



LEGACY BUSINESS PROGRAM

Legacy Business Grant Grant Application, Fiscal Year 2021-22



Legacy Business Grant Application

The San Francisco Office of Small Business (“OSB”), which administers the Legacy Business Program, has created a new grant for Legacy Businesses based on business type and property ownership:

- A. For-Profit Renters
- B. For-Profit Property Owners
- C. Nonprofit Renters
- D. Nonprofit Property Owners

The new Legacy Business Grant is not dependent on the number of full-time equivalent employees (“FTEs”) because FTEs have decreased during the coronavirus pandemic for many of the businesses that are most in need of financial assistance.

All active Legacy Businesses are eligible to apply. Before completing this application, please review the Rules document for the Legacy Business Grant, which is available at the following link: <https://sfosb.org/sites/default/files/Legacy%20Business/Legacy%20Business%20Grant%20Rules%202021-22.pdf>.

To receive a grant, Eligible business applicants must register as Suppliers with the City and County of San Francisco (the “City”). If you do not already have a Supplier ID, please see the Legacy Business Grant Rules for instructions on how to get set up as a Supplier. Businesses that are unable to get set up as Suppliers will be paid through a third-party vendor. Please note that third-party vendor fees will be subtracted from individual grant awards.

Please submit your Legacy Business Grant application online at <https://tinyurl.com/legacygrant2021-22>

Alternatively, email your completed Legacy Business Grant application to legacybusiness@sfgov.org, or hand-deliver or mail your completed application to:

Legacy Business Program
Office of Small Business
1 Dr. Carlton B. Goodlett Place
City Hall, Room 140
San Francisco, CA 94102

Applications are due by 5:00 p.m. on Friday, January 14, 2022. Mailed applications must be clearly postmarked by Friday, January 14, 2022, and received by OSB no later than Friday, January 21, 2021.

1. Applicant Information

A) INFORMATION ABOUT THE LEGACY BUSINESS:

- 1) Legacy Business Name: _____
- 2) Legacy Business Mailing Address: _____
- 3) Legacy Business Mailing City, State, Zip: _____
- 4) Legacy Business Website: _____
- 5) Legacy Business BAN (Business Account Number): _____
- 6) Legacy Business Supplier ID: _____

B) INFORMATION ABOUT THE PERSON COMPLETING THIS FORM:

- 1) Contact Name: _____
- 2) Contact Title: _____
- 3) Contact Email Address: _____
- 4) Contact Phone Number: _____

2. Business Type

A) Which one of the following indicates the business type of the Legacy Business?

- _____ For-profit business
- _____ Nonprofit organization (includes both tax-exempt and taxable nonprofits)
- _____ Uncertain. Please explain: _____

B) Which one of the following indicates the business structure of the Legacy Business?

- _____ [Sole Proprietorship](#)
- _____ [Limited Liability Partnership](#)
- _____ [General Partnership](#)
- _____ [Limited Partnership](#)
- _____ [Limited Liability Company](#)
- _____ [Corporation](#) (includes nonprofit organizations)

3. Legacy Business Activity and Locations

A) Which one of the following describes the current activity of the Legacy Business?

(select only one)

The Legacy Business has closed with no plans to reopen.

When did the business close? _____
Why did the business close? _____

The Legacy Business has moved out of the City.

When did the business move? _____
Why did the business move? _____

The Legacy Business has a location(s) in the City, but is not presently conducting business from that location(s).

When did business cease? _____
Why did business cease? _____

The Legacy Business is temporarily without a location in the City.

When did the last location close? _____
Why did the last location close? _____

The Legacy Business normally operates without a physical office or storefront.

Please explain: _____

The Legacy Business currently has one or more physical locations in the City.

B) If you indicated in Section 3A above that the Legacy Business is temporarily without a location in the City, is the business conducting business in the City despite being without a location?

Yes _____ No _____ Not Applicable _____

C) If you indicated in Section 3A above that the Legacy Business has one or more physical locations in the City, indicate how many locations you have, including storefronts accessible to the public, offices, manufacturing, warehouses, and locations at the San Francisco International Airport (“SFO”).

_____ location(s) in San Francisco
(number)

D) If you indicated in Section 3A above that the Legacy Business has one or more physical locations in the City, please list all the locations, including locations at San Francisco International Airport (“SFO”):

LOCATION 1

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- _____ Storefront accessible to the public
- _____ Office
- _____ Manufacturing
- _____ Warehouse
- _____ Other _____

LOCATION 2

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

LOCATION 3

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

LOCATION 4

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

LOCATION 5

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

LOCATION 6

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

LOCATION 7

Location Street Address: _____

Location Zip Code: _____

Location Type: (select one that best represents the use of the location)

- Storefront accessible to the public
- Office
- Manufacturing
- Warehouse
- Other _____

ADDITIONAL LOCATIONS

If you have more than 7 locations, please submit an attachment with information for the additional locations.

4. Property Ownership

Indicate below whether the Legacy Business is the property owner of ANY of the locations indicated in Section 3C.

The business is considered a property owner if the landlord is related by ownership, either directly or indirectly, to the Legacy Business to which the landlord leases the property. The landlord is related by ownership to the Legacy Business if any of the following criteria are satisfied:

- The landlord holds any ownership interest in the Legacy Business; or
- The Legacy Business holds any ownership interest in the landlord; or
- A third-party entity holds an ownership interest in both the Legacy Business and the landlord; or
- The landlord holds any beneficial interest in any entity (including, but not limited to, a beneficial interest in a trust) that holds an ownership interest in the Legacy Business; or
- The Legacy Business holds any beneficial interest in any entity (including, but not limited to, a beneficial interest in a trust) that holds an ownership interest in the landlord; or
- The landlord, or any person who holds an ownership or beneficial interest in the landlord, is in an immediate family relationship with any person who holds an ownership or beneficial interest in the Legacy Business. The phrase “immediate family relationship” includes the relationships between spouses, domestic partners, parents or guardians and children (including step-parents and step-children, or adoptive parents and adoptive children), grandparents and grandchildren, siblings (including step-siblings or adoptive siblings), aunts or uncles and nieces or nephews, great-aunts or great-uncles and grand-nieces or grand-nephews, and first or second cousins. The phrase also includes the relationship with the parent, grandparent, or sibling of one’s spouse or domestic partner, or the spouse or domestic partner of one’s child, grandchild, or sibling.

Based on the definition above, is the Legacy Business the property owner of ANY of the locations indicated in Section 3C?

_____ Yes, the business is a property owner of one or more of the indicated locations.

_____ No, the business is a renter for all the indicated locations.

_____ Not applicable, the business does not have a physical, brick-and-mortar location.

_____ Not applicable, other. Please explain: _____

5. Grant Fund Use

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

How does the Legacy Business intend to use the Legacy Business Grant?

6. Legacy Business Demographics

A) Do any of these demographic categories describe the ownership of the Legacy Business?

(Select all that apply)

- Immigrant-owned
- Woman-owned
- LGBTQ+-owned
- Veteran-owned
- Owned by a person with a disability
- Prefer not to answer
- None of the above

B) Do you think the Legacy Business Registry website at www.legacybusiness.org should include an additional feature making it possible to search Legacy Businesses by the demographic categories noted in section (4)(A) above?

Yes _____ No _____

If yes, what demographic categories would you edit, add, or remove, if any?

C) What is the Legacy Business owner’s race or ethnicity?

(Select all that apply)

- Asian or Asian American
- Black or African American
- Hispanic, Latino, or Spanish Origin
- Indigenous American or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White or European American
- Other: _____
- Prefer not to answer

D) What is the Legacy Business owner's preferred language?

- English
 Chinese
 Spanish
 Tagalog
 Vietnamese
 Korean
 Japanese
 Arabic
 Russian
 Other: _____

E) Do any of your business owner(s) identify as transgender, non-binary, or gender non-conforming?

- Yes, at least one business owner identifies as transgender, non-binary, or gender non-conforming
 No
 Prefer not to answer

7. Acknowledgments

Please read all of the following statements. You will be asked to acknowledge that you have read and understood all of them:

- I am authorized to submit this application on behalf of the Legacy Business.
- I have reviewed the Rules for the Legacy Business Grant, which are available at this link: <https://sfosb.org/sites/default/files/Legacy%20Business/Legacy%20Business%20Grant%20Rules%202021-22.pdf>.
- I attest that the Legacy Business's business registration and any applicable regulatory license(s) are current.

- I attest that the Legacy Business is current on all of its City tax obligations.
- I attest that the Office of Labor Standards and Enforcement (“OLSE”) has not determined that the Legacy Business is currently in violation of any of the City’s labor laws, and that the Legacy Business does not owe any outstanding penalties or payments ordered by OLSE.
- I understand that all information provided in this application may be subject to disclosure under the California Public Records Act and/or the San Francisco Sunshine Ordinance.
- I understand that any willful or material misrepresentation in this application form may be cause for:
 - The termination of any pending Legacy Business Grant;
 - An order to repay any Legacy Business Grant previously awarded; and,
 - A prohibition on applying for or receiving future Legacy Business Grants.
- I will use the Legacy Business Grant to promote the long-term stability of the Legacy Business.

I have read and understood all of the statements listed above:

Yes _____ No _____ (“Yes” required to be eligible for grant)

8. Declaration and Signature

I, the owner, manager, or authorized representative of the Legacy Business applying for a Legacy Business Grant through this grant application, certify under penalty of perjury that the statements in this application are true and correct to the best of my knowledge.

Applicant’s Printed Name

Applicant’s Signature

Date