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**COVID-19 Layoff Aversion Fund**

 **Application**

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| **Section 1. Business Information** |
| Business Name: |
| Business Contact:  | Title: |
| Phone: | Ext: | Fax: |
| Email: | Website Address: |
| Street Address of Location: |
| City: | Zip: | County: |
| For which business location are you seeking funding? |
|  |
| Total # of Employees: | Total # of Part-time Employees: |
| Total # of Employees at this Business Location: | Total # of Part-time Employees at this Business Location: |
| Legal Structure of Business: | 🞎 Sole Proprietor | 🞎 Partnership | 🞎 Corporation (Designation:\_\_\_\_\_\_) |
| Employer’s Federal ID #: | CA Tax #: |
| Is your business current on all State of California tax obligations? | 🞎 YES | 🞎 NO |
| NAICS Code: |
| Select your business’s industry: | 🞎 Accommodation and Food Service🞎 Administrative or Waste Management🞎 Agriculture, Forestry, Fishing, and Hunting🞎 Arts and Entertainment 🞎 Construction | 🞎 Education 🞎 Finance / Insurance🞎 Health Care and Social Assistance🞎 Information 🞎 Manufacturing🞎 Professional, Scientific, and Technical Services | 🞎 Real Estate🞎 Retail Trade🞎 Transportation and Warehousing🞎 Utilities🞎 Wholesale Trade🞎 Other Services |
| **COVID-19 Impact** |
| Has your business been affected by COVID-19? | 🞎 YES | 🞎 NO |
|  If yes, please describe: |
| Number of employees’ jobs affected by COVID-19: |  |
|  |
| Please describe your business, product(s) and/or service(s): |
| **Section 2. Layoff Aversion Plan** |
| Amount of funding requested: $\_\_\_\_\_\_\_\_\_\_\_ | Anticipated Number of Jobs Saved: |
|  |
| Provide a description of the specific planned actions that will allow your business and employees to continue operations. Attach any relevant information on a separate page if needed. |
| **Section 3. Budget** |
| **Budget Category** | **Description** | **Cost** |
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| **Total Costs** |  |

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| **Section 5.** **Certification by Authorized Business Representative** |
| I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved expenditures. Activities may not start prior to the effective date of the agreement. |
| Print Name: | Title: |
| Signature: | Date: |