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# LEGACY BUSINESS PROGRAM

## Business Assistance Grant Application 2019-20



## **1. Instructions**

Welcome to the application for the Legacy Business Program's Business Assistance Grant for fiscal year ("FY") 2019-20. The application is open to all Registered Legacy Businesses as defined in [Administrative Code Section 2A.242](#) and [Administrative Code Section 2A.243](#). Before completing this application, please review the Rules and Regulations for Business Assistance Grants, which are available at the following link: [Business Assistance Grant Rules and Regulations](#).

The application period is July 1, 2019, to September 30, 2019. Applications must be received or postmarked by Monday, September 30, 2019, in order to be considered. We do not accept late applications.

### **Submission Options**

Submit your completed application along with the required documents indicated in Section 2:

- By Email: [legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org). (Due Sept. 30 at 11:59 p.m.)
- By Mail: Legacy Business Program, Office of Small Business, 1 Dr. Carlton B. Goodlett Place, City Hall Room 140, San Francisco, CA 94102. (Must be postmarked by Sept. 30.)
- In Person: Deliver to Office of Small Business, City Hall Room 140, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102. (Due Sept. 30 at 5:00 p.m.)

For questions, contact the Legacy Business Program staff at [legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org) or (415) 554-6680.

## **2. Required Documents**

Please have the following items ready before you begin the application:

- A) Completed full-time equivalent employees (FTEs) spreadsheet. Link: [Business Assistance Grant FTE Worksheet 2019-20](#)
- B) Verification of FTEs for the fiscal year (July 1, 2018, to June 30, 2019).
  - Documentation must include the number of hours each employee worked and the number of weeks each employee was employed for the entire fiscal year.
  - Payroll reports are preferred.
- C) Verification of how this year's grant funds (FY 2019-20) will be spent (optional).
- D) Verification of how last year's grant funds (FY 2018-19) were spent (required if you received a grant last year - FY 2018-19). Examples include invoices, copies of checks or receipts.

E) Calculation of total rent or commercial mortgage(s) for calendar year 2018 (January 1 to December 31) for all business locations in San Francisco listed on the Legacy Business Registry.

F) Total gross revenue for calendar year 2018 (January 1 to December 31) for all business locations in San Francisco listed on the Legacy Business Registry.

**3. Contact Information**

A) Legacy Business Name: \_\_\_\_\_

B) Legacy Business Street Address: \_\_\_\_\_

C) Legacy Business Zip Code: \_\_\_\_\_

D) Business Account Number with the SF Treasurer & Tax Collector: \_\_\_\_\_

E) Contact Person: \_\_\_\_\_

F) Contact Phone Number: \_\_\_\_\_

G) Contact Email Address: \_\_\_\_\_

**4. Was your business closed for any period between July 1, 2018, and June 30, 2019?**

If yes, please indicate which location(s) and when.

Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Date Reopened: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Location: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Date Reopened: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Location: \_\_\_\_\_

Date Closed: \_\_\_\_\_

Date Reopened: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

**5. No Amounts Owed to City**

Applicant certifies it has no amounts owed to the City as a result of fines, penalties, interest, assessments, taxes, fees, or any other financial obligations imposed by law, regulation, or contract that were delinquent as of the date of application; OR

If your business does have unpaid obligations to the City, Applicant acknowledges that any amounts owed to the City as a result of fines, penalties, interest, assessments, taxes, fees, or any other financial obligations imposed by law, regulation, or contract that were delinquent as of the date of application must be paid in full by March 31, 2020, in order to receive the grant.

Yes \_\_\_\_\_

“Yes” is required for compliance.

**6. No Determinations or Violations of Any of City Labor Laws**

Applicant certifies it has no current determinations or violations of any of the City’s labor laws and does not owe any outstanding penalties or payments ordered by the Office of Labor Standards Enforcement (OLSE); OR

If your business does have current determinations or violations of the City’s labor laws and/or owes outstanding penalties or payments ordered by OLSE as of the date of application, Applicant acknowledges that any such determinations, violations, penalties and/or payments must be settled by March 31, 2020, in order to receive the grant.

Yes \_\_\_\_\_

“Yes” is required for compliance.

**7. Certification of “Full-Time Equivalent” Employees**

Based on the calculations below, how many full-time equivalent employees (FTEs) did the business employ in San Francisco for fiscal year 2018-19? \_\_\_\_\_

Must be a whole number

**How to Calculate FTEs**

To calculate the number of FTEs, use the spreadsheet provided. Instructions are as follows:

1. Decide which tab in the spreadsheet best matches your payroll data:
  - Use Option 1 if you have total yearly hours for each employee;

- Use Option 2 if you have semi-annual hours for each employee;
  - Use Option 3 if you have monthly hours for each employee.
2. In the appropriate tab in the spreadsheet, verify whether each employee was employed as of June 30. The answer must be “yes” for all employees included in the FTE calculation. Include full-time, part-time and seasonal employees. If an employee left the company prior to June 30, 2019, or started working for the company after June 30, 2019, do not include the employee in the spreadsheet.

Who are considered “employees”?

- If there is payroll with any employees, then the applicant should use IRS determinations regarding employees (e.g., owners are not included unless they are in the payroll themselves).
- If there is no payroll and no employees, then the owners may be considered employees regarding the grant because the owners are serving in that capacity. Please provide verification.

3. Indicate the total number of hours that each employee worked for the full year, half year or month, depending on your data and the spreadsheet tab selected. Include paid vacations, holidays, sick time, overtime, etc. Do not include non-paid time off or non-paid leave.
4. Indicate the number of weeks each employee was employed over the preceding 12 months (from July 1, 2018, to June 30, 2019). Refer to the official start and end dates of employment. Include seasonal employees, but make sure to take into account their start and end dates of employment as with your other employees.
- For example, seasonal employee Alex was hired in 2010 and is still employed by your business but only works 40 hours one week of every year. The number of weeks Alex was employed over the preceding 12 months was 52, not 1.
5. The spreadsheet automatically adds together all employees’ average weekly hours.
6. The spreadsheet automatically divides the result by 40.
7. The spreadsheet automatically rounds to the nearest whole number to determine the number of “full-time equivalent” employees.

**8. Acknowledgement of Potential Grant Amount**

A) What is the grant amount for which your business is applying? To calculate, multiply \$500 by the number of FTEs in #7. The maximum eligible amount is \$50,000.

\$\_\_\_\_\_

B) The grant includes a Consumer Price Index adjustment 3.1% and an additional CPI adjustment that will be determined in mid-July 2019. Applicant acknowledges that the Business Assistance Grant award may be less than \$500 per FTE plus the CPI adjustments based on funding availability or other factors, such as if the total combined grants payable to all grantees would exceed available funds.

Yes \_\_\_\_\_

“Yes” is required for compliance.

**9. Verification of Full-Time Equivalent Employees (FTEs)**

Applicant must provide verification of employee hours to show how the number of FTEs was derived. Verification may include a payroll report for the period July 1, 2018, to June 30, 2019, or the equivalent. Have you provided verification of FTEs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If “no,” please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE:** Please redact non-essential personnel data such as tax information, social security numbers, salaries, home addresses and personal contact information prior to submittal. Please clearly indicate if you consider any of the submitted material to be a confidential trade secret. Note that names of employees and the number of hours worked may be subject to disclosure pursuant to public records requests through the Public Records Act and/or Sunshine Ordinance.

**10. Intended Use of This Year’s Grant Funds (FY 2019-20)**

Business Assistance Grant funds shall be used to promote the long-term stability of Legacy Businesses or to help Legacy Businesses remain in San Francisco. Authorized uses could include tenant improvements, capital improvements, rent, relocation within San Francisco, marketing, professional services, and other activities necessary to support the continuation of the business as a Legacy Business.

How will your business utilize this year's grant funds (FY 2019-20)? The total percentage must be 100 percent. Please use whole numbers.

<u>Intended Use of Grant Funds</u>	<u>Proposed Percentage of Grant</u>
Advisor (e.g., financial; legal)	_____ %
Associate membership	_____ %
Equipment/technology	_____ %
Façade improvements (i.e., building improvements)	_____ %
Human resources	_____ %
Inventory	_____ %
Marketing/promotion	_____ %
Office supplies	_____ %
Rent	_____ %
Security	_____ %
Tenant improvements (i.e., business improvements)	_____ %
Other _____	_____ %
Other _____	_____ %
Other _____	_____ %
<b>TOTAL</b>	<b>100%</b>

**11. Actual Use of Last Year's Grant Funds (FY 2018-19)**

A) Did you receive a Business Assistance Grant last year (in FY 2018-19)?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes," continue.*

*If "no," skip to question 12.*

B) What was the grant amount? \$ \_\_\_\_\_

C) Please indicate how grant funds were used. The total amount must be the same as the answer to question 11(B). Round to the nearest whole number:

<u>Actual Use of Grant Funds (FY 2018-19)</u>	<u>Amount</u>
Advisor (e.g., financial; legal)	\$ _____
Associate membership	\$ _____
Equipment/technology	\$ _____

Façade improvements (i.e., building improvements)	\$ _____
Human resources	\$ _____
Inventory	\$ _____
Marketing/promotion	\$ _____
Office supplies	\$ _____
Rent	\$ _____
Security	\$ _____
Tenant improvements (i.e., business improvements)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	_____

D) Applicant acknowledges that documentation must be provided for all prior years' Business Assistance Grants showing how grant funds were used as a condition for Applicant receiving additional grants. Documentation may include invoices, copies of checks or receipts.

Yes \_\_\_\_\_

"Yes" is required for compliance.

E) Applicant has provided documentation for all prior years' Business Assistance Grants showing how grant funds were used?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "no," please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. Annual Grant**

Applicant understands the Business Assistance Grant is an annual (one year) grant and Applicant must annually reapply for additional funding in addition to recertifying the number of full-time equivalent employees as of preceding June 30.

Yes \_\_\_\_\_

"Yes" is required for compliance.



**13. Business Stabilization Grants**

Has your business received or intend to apply for any other business stabilization grants from the City within the past three fiscal years (e.g., Nonprofit Mitigation Fund; SF Shines; Invest in Neighborhoods)? Do not include grants for general or program operations.

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes," continue.*

*If "no," skip to question 14.*

Grantor: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Amount or Anticipated Amount: \_\_\_\_\_

Grant Term: \_\_\_\_\_

Grantor: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Amount or Anticipated Amount: \_\_\_\_\_

Grant Term: \_\_\_\_\_

Grantor: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Amount or Anticipated Amount: \_\_\_\_\_

Grant Term: \_\_\_\_\_

**14. City Supplier ID**

To receive funds disbursed under the Business Assistance Grant, applicants must register as Suppliers with the City and County of San Francisco. To become Suppliers, applicants must first become Bidders. Businesses who cannot or refuse to become City Suppliers will be paid by a contracted third party vendor selected by the Office of Small Business.

A) Is your business registered as a Supplier with the City and County of San Francisco?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes," continue.*

*If "no," skip to question 14(C)*

B) What is your Supplier ID? \_\_\_\_\_ Unsure \_\_\_\_\_

*Skip to question 15.*

C) Is your business registered as a Bidder with the City and County of San Francisco?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes," continue.*

*If "no," skip to question 15.*

D) What is your Bidder ID? \_\_\_\_\_ Unsure \_\_\_\_\_

Supplier Set-Up Assistance

If you do not already have a Supplier ID, please visit the following website to begin the process to register as a Bidder, which is the first step in becoming a Supplier:

<https://sfcitypartner.sfgov.org/pages/index.aspx>

For questions regarding supplier set-up, call (415) 944-2442, email [sfcitypartnersupport@sfgov.org](mailto:sfcitypartnersupport@sfgov.org), or open a ticket at <https://sfcitypartnersupport.sfgov.org>.

**15. Percentage of Rent/Mortgage to Gross Revenue**

Please answer the following questions based on the previous calendar year (January to December 2018) for all locations in San Francisco for which full-time equivalent employees (FTEs) were reported for this grant application. Use a partial year if a particular location was open for only a portion of the year.

**A) TOTAL YEARLY COMMERCIAL RENT OR COMMERCIAL MORTGAGE**

Indicate the business' total yearly commercial rent or commercial mortgage for calendar year 2018 for each San Francisco location listed on the Legacy Business Registry:

Location in San Francisco

Total 2018 Rent/Mortgage

Location 1: \_\_\_\_\_

\$ \_\_\_\_\_

Location 2: \_\_\_\_\_

\$ \_\_\_\_\_

Location 3: \_\_\_\_\_

\$ \_\_\_\_\_

Location 4: \_\_\_\_\_

\$ \_\_\_\_\_

Location 5: \_\_\_\_\_

\$ \_\_\_\_\_

Location 6: \_\_\_\_\_

\$ \_\_\_\_\_

Location 7: \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL**

**\$ \_\_\_\_\_**

**B) TOTAL YEARLY GROSS REVENUE**

What was the business' total gross revenue for calendar year 2018 for all San Francisco locations listed on the Legacy Business Registry?

\$ \_\_\_\_\_

**Optional Worksheet by Location:**

Location in San Francisco

Total 2018 Gross Revenue

Location 1: \_\_\_\_\_

\$ \_\_\_\_\_

Location 2: \_\_\_\_\_

\$ \_\_\_\_\_

Location 3: \_\_\_\_\_

\$ \_\_\_\_\_

Location 4: \_\_\_\_\_

\$ \_\_\_\_\_

Location 5: \_\_\_\_\_

\$ \_\_\_\_\_

Location 6: \_\_\_\_\_

\$ \_\_\_\_\_

Location 7: \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL**

**\$ \_\_\_\_\_**

**C) PERCENTAGE OF RENT/MORTGAGE TO GROSS REVENUE**

Percentage of rent/mortgage to gross revenue:

\$ \_\_\_\_\_ divided by \$ \_\_\_\_\_ times 100 =

Total Rent/Mortgage from 15(A)

Total Gross Revenue from 15(B)

\_\_\_\_\_ % (Rent/mortgage is this percent of total gross revenue)

## **16. Verification**

Please verify whether the following statements are correct:

- I am authorized to submit this application on behalf of the business.
- The Legacy Business' business registration and applicable regulatory license(s) are current.
- The Legacy Business has no amounts owed to the City as a result of fines, penalties, interest, assessments, taxes, fees or any other financial obligations imposed by law, regulation, or contract that were delinquent as of the date of application; or, if delinquent, agrees to pay amounts owed no later than March 31, 2020.
- The Legacy Business is not in violation of any of the City's labor laws and/or has no outstanding penalties from, or outstanding payments to, the Office of Labor Standards and Enforcement (OLSE); or, if in violation, agrees to settle such issues no later than March 31, 2020.

## **17. Attachments**

Include the following with your submission:

A) Completed full-time equivalent employees (FTEs) spreadsheet.

Link to spreadsheet: [Business Assistance Grant FTE Worksheet 2019-20](#).

B) Verification of FTEs to back-up the spreadsheet, including the number of hours each employee worked and the number of weeks each employee was employed between July 1 and June 30. Documentation must include the number of hours each employee worked and the number of weeks each employee was employed for the entire fiscal year. Payroll reports are preferred.

C) Verification of how this year's grant fund (FY 2019-20) will be spent (optional).

D) Verification of how last year's grant funds (FY 2018-19) were spent. Documentation may include invoices, copies of checks or receipts. This is required if you received a Business Assistance Grant FY 2018-19).

**18. Declaration and Signature**

I, as applicant for \_\_\_\_\_,  
affirm that the statements in this application are true and correct to the best of my knowledge.  
I understand that a false statement may result in the denial of my application for a Business  
Assistance Grant.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date