



Covid –19 Rental and Mortgage Assistance Grant Program

Applicant Information

Business Name:

Business Address: **(Must be located within the City of Winters)**

Address: _____

City: Winters State: CA

Zip Code: 95694 County: Yolo

Name of Business Owner(s):

Contact Person name and title:

Contact Person E-mail:

Contact Person Phone:

Business Designation (select one):

Sole Proprietorship

Partnership

Limited Partnership

Corporation

Limited Liability Entity

Cooperative Corporation

Business Type: (retail, personal service, restaurant)

If selected for a Grant, please provide address to mail grant funds to:

Contact: shelly.gunby@cityofwinters.org

530-794-6704

Eligibility Requirements

- The Business operates out of a physical location within the boundaries of the City of Winters.
- The business has experienced expenditures due to COVID-19 that occurred at the applicants place of business in the City of Winters between March 1, 2020 and the date of the grant application.
- The business has a current business license with the City of Winters.
- The business has not been previously granted or at the time of this application plans to be granted, County, State or Federal financial assistance due to Covid-19 (except funding from the Paycheck Protection Program or Small Business Administration Loan.)
- If not currently operating, the business plans to reopen once permitted to do so.
- The business and the applicant are in good standing with the City of Winters in accordance with the following:
 - ◆Complies with all applicable zoning, permit and municipal code requirements.
 - ◆Current on all City bills and obligations
 - ◆Not currently involved in litigation with the City of Winters
 - ◆Not subject to any liens or judgements by the City of Winters
- The business is in compliance with all City of Winters, Yolo County, State and Federal laws and regulations related to the operation of the business.
- The business and the applicant are not currently involved or have never been involved in any of the following legal or financial issues:
 - ◆Applicant has been convicted of a criminal offense relating to the business
 - ◆Applicant or the business has outstanding judgements, tax liens or pending lawsuits relating to the business
 - ◆Applicant or the business is presently involved in bankruptcy or insolvency proceedings related to the business.
 - ◆Applicant or the business is delinquent on any federal taxes, direct or guaranteed federal loans, federal contracts or federal grants relating to the business.
 - ◆Applicant or the business is currently suspended or debarred from contracting with the federal government for receiving federal grants or loans.

Does the business and the applicant certify that they meet the aforementioned eligibility requirements?

Yes No

How Grant Funds will be Used

Please mark what type of Assistance you are seeking:

Rent Assistance

Mortgage Assistance (excluding property tax payments) realized during the required closure of the business due to Covid-19, including the required closure of only indoor operations.

What dollar amount are you requesting from the Rent and Mortgage Assistance Program?

Required Attachments

Please attach the following:

- A current copy of your W-9
- A current copy of your business license
- Documentation of eligible expenses for which the business is seeking assistance such as rent/ mortgage payments, copies of lease/copy of mortgage statement and closure dates.

Grant Terms

1. Grant applications with all documentation must be submitted by December 7, 2020.
2. The City of Winters reserves the right to reject any and all applications in the event the City identifies a potential conflict of interest or the appearance of a conflict of interest.
3. Submission of an application in no way obligates the City of Winters to award a grant the the City of Winters reserves the right to reject any or all applications, wholly or in part, at any time without penalty.
4. If awarded, this application becomes a binding contract between the entity named above and the City of Winters.
5. If awarded, the funds may only be used to reimburse for eligible expenditures resulting from the Covid-19 public health emergency that occurred between March 1, 2020 and the date of the grant application.
6. If awarded funding the City of Winters reserves the right to audit the applicant's books and records for compliance with the term of this agreement.
7. Grant funds will be issued upon City of Winters approval of this application.

Please direct questions to shelly.gunby@cityofwinters.org

Contact: shelly.gunby@cityofwinters.org

530-794-6704

Applicant Signature

By my signature below, I have read and understand the Rent and Mortgage Assistance Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions.:

- Upon Approval of this application, as evidenced by the signature of a City of Winters representative below, this application becomes a binding contract between the entity named above and the City of Winters.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this agreement.
- If funds are provided by the City of Winters, the funds will be used for the purposes set forth above.
- In no event shall the City of Winters' financial responsibility exceed the approve amounts set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including but not limited to, issuance of a 1099 by the City of Winters.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City of Winters does not endorse the specific business.
- Applicant shall defend and indemnify the City of Winters and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in the application are material terms of the agreement as is compliance with the Rent and Mortgage Assistance Grant Program. The City of Winters may cancel this agreement at any time upon discovery that any of the information set for the above is inaccurate, that these terms have been violated, or any provision of the Rent and Mortgage Assistance Grant Program has been violated..

Applicant Signature _____ **Date** _____

Name of Business _____

TO BE COMPLETED BY CITY OF WINTERS STAFF IF APPLICATION IS APPROVED:

Grant application approved Yes No

If Yes, list approved amount of Grant; _____

City of Winters Representative Signature _____

