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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: |