



CITY AND COUNTY OF SAN FRANCISCO  
EDWIN M. LEE, MAYOR

OFFICE OF SMALL BUSINESS  
REGINA DICK-ENDRIZZI, DIRECTOR

# **Legacy Business Program Business Assistance Grant Application 2017-18**



# Business Assistance Grant Application

## 1. Background Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Grant Contact: \_\_\_\_\_

Grant Contact Phone Number: \_\_\_\_\_

Grant Contact Email Address: \_\_\_\_\_

## 2. 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:

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

“Yes” is required for compliance. If “yes,” continue.

If “no,” or “unsure,” Applicant will have 30 days following grant application deadline to settle amounts owed to the City.

## 3. No Determinations or Violations of Any of City Labor Laws

Applicant certifies it has no current determinations or violation 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):

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

“Yes” is required for compliance. If “yes,” continue.

If “no,” or “unsure,” Applicant will have 30 days following grant application deadline to settle determinations or violations of any City labor laws.

## 4. Certification of Full-Time Equivalent Employees (FTEs)

Applicant must certify the number of full-time equivalent employees it has employed in San Francisco by adding, for each employee employed as of June 30, 2017, the employee's average weekly hours over the preceding 12 months (July 1-June 30), dividing the result by 40, and rounding to the nearest full employee. Please use the spreadsheet provided, or similar worksheet, and include it with your application.

Number of FTEs as described above: \_\_\_\_\_ (This must be a whole number)

Grant request (maximum grant request is \$500 x number of FTEs): \_\_\_\_\_

How to determine the number of FTEs:

**Step 1.** List in the spreadsheet all employees that were employed by your business as of June 30, 2017, including full-time and part-time employees.

Who is considered an “employee”?

- If there is payroll with any employees, then the applicant should use [IRS determinations regarding employees](#) (e.g., the owner(s) is not included unless he/she is in payroll him/herself).
- If there is no payroll and no employees, then the owner(s) may be considered an employee(s) regarding the grant because the owner(s) is serving in that capacity. Please provide verification.

If the employee was not employed as of June 30, 2017, do not include the employee in the spreadsheet or calculations.

**Step 2.** Determine how many hours each employee worked from July 1, 2016, through and including June 30, 2017. Include paid vacations, holidays, sick time, overtime, etc. Do not include non-paid time off or non-paid leave.

**Step 3.** Divide the total hours each employee worked by the number of weeks the employee was employed between July 1, 2016, and June 30, 2017. This will give you the average weekly hours per employee.

Examples:

A) Employee “A” was employed the entire period from July 1, 2016, through and including June 30, 2017, (52 weeks) and worked 2,080 hours during that period. Her average weekly hours were 2,080 divided by 52 = 40.

B) Employee “B” was employed from April 1, 2017, through and including June 30, 2017, (13 weeks) and worked 520 hours during that period. Her average weekly hours were 520 divided by 13 = 40.

C) Employee “C” was employed from July 1, 2016, through June 15, 2017. This employee was not employed as of June 30, 2017. Do not include this employee in the spreadsheet or calculations.

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

Applicant must include verification of employee hours. Verification may include a payroll report for the period July 1, 2016, through June 30, 2017, or the equivalent. Verification must show how the number of FTEs was derived.

Applicant has included 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.

**6. Intended Use of Grant Funds**

Consistent with the purpose of the Legacy Business Preservation Fund as set forth in Administrative Code section 2A.243(a), Legacy Business Grant funds shall be used only 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.

Please identify how you will use the grant funds (number of FTEs x \$500) and how that will promote the long-term stability of your business or help your business remain in San Francisco. Attach additional pages and documentation if necessary:

<b>Intended Use of Grant Funds</b>	<b>Amount Requested</b>	<b>Detailed Description</b>
[EXAMPLE] Tenant improvement	[EXAMPLE] \$7,500	[EXAMPLE] Installation of retail shelving and reception counters
[EXAMPLE] Façade improvement	[EXAMPLE] \$5,000	[EXAMPLE] New awning
<b>Total</b>		

**7. Actual Use of Grant Funds (FY 2016-17)**

Did you receive a Business Assistance Grant in FY 2016-17?      Yes \_\_\_\_\_      No \_\_\_\_\_

If “yes,” continue.

If “no,” skip to question 8.

What was the grant amount? \_\_\_\_\_

Please indicate in the table below how grant funds were used:

Actual Use of Grant Funds	Amount	Detailed Description
[EXAMPLE] Tenant improvement	[EXAMPLE] \$7,500	[EXAMPLE] Installation of retail shelving and reception counters
[EXAMPLE] Façade improvement	[EXAMPLE] \$5,000	[EXAMPLE] New awning
<b>Total</b>		

Applicant has included documentation as an enclosure demonstrating how grant funds were used?

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

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

\_\_\_\_\_

**8. Amount of Grant**

Applicant acknowledges that the Legacy Business Grant award may be less than \$500 per San Francisco FTE if the total combined grants payable to all grantees would exceed available funds.

Yes \_\_\_\_\_ No \_\_\_\_\_ "Yes" required for compliance

If "yes," continue.

If "no," Applicant is ineligible to apply for the Business Assistance Grant.

**9. Annual Grant**

Applicant understands the Business Assistance Grant is an annual 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 \_\_\_\_\_ No \_\_\_\_\_ "Yes" required for compliance

If "yes," continue.

If "no," Applicant is ineligible to apply for the Business Assistance Grant.

**10. Business Stabilization Grants**

To help the City and County of San Francisco identify other existing funding sources, please indicate any other business stabilization grants you have received within the past three fiscal years or intend to apply for (e.g., Nonprofit Mitigation Fund; SF Shines; Invest in Neighborhoods). Do not include grants for general or program operations.

Currently not receiving other business stabilization grant(s).

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: \_\_\_\_\_

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

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

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

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

Attach an extra sheet listing additional business stabilization grants if necessary.

## 11. City Vendor Registration

Please complete the following steps to sign up as a vendor with the City and County of San Francisco. Applicants who cannot or refuse to become City vendors will be paid by a contracted third party vendor selected by the OSB.

Is your business registered as a vendor with the City and County of San Francisco?

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

If "yes," what is your vendor number? \_\_\_\_\_ Unsure \_\_\_\_\_

If "no," please complete the following steps:

### 1. New Vendor Request Form:

<http://sfgsa.org/modules/showdocument.aspx?documentid=8291>

Establishes basic vendor information. Email the completed form to [legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org).

For Reference – Vendor Profile Application Instructions:

<http://www.sfgsa.org/Modules/ShowDocument.aspx?documentID=11130>

For Reference – Commodity Codes

<http://www.sfgsa.org/Modules/ShowDocument.aspx?documentid=772>

Leave the commodity code blank if there are no codes that match your business.

### 2. IRS Form W-9:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Establishes federal and state tax status. Email the completed form to [legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org).

Complete steps 3-5 only after completing steps 1 and 2 and receiving a vendor number.

### 3. Business Registration:

<https://newbusiness.sfgov.org/vendor/>

This is an online process that connects your vendor number to your Business Account Number. Wait to complete this step until after you have received a vendor number resulting from steps 1 and 2.

For Reference – Business Account Numbers:

<https://data.sfgov.org/Economy-and-Community/Registered-Business-Locations-San-Francisco/g8m3-pdis/data>

4. Nondiscrimination in Contracts and Benefits:

<http://sfgov.org/cmd/sites/default/files/FileCenter/Documents/12835-CMD-12B-101Fillable.pdf>

Establishes how your business provides benefits to employees with spouses and to employees with domestic partners. This is a fillable form. Complete it, sign it, scan it and email it to [CMD.EqualBenefits@sfgov.org](mailto:CMD.EqualBenefits@sfgov.org) and copy [legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org). Wait to complete this step until after you have received a vendor number resulting from steps 1 and 2.

5. Electronic Payments:

[www.sfgov.org/ach](http://www.sfgov.org/ach)

Sign-up to receive electronic payments through Paymode-X, the City's 3rd party service that provides Automated Clearing House (ACH) payments.

You will need the following in order to sign up:

- a. You must be your company's authorized financial representative.
- b. Your company's legal name, main telephone number and all physical and remittance addresses used by your company.
- c. Your company's U.S. federal employer identification number (EIN) or Social Security number (if you are a sole proprietor).
- d. Your company's bank account information, including routing and account numbers.

## 12. Verification

Please verify whether the following statements are correct:

- I am authorized to submit this application on behalf of the business.
- The business is current on all of its San Francisco tax obligations.
- The business's business registration and applicable regulatory license(s) are current.
- The Office of Labor Standards and Enforcement (OLSE) has not determined that the business is currently in violation of any of the City's labor laws.
- The business has no amounts owing 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;
- I understand that all information provided in the application may become subject to disclosure under the California Public Records Act and/or San Francisco Sunshine Ordinance.

## 13. Declaration

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.



## 14. Signature

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Applicant's Printed Name

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Applicant's Signature

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Date

## 15. Checklist

Include the following with your submission:

- Completed and signed Business Assistance Grant Application.
- Spreadsheet calculating full-time equivalent employee hours (FTEs).
- Documentation that verifies the full-time equivalent employee hours (e.g., payroll report).
- Documentation that supports the intended use of grant funds, if applicable.
- Documentation that supports the actual use of grant funds from fiscal year 2016-17 (if applicable).
- Completed New Vendor Number Request Form, if applicable.
- Completed IRS Form W-9, if applicable.

## Application Submission

Mail, hand-deliver or email the completed application, addendum and required attachments to:

Legacy Business Program  
Office of Small Business  
1 Dr. Carlton B. Goodlett Place  
City Hall, Room 110  
San Francisco, CA 94102  
[legacybusiness@sfgov.org](mailto:legacybusiness@sfgov.org)

The application deadline for FY 2017-18 grants is September 30, 2017. Completed applications shall be delivered as follows:

- Hand-delivered by 5:00 p.m. PDT on Friday, September 29, 2017; or
- Emailed by 11:59 p.m. PDT on Saturday, September 30, 2017; or
- Mailed by Saturday, September 30, 2017. A mailed application with a postmark by the United States Postal Service on or before the due date will be considered on time.

# Addendum:

## Business Assessment Questionnaire

### Financial Assessment (OPTIONAL)

The Office of Small Business will treat the following information as confidential and exempt from disclosure under the Public Records Act and/or Sunshine Ordinance.

#### For-Profit Legacy Businesses:

Please answer questions 1-11. The City has free, confidential consulting services and/or training workshops to help you manage and grow your business. The Information from the following optional financial assessment questions will be used by the OSB to determine whether your business may benefit from these services. You may engage with these services independently from the grant.

#### Non-Profit Legacy Businesses:

Please answer questions 7-10 if you would like to receive information about additional consulting services, grants and training.

1. For-profits only: Do you have financial statements (income statement, balance sheet, and cash flow statement) for the last five years?

2016 Financial Statements	Yes _____	No _____
2015 Financial Statements	Yes _____	No _____
2014 Financial Statements	Yes _____	No _____
2013 Financial Statements	Yes _____	No _____
2012 Financial Statements	Yes _____	No _____

2. For-profits only: What were your annual gross sales each year for the last five years?

2016	\$ _____
2015	\$ _____
2014	\$ _____
2013	\$ _____
2012	\$ _____

3. For-profits only: What was your Cost of Goods Sold each year for the last five years?

2016	\$ _____
2015	\$ _____

2014 \$ \_\_\_\_\_  
2013 \$ \_\_\_\_\_  
2012 \$ \_\_\_\_\_

4. For-profits only: What were your profits each year for the last five years?

2016 \$ \_\_\_\_\_  
2015 \$ \_\_\_\_\_  
2014 \$ \_\_\_\_\_  
2013 \$ \_\_\_\_\_  
2012 \$ \_\_\_\_\_

5. For-profits only: How much cash does the business have on hand?

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

6. For-profits only: How many years of industry experience does each manager/supervisor possess?

Owner: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_  
Manager/Supervisor: \_\_\_\_\_ Years of industry experience: \_\_\_\_\_

Attach an extra sheet listing additional Managers/Supervisors if necessary.

7. For-profits and nonprofits: How many full-time employees does the business currently employ? How many part-time?

Full-Time \_\_\_\_\_  
Part-Time \_\_\_\_\_

8. For-profits and nonprofits: Will the business be expanding during the next twelve months? If so, have projections or a budget been developed?

Expanding? Yes \_\_\_\_\_ No \_\_\_\_\_  
Projections or Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

9. For-profits and nonprofits: From your perspective, is your industry growing, stable or declining? At what rate per year?

Select one: Growing\_\_\_\_\_ Stable\_\_\_\_\_ Declining\_\_\_\_\_  
Rate:\_\_\_\_\_%

For nonprofits, your industry is not the “nonprofit industry,” but the Major Group related to the National Taxonomy of Exempt Entities (<http://nccs.urban.org/classification/ntee.cfm>), e.g., Major Group A: Arts, Culture and Humanities.

10. For-profits and nonprofits: How many years do you have left on your lease? Do you have an option to renew?

Years Left on Lease:\_\_\_\_\_  
Option to Renew: Yes\_\_\_\_\_ No\_\_\_\_\_

11. For-profits only: Are you interested in receiving one-on-one business consulting or business training from the San Francisco Small Business Development Center?

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

The San Francisco Small Business Development Center helps individuals start, manage and grow their businesses. They provide free, confidential one-on-one customized consulting services and training workshops in English, Spanish, Mandarin and Cantonese to established businesses and certain start-ups in San Francisco. Their team of professional consultants are not only counselors but also business owners with diverse backgrounds and specializations.

**Services Include:**

- Business Management
- Strategic Planning
- Financial Projections & Budgeting
- Technology Integration
- Marketing and Sales
- Human Resource Management
- Access to Capital
- More...

By checking yes to #11, you are agreeing to the following:

**INFORMATION NOTICE** OMB Approval No.:3245-0324

I request business counseling service from the Northern California Small Business Development Center (SBDC) Network, a Small Business Administration (SBA) Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBDC services. I understand that any information disclosed will be held in strict confidence. (The SBDC will not provide your personal information to commercial entities.) I authorize the SBDC to furnish relevant information to the assigned Business Advisor(s). I further understand that the advisor(s) agree not to:

- 1) recommend goods or services from sources in which he/she has an interest, and
- 2) accept fees or commissions developing from this counseling relationship.

In consideration for the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, its Resource Partners, host organizations, and SBDC Advisors arising from this assistance.