和企业人口数据以及相关披露/证明,以确 定"加州小型企业COVID-19救济补助项目"的特定资格和资 金合格用途。
- Lendistry内部团队成员委员会将根据项目优先因素(包括遵循 "加州更安全经济蓝图"而实施的COVID健康安全限制、地方 县状况以及新颁布的"区域居家令";请查询网站 https://covid19.ca.gov/safer-economy/) 对所创建的评分卡和 地理分布进行确认。
- 如果满足优先标准的小型企业和非营利性机构的资金需求超 过所提供的资金,则将对优先因素进行评估。



第9轮: 概述

- 符合条件的申请者审批程序将分为两(2)个阶段: ٠
 - 阶段1: 申请者上传所选财务文件、身份证明文件以及与 0 提交信息准确性和真实性有关的企业证明。
 - 阶段2: 获得资助批准的申请者需要提供额外文件, 用于 0 拨款。
- Lendistry将代表加州政府向获得资助批准的合格企业和非营 ٠ 利机构拨款。
- Lendistry将向获得资助者发放相应的税表。 ٠



第9轮:所需文件

处于阶段1的所有申请者需要提供以下信息:

- 1. 已签署的申请认证副本。
- 2. 最新提交的完整的联邦纳税申报表(2019年)—仅以PDF格式 提供。
- 3. 以PDF格式提供一种被认可的政府颁发的带照片身份证明。
- 被认可的最低年度总收入超过1,000美元的凭证。 4.

确定企业符合资助条件的其他要求

入选获得资助后,申请者需要提供以下所列的额外文件,并对所 提供信息的准确性进行再度确认。

处于阶段2的所有申请者需要提供以下信息:

- 相关机构文件(包括2019年纳税申报表或990s-表);或者向 1. 州务卿(必须为现任)或当地市政当局提交的企业正式文件 副本(如适用),例如必须以PDF格式提供以下任一文件副 本:
 - 公司童程 •
 - 机构证书
 - 虚拟注册名称 •
 - 政府颁发的营业执照(非虑名独资经营者)
- 最新IRS免税信函副本(符合条件的非营利单位申请者)。 2.
- 3. 通过电子注册或其他已认证审查程序获得的银行账户验证文 件。



- 在州和联邦平等保护法允许范围内,我们将根据以下标准制定优 先顺序:
- 1. 基于遵循"加州更安全经济蓝图"而实施的COVID-19健康安 全限制、地方县状况以及新颁布的"区域居家令"所形成的 地理分布
- 2. 受疫情大流行影响最严重的行业,包括但不限于"北美行业 分类系统"中以下列代码开头的行业:
 - 61-教育服务。
 - 71-艺术、娱乐和休闲。
 - 72-住宿和餐饮服务。
 - 315-服装制造。
 - 448-服装和服饰店。
 - 451-体育用品、爱好、乐器和书店。
 - 485-公交和地面客运。
 - 487-旅游观光交通。
 - 512-电影和录音行业。
 - 812 个人和洗衣服务。
 - 5111-报纸、期刊、书籍和目录出版物

- **3**. 受疫情大流行影响最严重的非营利性宣教服务,包括但不限 于紧急食品供应、紧急住房稳度、儿童保育以及劳动力开发。
- 由社会经济指标跟踪的底层社区;这些指标可能包括但不限 于中低收入、贫困率、失业率、教育程度以及其他限制资本 和其他资源获取的不利因素。



第9轮: 符合条件的资金用途

- 仅用于因COVID-19疫情大流行及相关健康安全限制而产生的费用 (例如因COVID-19疫情大流行而导致的业务中断或业务关闭)。 以下是符合条件的资金用途:
- 所有雇员的相关费用,包括工资、医疗福利、带薪病假、医 疗休假或家庭休假,以及保险费
- 2020年3月1日之前产生的营运资本和开销(包括租金、水电 费、抵押贷款本金和利息,但不包括抵押预付款)以及债务 (包括本金和利息) (例如为成为符合资助条件的债务,相 关贷款协议、本票等(如适用)必须在2020年3月1日之前签 订)

- 与重新开放业务运营有关的成本(因州政府强制执行COVID-• 19健康安全限制和关闭业务而导致的完全或部分性业务关闭)
- 遵守联邦、州或地方性COVID-19指南、按安全规定重新开放 业务的相关成本(包括但不限于相关设备、有机玻璃隔屏、 户外用餐设备、PPE用品、检测和员工培训费用)
- 与COVID-19有关的任何其他费用(同一时期内未获得联邦、 州、县或市项目提供的任何资金、可免除贷款或者其他救济 金)
- 与COVID-19有关的任何其他成本(不包括用于州政府支付 • Medicaid份额的人力资源费用、员工奖金、遣散费、税费、法 律和解费、个人费用或者与COVID-19影响无关的其他费用、 已由保险公司支付的损坏修复,或者为物品或服务捐赠者提 供的补偿费)



第9轮:不符合条件的资金用途

- 用于州政府支付Medicaid份额的人力资源费用;
- 员工奖金或遣散费;
- 税费;
- 法律和解费;
- 个人费用或者与COVID-19影响无关的其他费用;
- 已由保险公司支付的损坏修复费用;
- 为物品或服务捐赠者提供的补偿费。



申请认证 如何下载和填写表格



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申请认证

作为申请程序的一部分,您需要签署"申请认证表",对相 息的准确性进行自我认证。 您可以下载并填写电子形式的"申请认证表"。您需要在申	关信 请使用以下链接查看企业的"申请认证"。 营利性企业 点击此处下载 请程 非营利性机构 点击此处下载
序中"上传文件"部分提交已签字的"申请认证表"。	非营利性文化机构 点击此处下载



如何以电子方式填写表格

步骤1: 点击 图标,在计算机上下载 "申请认证表"。



步骤2:将认证表保存到计算机桌面。

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File name:	NYS-CO	VID-19-Pander	mic-Small-Business-	Recovery-Gra	nt-Program_Applica	tion-Certification-Lendi	stry-6.5.21 (1)		
Save as type:	Adobe A	Acrobat Docum	ent						
 Hide Folders 							Save	Cance	el

步骤3:转至桌面,找到"申请认证表"并 打开文件。



步骤4: "申请认证表"将以PDF文件打开。 在所有编号项目旁输入您的姓名首字母, 然后在第5页上输入签名和业务信息以完成 申请认证。



步骤5:转到"文件">"保存"或使用键 盘上的"CTRL+S"键,保存完整填写的 "申请认证表"。

步骤6:将填写后的"申请认证表"上传至 门户网站。



如何手工填写表格





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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.

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

(I) 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 bereby 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 regulation

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

Signature	Date
Print Name	Title
	EIN #/SSN #/ITIN #

Applicant Business Address



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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 reopening 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 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 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

(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

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

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

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.

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 respect

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.

Print Name	Title
	EIN #
Organization Name	
Organization Address	



非营利性文化机构

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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

(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 firector 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

(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

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

(I) 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 udement 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 nerated 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

Signature	Date
Print Name	Title
Organization Name	EIN #
organization Name	
Organization Address	

申请提示



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提示#1: 请使用谷歌CHROME浏览器

为获得最佳用户体验,整个申请过程中请使用谷歌浏览器。

其他网络浏览器可能不支持我们的界面,并可能导致申请错误。

如果设备上没有谷歌浏览器,您可以在以下网址免费下载。 https://www.google.com/chrome/

开始申请前,请在谷歌Chrome浏览器上执行以下操作:

- 1. 清除缓存:缓存数据是从以前使用过的网站或应用程序中存 储的信息,主要通过自动填充信息加快浏览过程。但是,缓 存数据也可能含有过时信息(例如旧密码或之前错误输入的 信息)。这可能导致申请过程中产生错误,并可能被标记为 潜在欺诈。
- **打开隐身模式**:您可以通过隐身模式秘密输入信息,防止计 2. 算机记住或缓存相关数据。
- **禁用弹出窗口拦截器**:我们的申请包含多个弹出信息,用以 3. 确认提供信息的准确性。您必须禁用谷歌Chrome浏览器的弹 出窗口拦截器才能看到这些信息。


如何清除缓存

1. 点击右上角的三点标记,然后转到"设置"



2. 转至"隐私和安全",然后选择"清除浏览数据"



3. 选择"清除数据"





1. 点击浏览器右上角的三点标记,然后转到"新隐身窗 口"。浏览器将打开一个新窗口。





禁用弹出窗口拦截器:

1. 在谷歌Chrome浏览器上,点击 右上角的三点标记, 然后选择 "设置"



隐私和安全"



3. 选择"网站设置"

-	Clear browsing data	
	Clear history, cookies, cache, and more	,
	Cookies and other site data	
	Third-party cookies are blocked in Incognito mode	•
•	Security	
V	Safe Browsing (protection from dangerous sites) and other security settings	•
	Site Settings	

4. 选择"弹出窗口和重新定向"

٩	Cookies and site data Third-party cookies are blocked in Incognito mode	
<>	JavaScript Alfowed	
**	Images Show all	
Ø	Pop-ups and redirects Blocked	

5. 点击该按钮使其变为蓝色, 将功能状态从"拦截"变成 "允许"

Blocked (recommended	
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Allowed	-





提示#2: 以PDF格式提交所有文件

电子表格必须清晰、齐整,且不含混乱的背景。

上传文件时的重要事项:

- 所有文件必须以PDF格式提交。 ٠
- 文件大小必须小于15MB。 •
- 文件名不能包含任何特殊字符(!@#\$%^&*()_+)。 ٠
- 如果文件有密码保护,您需要将其输入门户网站,否则我们 ٠ 无法查看该文件。

如果没有扫描仪,我们建议您使用以下免费移动设备应用程序: **Genius Scan**

苹果系统 | 点击此处下载 安卓系统 | 点击此处下载

Adobe Scan

苹果系统 | 点击此处下载 安卓系统 | 点击此处下载





提示#3: 使用有效电子邮件地址

请确保申请过程中使用有效电子邮件地址。我们会通过您所提供 的电子邮件地址发送更新和附加说明。

重要说明-我们的系统不会接收或识别以下电子邮件地址:

以@info开头的电子邮件

示例: info@mycompany.com

以@contact.com或者@noreply.com结尾的电子邮件

示例: example@contact.com

示例: example@noreply.com





提示#4: 根据业务类别申请资助

以下每种业务分类均有不同的申请门户网站:

- 营利性企业 •
- 非营利性机构 •
- 艺术与文化类非营利性机构 ٠

请使用正确的业务申请门户网站进行申请。

每种申请类型都标有不同颜色的选框。

您的申请不能改变;如果提交的申请类型不正确,您需要重新申 请。但是,提交多份申请将作为潜在欺诈被发现,您的申请将被 终止











申请帮助: 其他资源



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翻译工具

我们的整个网站和申请程序可以翻译成以下语种:



重要提示:如需非英语语种帮助完成申请,请联系我们的呼叫中心。

网络浏览器右上角提供翻译工具。





无障碍辅助功能

我们的网站还具有无障碍辅助功能, 确保为残障人士提供服务,包括但不 限于让网站更易于使用以及为残障人 士提供更多辅助功能。

网站careliefgrant.com提供"UserWay's Web Accessibility"插件,由专用无障 碍辅助服务器提供支持。点击页面角 落中显示的辅助功能菜单图标即可开 启careliefgrant.com网站的辅助功能菜 单。启动辅助功能菜单后,请稍等片 刻,以完整加载辅助功能菜单。

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Cursor	L Tooltips			
↓ Line Height	Text Align			
Reset All	Move/Hide			
How UserWay Works				
Accessibility Statement Report a Problem Manage Accessibility by UserWay.org				

Catiforn adminit	ia Small Business COVID-19 Relief Grant Program. This Program is funded by the Star tered by CalOSBA.	
тні	S PROGRAM IS NOW CLOSED.	CARELIEFGRANT.CC
We are still in the process of sel Please continue to check your e new information we receive as i California Small B	icting applicants from the waitlist to move forward in the process. mail for updates. We will continue to update our website with any result of the upcoming budget announcements. Susiness COVID-19 Relief Grant Program	网站
Let's get started with your application. (California Small Business Re Forthama (Plass and integrate in English) * Email Address * Divine cali Prices * Business Theme (Plass and integrate) *	Questions? Contact Us 888-612-4370 Accessibility Inf Great Program) College AL Sectors Lasthana (Passa end answer in Eigin) * College AL Sectors Conferent Program) Conferent Answer in Eigin) * Conferent Answer in Eigin) * Conferent Answer in Eigin) * Conferent Answer in Eigin in * Conferent Answer in Eigin in * Spectras of Barrese * Conferent Answer in Eigin in #	▶ Mathematical Actions in the second seco
	CONTROLE Questions? Contact Us 888.612.433 	LENDISTRY





视频

除网站此处的视频点播外,在线申请的各个部分也会嵌入短视频。 每个视频将显示如何填写此部分内容。如需观看视频,请点击 "观看视频"。该视频将在网页浏览器的新标签页中播放。

门户网站中还有相关视频,为上传文件和链接银行信息提供帮助。

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 *	- 0	Preferred Language *

PLOAD DOCUMENTS		
UPLOAD DOCUMENTS BANK INFO		
		⊙ <u>Watch Video</u>
Your business is a Corporation		
Change business type Corporation	-	
IMPORTANT NOTE:		
To avoid error please do not open multiple tabs.		

UPLOAD DOCUMENTS BANK INFO	
	⊕ <u>Watch Video</u> ▲
Step 1	Step 2
LINK YOUR BANK ACCOUNT	Where should we send your funds?
金 → ⇔	Business name as shown on checking account (Please enter ans
Linking your bank : • Tells us where we should deposit your grant • Expedites your grant • Verifies your information	Bank name (Please enter answ Street (Please enter answer in
Link Your Bank	City (Please enter answer in En State +
By linking your bank, you authorize use of your account to process your grant.	Zip * Routing number *
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申请过程中的信息图标 🚺

- 我们在申请过程中添加了信息图标 i ,以提供更多指导。 •
- 将鼠标悬停在图标上即可显示额外信息。 •

Owner Details		Watch Video	Business information	Watch Video
Owner First Name * Luu Owner Email * Iuucrgtest@yopmail.com Owner Address (Please do not enter PO Box & enter answer in English) *	Owner Last Name * Test Owner Celphone * 123-456-7890 Owner Address 2 (Please do not enter PO Box & enter answer in English)		Business Time * Luu's Company Business EIN (Only digits, cannot contain special character or spaces) * Business Type * For sole p employee CSN	DBA (Doing Business As) (Note:if No DBA type NONEI (Please enter answer in English)*
Owner City (Please enter answer in English) * Owner Zip * 92821	Owner State *	• •	Solv. Business Address (Please do not enter PO Box & enter answer in English) * City (Please enter answer in English) *	Address 2 (Please do not enter PO Box & enter answer in English) State *
Owner date of birth (mm/dd/yyyy) * 90 of Ownership * 10 of Ownership and not less than 0. 1 accept the Terms and Conditions	◎ Owner Social Security (#SSN or [III]) ● ● ing 0% is satisfactory Ing 0% is satisfactory Satisfactory B Satisfactory	9 E & AGREE	County * Date Business Established (mm/dd/yyyy) *	Zip * Business Website URL - (if no website please type none.com) *



如何提交申请

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步骤1: 在CARELIEFCRANT.COM查 找合作伙伴

如何选择合作伙伴

申请资助时,您需要经由一名合作伙伴来完成。您可以在网站 www.CAReliefGrant.com 按语言或按所在县查找合作伙伴。

- 您可以选择服务于所在地区的任何合作伙伴。每个县和所有语言都有至少一个合作伙伴供企业申请时选择。相较于其他县和语言,某些县和语言会拥有更多选择。
- 您可以选择您认为最能满足需求的合作伙伴,因为他们还可以 提供其他财务援助(例如营运资金贷款、设备贷款以及技术援助),以帮助您和企业。

您只能通过一位合作伙伴申请一次资助。请对合作伙伴进行标记。 您需要登录合作伙伴的单独门户网站才能上传文件。

为确保登录到正确门户网站,请在网页URL中找到合作伙伴的姓名。

示例: www.partnername.mylendistry.com



С

https://thecenter.mylendistry.com/#/grant

California Relief Grant Program



步骤2: 查找资助

说明

- 1. 在<u>www.CAReliefGrant.com</u>网站选择合作伙伴后,请点击"立即 申请"。您将被重新转至合作伙伴的门户网站主页。
- 2. 在主页上,请点击"点击此处申请"。

LEARN MORE ABOUT THIS PARTNER				
APPLY	NOW			
Find the right Grant that fits your business needs	EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT			
	applications - January 948, 2021 - January 13th, 2021 at 11:59 pm. The new closing data for flournd 1 is January 13th, 2021 at 11:59 pm. SIGN IN			



50

步骤3: 根据业务分类选择资助项目

指示

选择最适合您业务分类的申请程序:

- 营利性企业 •
- 非营利性机构 •
- 艺术与文化类非营利性机构
- 加州经营地点 •

如果所提交的申请不适合您的业务分类,您需要提交一份新申请。

但是,提交多份申请将作为潜在欺诈被发现,您的申请将被终止

重要提示:

- 拥有多项业务的申请者只能申请一项资助。如果申请多项资助, • 则仅能审核其中一项。
- 请点击"立即申请"启动您的申请程序。





申请程序 需要哪些信息以及如何完成申请程序



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第1部分:开始申请程序

需要哪些信息?

- 名字
- 姓氏
- 电子邮件
- 电话号码
- 企业名称
- 企业邮政编码

重要提示:请确保在此部分中使用有效电子邮件地址。我们将通过您提供的电子邮件地址向您发送重要更新和进一步说明。请参考"申请提示",了解无效电子邮件地址清单。

SMS/短信条例

我们将通过SMS/短信为您提供资助申请状态更新。如需通过SMS/ 短信接收更新信息,请在阅读披露条例后勾选此选框表示同意。如 果希望退出此项功能,请不要勾选此选框。

ndise	ry	Questions? Contact Us 213-555-121	
•	Let's get started with your application (California Small Bu	siness Relief Grant Program)	Collapse All Sections
	First Name * Marisol	Lest Neme * 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 <u>SMS/Text Policy</u>		CONTINUE

同意自动拨号或发送短信:

First Name *	Last Name *	
Email Address *	Confirm Email Address *	
Owner cell Phone *	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-cliabed and represented messages calls and SMC messages (including text	
Business Name *	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.	
I accept the SMS/Text Policy	LENDISTRY is a licensed California Financial Lender License # 60DB066872	



第2部分: 企业所有者详情

需要哪些信息?

- 所有者名字
- 所有者姓氏
- 所有者的电子邮箱
- 所有者地址所在市、州、邮政编码和县
- 所有者出生日期
- 所有者的社会安全号
- 所有权%

相关条款

勾选此选框,承认您已阅读并同意本**条款**您必须同意本条款才能继续申请资助。

Owner First Name * Marisol	Owner Last Name * Testcase	
Owner Email *	Owner Cellphone * 122-456-7800	
cigdemo@yopman.com		
Owner Address [Please do not enter PO Box] *		
220 Locust Ave	Owner Address 2 [Please do not enter PO Box]	
Owner City *	Owner State *	
Anthill	Missouri	*
Owner Zip *	Owner County *	
65488	Adair County	· ·
Dener date of birth (mm/dd/aaa) *	Owner Social Security (#SSN) *	
12/3/1991	 000-00-0001 	0
No of Courseshine		This is utilized to confirm
100		representative is not on
		OFAC list.
—		
I accept the <u>terms and Conditions</u>		
		SAVE & AGREE

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

1. <u>Terms of Use</u> 2. <u>Additional Authorizations</u>

3. <u>Privacy Policy</u>

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

Okay



×

第3部分:业务信息

申请)

需要哪些信息?	Business information	
 企业名称 	Business Name *	DBA (Doing Business As)-[Note-If No DBA type NONE] +
• DBA (如果适用)	Test Company	none
备注:如果企业没有DBA,请在此字段中输	Business EIN (Only digits, cannot contain special character or spaces) * 000000001	Business Phone # * 123-456-7890
入"九"。		
• 企业EIN	Corporation	California
 企业电话号码 	Business Address [Please do not enter PO Box] *	
• 山冬米刑	123 Test Street	Address 2 [Please do not enter PO Box]
	City *	State *
• 公司汪册状态	Brea	California
• 非盈利状态 (仅限于非营利性机构和非营利	County +	Zip +
性文化项目申请)	Orange County	
• 确计你的机构肥久危利而日保生重重益Ⅲ危	Date Business Established (mm/dd/yyyy) *	Business Website URL - (If no website please type none.com) *
• 痈队宓的机构服务位列坝日饥无争坝即四位。	4/23/2012	none.com
(仅适用于非营利性机构和艺术与文化项目		

- 企业地址、所在市、州、邮政编码和县
- 企业开始运营日期
- 企业网站 备注:如果企业没有网站,请在此字段中输 λ "none.com" 。

第4部分:我们如何为您提供帮助?

需要哪些信息?

- 资助目的
- 申请资助金额 备注:您可以申请的资助金额取决于您的年收入。
- 该资助项目能否创造新的就业机会?
- 2019年年度总收入(必须与您的纳税申报表相符)
- 全职雇员人数#
- 兼职雇员人数#
- 创造工作岗位数量#
- 保留职位数量#

如何审查资助金额是否合格

根据年收入填写申请表中的申请资助金额。

如需查看合格资助金额,请点击"查看资格" 并找到合格的申请金额。

您只能申请合格的资助金额。

Payroll	 \$ 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) *	

ayroli		-	Charaly Elizabeth
	\$1,000 - \$100,000	\$5,000	<u>Check Eligion</u>
/ill this grant create new jobs?	\$100,001 - \$1,000,000	\$15,000	•
Yes No	\$1,000,001 - \$2,500,000	\$25,000	-
of Full-time Employees (2020) *			·
Okay			
of jobs created (2020) *			



第5部分:企业人口信息

需要哪些信息? • 您拥有哪些客户群?	Business demographics		
 B2B: 企业对企业 B2C: 企业对消费者 你有哪些经营业条? 哪种业条类型? 	Who is your customer base? B2B B B2C B2C Both What type of business is it? * Retail Trade	What does your business do? * Sells Products Tell us more. * Apparel and accessory	
 · 汤有咖兰红首亚芬···咖秆亚芬关生; · 请详细说明。 · NAICS代码 · AIL > 日本》, / / / / · 	NAICS Code * 000000 Warren-Owned Business *	Click here to find your NAICS code	
 企业主是否为女性? 是否为退伍军人? 是否为残疾人士? 	YES Disabled * NO	NO Not Disclosed	• •
 哪个种族? 哪个民族? 是否为特许经营? 是否位于乡村? 	Ethnicity* Not Disclosed Rural* NO	NO	



第6部分:信息披露

说明

填写完成"信息披露"部分的所有字段后, 点击"提交"完成申请程序。

Cendirery ^{这些项目由加州政府资助并由CalOSBA进}行管理。

•	Disclosures		
	 Syour business 51% Minority or veteran-owned? (Minority/Person of Color-Owned Small Business' means the following racial or ethnic groups gas identified by the applicanty. Mrian-American/Black, Asian, Native American or Alaska Native, Native Hewardsian or Pachic Islander, or Latint/Heparica). 	Please select an answer * NO	
	2) What was the gross revenue for your business for April 1st, 2019 - September 30th, 20197 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 enteryour answer in numeric value * 5 0	
	4) is your business currently in need of business advising or technical assistance services?	Please select an answer * NO *	山山正
	5) is your business currently in need of a business loan?	Please select an answer * YES ~	<u>TEMK</u>
	6) During the last 9 months. has your business received any COVID-19 related emergency funding?	Please solicit on answer * NO *	
		SUBMIT	
0	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 *	非营利性
	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 *	机构
	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	1/ 1/15
	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	
		Sound	
	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 *	非营利性
	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 *	一 立 化 机 构 而 日
	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 enteryour 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 * 5 5000	
		SUBMIT	

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第7部分:确认

说明

申请结束时, 您有两个选择:

1. 保存申请,稍后完成

- 如果希望保存申请并在稍后完成申请,请在此处留 白,并点击"保存&稍后继续"。 重要提示:必须 完成申请程序才能获得资助考量。
- 2. 完成申请并提交
 - 如果提供的所有信息准确无误,而且希望完成申请 提交,请输入"是",并点击"继续"。重要提示: 一旦提交申请,则不能再进行任何编辑。

如果未出现此确认信息, 请确保网络浏览器"弹出窗口拦截器" 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 your 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.

Save & Continue Later

Continue

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 your 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







第8部分:确认信息

说明 成功提交申请后,您将收到以下信息。

接下来如何

您将收到一封单独电子邮件,其中包含门户网站的用户名和 密码。请使用登录凭证完成以下所有步骤:

激活并登录门户。 1.

- 以可接受格式上传所有必需文件。 2.
- 链接您的银行信息,以便验证银行帐单并设置直接存款方 3. 式。(仅适用于入选的申请者)。

请查看电子邮件(包括待筛选邮件、废弃邮件和垃圾邮件), 以便从 "no-reply@mylendistry.com" 邮件中获取用户名和密 码,以激活帐户并上传文档。

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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, lunk, 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:获取用户名和密码

说明

请检查您在申请资助"开始申请"部分中输入的电子邮件地址, 1. 以获取门户网站的用户名和密码。

如果在收件箱中没有看到此邮件,请查看废弃邮件和垃圾邮件 文件夹。

2. 点击"点击此处登录",以激活帐户。您将被重新定向到"加 州救济资助项目"申请主页。

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 careliefgrant@lendistry.com Lendistry CRG Demo V. All Rights Reserved



第10部分:登录合作伙伴的门户网站

说明

1. 请使用确认电子邮件中指定的用户名和密码,以登录并激活帐 户。

重要提示: 请务必登录合作伙伴的门户网站。您的登录凭证不适用于其他合作伙伴。查看门户网站的URL。您应该能够看到 合作伙伴的名称。

 登录后,系统会提示您重置密码以保护隐私。新密码必须包含 至少8个字符(1-9、a-z、A-Z),其中需包括一个特殊字符 (!@#\$%^&*)。

The Center by Lendistry $ imes$ + $ e \rightarrow \mathbf{C}$ $$ https://thecenter.mylendistry.com/#/grant	
California R	elief Grant Program
EXISTING CUSTOMERS SIGN INTO YOUR ACCOUNT ergdemo@yopmail.com ergdemo@yopmail.com <th>Image: Constraint of the series o</th>	Image: Constraint of the series o



上传文件 如何在门户网站中上传文件 (仅限PDF格式)



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门户网站概览

开始上传之前,请查看以下注意事项以确保文档正确上传:

- 所列红色星号(*)文件需在完成在线申请后立即上传。 ٠
- 所列蓝色星号(*)文件仅在入选进入下一步申请程序时才需要 ٠ 上传。您将收到是否入选的通知。
- 只有批准获得资助时才需要您的银行信息。 ٠
- 如果文件与您的业务不符,请选择N/A(不适用)。 ٠
- 所有文件必须以PDF格式提交。PDF文件必须小于15MB。含有多 ٠ 页的文件应按一(1)个PDF文件提交。
- 请勿在文件名中包含特殊字符(例如~!@#\$%^&*()_+)。门 ٠ 户网站无法识别特殊字符。
- 如果您的文档有密码保护,请将其输入门户网站中。 ٠

Your business is a Corporation	
Change business type Corporation	
IMPORTANT NOTE:	
To avoid error please do not open mu	ltiple tabs.
Please upload each document under th * Indicates needed to apply * Please provide if selected for all remaining documents. If a document does not apply to your business, check the box ma Banking information only needs to be provided by applicants wh	e corresponding category listed below. ked N/A. • are approved for a grant or applicants who want to show all status items as completed.
Please upload each document under th Indicates needed to apply Indicates needed to apply Please provide if selected for all remaining documents. If a document does not apply to your business, check the box ma Banking information only needs to be provided by applicants wh Application Certification *	re corresponding category listed below. rked NA. are approved for a grant or applicants who want to show all status items as completed. COMPLETED
Please upload each document under th Indicates needed to apply Please provide if selected for all remaining documents. If a document does not apply to your business, check the box ma Banking information only needs to be provided by applicants wh Application Certification * Government Issued Photo ID/ITIN CP565 +	e corresponding category listed below. ked N/A. are approved for a grant or applicants who want to show all status items as completed. COMFLETED Pending
Please upload each document under th Indicates needed to apply Please provide if selected for all remaining documents. If a document does not apply to your business, check the box ma Banking information only needs to be provided by applicants wh Application Certification * Government Issued Photo ID/ITIN CP565 + 2019 Business Tax Return *	e corresponding category listed below. ked N/A. are approved for a grant or applicants who want to show all status items as completed. COMPLETED Pending Pending Pending



如何将文件上传到门户网站



链接您的银行信息 _{仅适用于已获批的申请者}



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如何链接您的银行信息

Lendistry使用第三方技术(Plaid)设置ACH转账,将美国任何银行或 信用合作社的账户连接到某个应用程序(例如Lendistry门户)。未 经许可,第三方不会共享您的个人信息,也不会将其出售或出租给 外部公司。Lendistry仅使用此技术验证您的银行帐单。我们首选此 银行验证方法;但如果提供商无法获得您的银行机构,则此方法可 能无效。这种情况下,您可以使用其他处理方法验证您的银行帐户。

如何通过Plaid在Lendistry门户网站验证您的银行账户



步骤1

- 点击"链接您的银行账户",为Plaid打开一个操作窗口。
- 继续Plaid, 并找到您的银行机构。
- 登录您的网上银行帐户并将其连接到Lendistry门户网站。



步骤2

无论使用何种验证方法,您都必须完成此步骤。

- 输入您的银行信息。
- "企业账户名称"字段并非您的帐户类型。该字段为您的帐户名称,
 必须以企业名称命名且显示在您的银行帐单上。
- **如果企**业属于**独**资经营,则银行账户可以是个人账户,但必须与 **您的姓名一致**。

如何查看申请状态



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Jalad



何处查询申请状态

说明 登录门户网站后,您能够看到您的资助申请。 Grant Application 门户网站将向您显示以下信息: 1. **#DIR(申请号)** #DIR400022432 示范: #DIR400022432 申请项目: CRG 2. 您申请的资助项目 如果经营<u>营利性业务</u>,您的申请应被列为"<u>CRG</u>"。如 Awaiting Selection Process 3 果被列为"CRG NPO",则表明您申请的业务类型不正 确。请按营利性企业提交新申请。 4 \$15,000.00 3. 申请状态 示范:待选程序 Grant Amount 4. 资助金额 示范: \$15,000 Upload Documents & Bank Info



申请状态



不完整

这是什么意思:您已开始在线申请, 但尚未完成。

您应该如何去做:登录门户网站并填 写申请表中的所有字段。必须提交完 整填写的申请方可获得资助。

待选 程序

这是什么意思:您已提交完整填写的 申请,目前正在进行资格审查。

您应该如何去做:查看电子邮件,以 获取入选决定通知。您的状态可以是 入选、候补或未入选中,以进一步完 成申请程序。

已入选, 等待验证

这是什么意思:您符合获得资助的最 低要求,且已入选继续完成申请过程, 请上传所需文件。入选后并不能确保 获得资助。

您应该如何去做:以PDF格式上传所 有必需文件。

结束, 已获资助

这是什么意思:您已通过全面验证并 获得资助。

您应该如何去做:请查看电子邮件,获取受资助者协议;该协议将通过 DocuSign发送。签署受资助者协议,以便发放资金。

资金 发放

这是什么意思:我们已收到签署后的 受资助者协议,资金已发放。

您应该如何去做:查看门户网站链接的银行帐户,获取资金。可能需要3-5 个工作日才可获得资金。

入选决定



入选,待验证

您已入选,请继续完成申请程序并上 传文件。必须经过充分验证后方可获 得资助。

Grant Application	
#DIR400022432	
Applied for: CRG	
目前位列候补名单	
#45 000 00	
\$15,000.00 Grant Amount	
\$15,000.00 Grant Amount Upload Documents & Bank Info	
\$15,000.00 Grant Amount Upload Documents & Bank Info	

目前位列候补名单 已初步认定您符合获得资助的要求, 并等待验证。



申请未入选

您不符合本项目的最低资格要求,已取消 申请资格。




入选后该如何去做

入选预批准程序的合格申请者将收到电子邮件通知。入选后,必 须完成额外验证步骤之后,申请者方可获得资助。

入选后,申请者应执行以下操作:

登录门户网站并上传所有必需文件。

链接您的银行信息。此步骤对验证您的银行帐单、防止欺诈以及 设置资金直接存款来说必不可少。

一旦完全验证并批准发放资金,您将通过Docusign获得受资助者 协议。受资助者协议必须完全生效后,方可发放资金。

收到完全生效的受资助者协议后,您最多等待5个工作日即可获 得资金。

如果您的文件或银行验证出现任何问题,Lendistry验证部门的人 员将通过电话、电子邮件和(或)短信与您联系。我们会在最多 7个工作日内联系您,为您的审核批准提供帮助。

