



CITY OF RACINE
SMALL BUSINESS EMERGENCY ASSISTANCE APPLICATION: SECOND ROUND



APPLICATIONS DUE APRIL 29, 2020 BY 4:00 P.M.

BUSINESS INFORMATION

Name of Business:

DBA Name (if applicable):

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Street Address of Operations (if different):

City:

State:

Zip Code:

Website:

Other:

Federal EIN:

Located in the City of Racine: Yes | No
[**Business is ineligible if outside City of Racine**]

Date of Incorporation:

Number of Employees:

Has business ever been subjected to criminal or civil fines and penalties including from city code or regulatory violations? Yes | No

BUSINESS TYPE: Corporation | LLC | Partnership | Sole Proprietor | Other

BUSINESS DESCRIPTION

Large empty box for business description.

ADDITIONAL INFORMATION

Please describe the degree to which your business has been impacted by the COVID-19 pandemic.

Please describe the degree to which your business has been able to maintain employees during this COVID-19 pandemic and whether the grant will help your business do so.

Please describe how your business positively adds the quality of life in the City of Racine.

FINANCIAL IMPACT

Month	Gross Revenue	Notes (if applicable)
January 2020	\$	
February 2020	\$	
March 2020	\$	
April 2020 (to date)	\$	

EMERGENCY FUNDING REQUEST

Expense Category	Amount Requested
Payroll (e.g., Wages, Related Taxes, etc.)	\$
Occupancy (e.g., Business Rent/Mortgage, Utilities, etc.)	\$
Insurance (e.g., Healthcare, General Liability, etc.)	\$
Other: Please Describe	\$
Other: Please Describe	\$
Other: Please Describe	\$
Total Amount Requested [Maximum Request: \$6,500]	\$

APPLICATION TO OTHER FUNDING SOURCES

Amount Requested	Request Status [Received, Pending, Denied]	Program/Funding Source Name [SBA Paycheck Protection Program, SBA Economic Injury Disaster Loan, U.S. Chamber of Commerce Foundation Save Small Business Fund, etc.]
\$		
\$		
\$		
\$		

OWNER INFORMATION
-list majority owner(s) first-

Owner Name:		
Residential Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
18 or Older: Yes <input type="checkbox"/> No <input type="checkbox"/>	Percent Ownership:	Industry Experience (yrs):
Race/Ethnicity:	Hispanic/Latino: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Single Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	

OWNER INFORMATION
-list majority owner(s) first-

Owner Name:		
Residential Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
18 or Older: Yes <input type="checkbox"/> No <input type="checkbox"/>	Percent Ownership:	Industry Experience (yrs):
Race/Ethnicity:	Hispanic/Latino: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Single Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	

OWNER INFORMATION
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Owner Name:		
Residential Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
18 or Older: Yes <input type="checkbox"/> No <input type="checkbox"/>	Percent Ownership:	Industry Experience (yrs):
Race/Ethnicity:	Hispanic/Latino: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Single Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICANT STATEMENT:

I hereby certify that the information being supplied as part of this application is complete and accurate. I understand that the information provided may be subject to further verification by the City of Racine. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

SIGNATURE:

Date:

Name (Please Print)

Title (Please Print)

SIGNATURE:

Date:

Name (Please Print)

Title (Please Print)

Please submit copies of documents as applicable

- Payroll documentation showing the number of employees as of the date of the application
- Completed IRS W-9 Form
- Signed Acknowledgment of Required Assurances Form

NOTE- Staff may follow-up with applicants for additional information and documents, as necessary.

ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

This page must be signed and submitted with the application. Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration. **By submitting the accompanying application and signing this document, I understand and agree that any award resulting from this solicitation will require compliance with the signed agreement and with the regulations, requirements, and policies identified below, including but not limited to:**

- Compliance with municipal ordinances and policies of City of Racine, WI;
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information;
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the City;
- Submission of program and financial reports, as required by the City;
- Certification that the applicant is a for-profit business registered in the State of Wisconsin in good standing;
- Certification that the firm, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years;
- Certification that the firm is not bankrupt or under an administration appointed by the Court, or under proceedings leading to a declaration of bankruptcy; and provide any pending or known legal actions against the company;
- Certification that, in the past seven (7) years, the organization has not had any bankruptcy proceedings initiated against the Contractor (whether or not closed) and that there are no bankruptcy proceedings pending by or against the Contractor regardless of the date of filing;
- All pending or known litigation/court action(s) have been disclosed in the application;
- Certification that the business applicant will use the requested funds, if awarded, in the manner through which it has requested them in the attached application. The City of Racine reserves the right to exercise all legal authority available to it to recapture the awarded funds should the funding be used in a manner other than that which was presented in this application.

Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

SIGNATURE: _____

PRINTED NAME & TITLE: _____

BUSINESS: _____

DATE: _____

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

or

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

ADDITIONAL FUNDING SOURCES

The City of Racine believes small businesses are an essential part of our community, and is pleased to provide one-time Small Business Emergency Assistance awards of up to \$6,500 as gap financing while small businesses seek more sustainable financing through other sources. The following are among sources that may be available to assist small businesses:

U.S. Small Business Administration (SBA) Paycheck Protection Program (PPP)

The Paycheck Protection Program has provided \$349 billion in forgivable loans to support small businesses and preserve employment. The Federal government is currently working to replenish funding for the program. Once additional funds are budgeted, small businesses can contact participating SBA-approved banks, credit unions, and community development financial institutions (CDFIs).

U.S. Small Business Administration Economic Injury Disaster Loans (EIDL)

The Federal government is currently working to replenish funding for the program. Once additional funds are budgeted. The Economic Injury Disaster Loans are provided by applying directly through SBA. Please note SBA's EIDL Application web portal may not be activated to accept applications until the Federal government has approved new funding. However, small business can use this time to visit the following link, learn more about the program, and determine what is needed to apply:

https://www.sba.gov/sites/default/files/resource_files/how_to_disaster_app_March_2020.pdf

U.S. Chamber of Commerce Foundation Save Small Business Fund

The U.S. Chamber of Commerce Foundation has launched a new national grant initiative that offers up to \$5,000 per awardee to provide short-term relief for small businesses that have 3-20 employees and have been financially impacted by COVID-19. To learn more about this program and apply, please visit: <https://savesmallbusiness.com/>