



## **Solicitud del Fondo de Interrupción Comercial de Santa Ana**

El programa del Fondo para la Interrupción de Negocios de Santa Ana (SABIF, por sus siglas en inglés) brinda asistencia financiera a las pequeñas empresas "mamá y papá" ubicadas a lo largo del proyecto de tránsito de OC Streetcar que se ven afectadas por la construcción del ferrocarril de tránsito. SABIF es una demostración del compromiso de la Ciudad de Santa Ana de ser un socio y una parte interesada de confianza.

La Ciudad de Santa Ana ha designado \$1,500,000 para el programa SABIF para pequeñas empresas de Santa Ana con 25 empleados o menos que dependen del flujo de tráfico peatonal como su principal fuente de ingresos y se ven directamente afectadas por la construcción del Tranvía OC en 4th Street o tienen una tienda entrada dentro de los 100 pies de 4th Street dentro de las zonas de construcción. El monto de la subvención se limitará al 50% de la renta durante 6 meses, sin exceder \$10,000 por negocio

Esta solicitud debe presentarse en su totalidad junto con copias de los siguientes documentos:

- Licencia comercial válida y activa
- Certificado de ocupación válido
- Declaración que muestra el uso planificado de los fondos
- Identificación válida de propietario(s) de negocio
- Contrato de Arrendamiento Comercial
- El contratista independiente debe presentar ambos: el formulario 1099 y la carta de certificación del propietario de la empresa DTSA

Las pequeñas empresas aprobadas deben poder recibir fondos depositados directamente en una cuenta corriente o de ahorros. Los solicitantes deben enviar los siguientes formularios que serán proporcionados por la Ciudad:

- Formulario de información del proveedor
- Formulario de Cámara de Compensación Automatizada (ACH)
- Cheque anulado por depósito ACH de fondos de subvención
- Formulario W-9 del IRS

### **Contact/Questions**

Ciudad de Santa Ana, Julie Castro, Especialista en Desarrollo Económico II  
(714) 673-3619, [Jcastro5s@santa-ana.org](mailto:Jcastro5s@santa-ana.org)



## Santa Ana Business Interruption Fund Application

The Santa Ana Business Interruption Fund (SABIF) program provides financial assistance to small “mom and pop” businesses located along the OC Streetcar transit project that are impacted by transit rail construction. SABIF is a demonstration of the City of Santa Ana’s commitment to being a trusted partner and stakeholder.

The City of Santa Ana has designated \$1,500,000 for the SABIF program for Santa Ana small businesses with 25 or less employees that rely on foot traffic flow as their main source of revenue and are directly impacted by the OC Streetcar construction on 4<sup>th</sup> Street or have a business within 100 feet of 4<sup>th</sup> Street within the construction zones.

The grant amount will be limited to 50% of rent/lease for 6 months, not to exceed \$10,000 per business.

This application must be submitted in its entirety along with copies of the following documents:

- Valid and active Business License
- Valid Certificate of Occupancy
- Statement showing planned use of funds
- Valid Identification of business owner(s)
- Commercial Lease Agreement
- Independent Contractor must submit both: 1099 Form and Attestation Letter from DTSA business owner

Small businesses that are approved must be able to receive funds directly deposited to a checking or savings account. Applicants are required to submit the following forms that will be provided by the City:

- Vendor Information Form
- Automated Clearing House (ACH) Form
- Voided Check for ACH Deposit of Grant Funds
- W-9 IRS Form

City of Santa Ana  
Julie Castro, Economic Development Specialist II  
(714) 673-3619 [jcastro5@santa-ana.org](mailto:jcastro5@santa-ana.org)



## Solicitud del Fondo de Interrupción Comercial de Santa Ana Santa Ana Business Interruption Fund Application

### A. Información de contacto del propietario del Negocio/ Business Owner Contact

A.1. Primer Nombre/ <b>First Name</b>	
A.2. Apellido/ <b>Last Name</b>	
A.3. Dirección de Casa/ <b>Home Address</b>	
A.4. Ciudad/ <b>City</b>	
A.5. Estado/ <b>State</b>	
A.6. Código Postal/ <b>Zip Code</b>	
A.7. Teléfono/ <b>Telephone</b>	
A.8. Correo electrónico/ <b>Email Address</b>	

### B. Información de Negocio/Business Information

B.1. Nombre legal de la empresa <b>Legal Name of Business</b>	
B.2. Nombre comercial ficticio (DBA) <b>Fictitious Business Name (DBA)</b>	
B.3. Dirección de Negocio <b>Business Address</b>	
B.4. Ciudad de negocio <b>Business City</b>	
B.5. Estado de negocio <b>Business State</b>	
B.6. Código postal de la empresa <b>Business Zip Code</b>	
B.7. Teléfono de negocios	

<b>Business Phone Number</b>		
<b>B.8. Correo electrónico de negocio Business Email</b>		
<b>B.9. Sitio web de negocio Business Website</b>		
<b>B.10. ¿En qué fecha abrió el negocio? What date did the business open?</b>		
<b>B.11. ¿En qué fecha abrió el negocio? Type of Business</b>	<input type="checkbox"/> Minorista/Retail <input type="checkbox"/> Restaurante /Restaurant <input type="checkbox"/> Profesional/Professional <input type="checkbox"/> Servicio de Cuidado Personal/ Personal Care Service <input type="checkbox"/> Otro/Other _____	
<b>B.12. Descripción de los servicios/productos ofrecidos: Description of services/products offered:</b>		
<b>B.13. Número de empleados incluyéndote a ti: Number of employees including yourself:</b>		
<b>B.14. ¿El negocio es propiedad de una mujer? Is the business a woman owned business?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>B.15. ¿El negocio es propiedad de una minoría? Is the business minority owned business?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### C. Elegibilidad/ Eligibility

<b>Preguntas/Questions</b>	<b>Yes</b>	<b>No</b>
<b>C.1. ¿Su empresa depende del flujo de tráfico peatonal como principal fuente de ingresos (es decir, restaurante/venta minorista)? Does your business rely on foot traffic flow as the main source of revenue (i.e.: restaurant/retail)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.2. ¿Su negocio se ha visto afectado directamente por la construcción del tranvía OC en 4th Street? Has your business been directly impacted by the OC Streetcar construction on 4th Street?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.3. ¿Tiene su negocio una tienda en la calle 4? Does your business have a storefront on 4th Street?</b>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>C.4. ¿Tu negocio está en la calle 4?</b> <b>Is your business on 4<sup>th</sup> Street?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.5. ¿Tienes menos de 25 empleados?</b> <b>Do you have less than 25 employees?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.6. ¿Su negocio está en regla con todas las autoridades fiscales y de licencias locales, estatales y federales?</b> <b>Is your business in good standing with all local, state, and federal taxing and licensing authorities?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.7. ¿Tiene su empresa alguna infracción de código pendiente?</b> <b>Does your business have any pending code violations?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.8. ¿Tiene una licencia comercial activa/vigente de la Ciudad de Santa Ana?</b> <b>Do you have an active/current business license from the City of Santa Ana?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.9. ¿Tiene un Certificado de Ocupancia de la Ciudad de Santa Ana?</b> <b>Do you have a Certificate of Occupancy from the City of Santa Ana?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.10. Breve declaración de cómo la construcción ha impactado su negocio. (es decir, ¿porcentaje de disminución en las ventas?)</b> <b>Brief statement of how the construction has impacted your business? (i.e.: percentage of decline in sales?)</b>		

**D. Estado de uso previsto de los fondos/Statement for Planned Use of Funds**

Las empresas deben informar cómo se gastaron los fondos según lo solicitado por la Ciudad de Santa Ana./Businesses are required to report how the funds were spent as requested by the City of Santa Ana.

Ingrese el uso planificado del fondo a continuación/ Enter the planned use of fund below:

Uso de fondos/ Fund Use	Cantidad /Amount (\$)
Ejemplo: Renta /Example: Rent	\$500

**E. Certificaciones/Certifications**

Al firmar a continuación, acepta, bajo pena de perjurio, las siguientes declaraciones:

- El solicitante/propietario de la empresa tiene la autoridad para solicitar este fondo en nombre de la empresa descrita en este documento.
- El solicitante/propietario de la empresa ha leído y comprende las pautas completas del programa.
- El Solicitante/Propietario de la empresa acepta proporcionar a la Ciudad de Santa Ana, sus empleados y representantes, documentación adicional para fines de auditoría e informes y para evaluar los beneficios derivados de la participación en el programa. Dicha información puede incluir, entre otros, declaraciones de pérdidas de ganancias, registros de nómina y certificaciones de ingresos de empleados nuevos o retenidos. La empresa autoriza la divulgación de dicha información a agencias locales, estatales y/o federales y al personal de la Ciudad de Santa Ana dentro de los cinco años posteriores a esta fecha.
- El solicitante/propietario de la empresa acepta que, si se otorga, la solicitud se convierte en un contrato vinculante entre la empresa y el propietario de la empresa y la ciudad de Santa Ana. Cualquier violación de las pautas del programa dará como resultado que la empresa y el propietario de la empresa reembolsen de inmediato a la ciudad cualquier monto emitido de conformidad con este programa.
- El solicitante/propietario de la empresa entiende que la ciudad se reserva el derecho de rechazar todas y cada una de las solicitudes.

**By signing below, you agree under penalty of perjury, to the following statements:**

- Applicant/Business Owner has the authority to apply for this fund on behalf of the business described herein.
- Applicant/Business Owner has read and understands the full program guidelines.
- Applicant/Business Owner agrees to provide the City of Santa Ana its employees and representatives additional documentation for audit and reporting purposes and to assess the benefits derived from participating in the program. Such information may include, but is not limited to, profit loss statements, payroll records, and income certifications of new or retained employees. Business authorizes the release of said information to local, State and/or Federal agencies and to City of Santa Ana staff within five years of this date.
- Applicant/Business Owner agrees that if awarded, the application becomes a binding contract between the Business and Business Owner and the City of Santa Ana. Any violation of the program guidelines will result in the Business and Business Owner promptly repaying the City any amount issued pursuant to this program.
- Applicant/Business Owner understands that City reserves the right to reject all applications.

Applicant/Owner Signature Firma del Propietario/a	Date Fecha	Applicant/Owner Signature Firma del Propietario/a	Date Fecha
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For Internal Office Use Only			
<input type="checkbox"/> <b>Tier 1</b>	Directly adjacent to construction on 4 <sup>th</sup> Street and within the address list		
<input type="checkbox"/> <b>Tier 2</b>	North/South Streets within 100' from 4 <sup>th</sup> St. & within the active construction zones		
Applicant/Owner			
Address			
Vendor #			
Amount Approved	\$	<b>Independent Contractor</b> <input type="checkbox"/>	
Approved by: Marc Morley, Economic Development Manager		<b>X</b>	
Account #	Economic Development Service Enhancement Loans & Grants <b>01118810-69152</b>		



**CITY OF SANTA ANA  
FINANCE AND MANAGEMENT SERVICES**

20 Civic Center Plaza • P.O. Box 1988  
Santa Ana, California 92702  
www.santa-ana.org

## **Vendor Information Form**

The Tax Equity & Fiscal Responsibility Act of 1982 and Backup withholding Regulations of 1983 require us to have a Social Security or Federal Tax Identification Number (TIN) on file for all vendors subject to form 1099 reportable payments. Please print, sign and return this form, along with your completed and signed W-9 (attached).

Business Name

DBA (if applicable)

Purchase-From Address

Remit-To Address

Phone

Fax

Payment Terms

Email

Web Address

Sign Here

Title



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>		
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>		
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                      <input type="checkbox"/> C Corporation                      <input type="checkbox"/> S Corporation                      <input type="checkbox"/> Partnership                      <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><b>Note:</b> 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 <b>not</b> 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><b>4</b> 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><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)	
	<p><b>6</b> City, state, and ZIP code</p>		
	<p><b>7</b> 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.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## 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 ▶

## 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](http://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.*

## Electronic Payment (ACH) Enrollment Form

<b>Payee/Company Information (To be Completed by Payee)</b>	
Name:	Social Security or Taxpayer Identification Number:
Address:	Depositor Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Email Address (for payment notification only):
Contact Person Name:	Telephone Number: (     )
Payee/Joint Payee Certification: I certify that I am entitled to the payments identified with this Taxpayer/Social Security number. In signing this form, I authorize my payment to be sent to the financial institution named below and deposited to the designated account.	Signature _____ Title _____
	Signature _____ Title _____
	Signature _____ Title _____

*The City of Santa Ana must be notified of any bank account changes. Failure to notify the City of such changes may result in your payment being delayed.*

<b>Bank/Financial Institution Information (To be Completed by Financial Institution)</b>			
Depositor Account Title:	Name of Financial Institution:		
Mailing Address on Bank Account:	Address of Financial Institution:		
ACH Coordinator Name:	Telephone Number: (     )		
Nine-Digit Routing Transit Number: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>			
Depositor Account Number:			
Type of Account: <span style="margin-left: 100px;"><input type="checkbox"/> Savings</span> <span style="margin-left: 100px;"><input type="checkbox"/> Checking</span>			
Financial Institution Certification: I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31CFR Parts 240, 209, and 210.			
Print or Type Representative's Name:	Signature of Representative:	Telephone Number:	Date: