



Santa Ana Business Interruption Fund Application 2nd Round

The Santa Ana Business Interruption Fund 2nd Round (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 a second round of \$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 4th Street or have a business within **350 feet** of 4th 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. Pre-approved pushcart peddlers qualify for \$2,500 and independent contractors qualify for \$1,300.

This application must be submitted in its entirety along with copies of the following documents, submitted in person at City Hall or via email (as PDF only) to jcastro5@santa-ana.org:

- Business License from the City of Santa Ana
- Certificate of Occupancy
- Identification or Driver’s License of business owner(s)
- Lease Agreement or Lease Letter
- Independent Contractor must also submit:
 - 1099 Form
 - 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:

- Vendor Information Form
- Automated Clearing House (ACH) Form
- W-9 IRS Form
- Voided Check

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

Solicitud del Fondo de Interrupción Comercial de Santa Ana 2da Ronda

El programa del Fondo para la Interrupción de Negocios de Santa Ana 2nd Ronda (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 otra ronda de \$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 350 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. Los vendedores ambulantes de carritos de mano pre-aprobados califican para \$2,500 y los contratistas independientes califican para \$1,300.

Esta solicitud debe presentarse en su totalidad junto con copias de los siguientes documentos, presentado en persona en el Ayuntamiento o por correo electrónico (solo en formato PDF) a jcastro5@santa-ana.org:

- Licencia Comercial de Santa Ana
- Certificado de Ocupancia (no se requiere para contratistas independientes o vendedores de carritos de mano)
- Identificación o Licencia del dueño(s) del negocio
- Contrato de Arrendamiento o Carta de Arrendamiento
- El contratista independiente debe presentar:
 - Formulario 1099
 - Carta 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:

- Formulario de información del proveedor
- Formulario de Cámara de Compensación Automatizada (ACH)
- Formulario W-9 del IRS
- Cheque anulado (void)

City of Santa Ana
Julie Castro, Especialista en Desarrollo Economico II
(714) 673-3619 jcastro5@santa-ana.org



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

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

A.1. Full Name/Nombre complete	
A.2. Home Address/Dirección de Casa	
A.3. Telephone/Telefono	
A.4. Email Address/Correo electrónico	

B. Business Information/Información de Negocio

B.1. Legal Name of Business/Nombre legal de la empresa	
B.2. Fictitious Business Name (DBA)/Nombre comercial ficticio (DBA)	
B.3. Business Address/Dirección de Negocio	
B.4. Business Phone Number/ Teléfono de negocios	
B.5. Business Email/ Correo electrónico de negocio	
B.6. Business Website/ Sitio web de negocio	
B.7. What date did the business open?/ ¿En qué fecha abrió el negocio?	
B.8. Type of Business/ Tipo de negocio	<input type="checkbox"/> Retail/ Minorista <input type="checkbox"/> Restaurant/ Restaurante <input type="checkbox"/> Professional/ Profesional <input type="checkbox"/> Personal Care Service/ Servicio de Cuidado Personal <input type="checkbox"/> Other/ Otro _____

B.9. Description of services/products offered by your business/ Descripción de los servicios/productos que ofrece su empresa		
B.10. Number of employees including yourself/ Número de empleados incluyéndote a ti:	_____	
B.11. Is the business a woman owned business?/ ¿El negocio es propiedad de una mujer?	Yes	No
B.12. Is the business minority owned business?/ ¿El negocio es propiedad de una minoría?	Yes	No

C. Eligibility/ Elegibilidad

Questions/ Preguntas	Yes	No
C.1. Does your business rely on foot traffic flow as the main source of revenue (i.e.: restaurant/retail)?/ ¿Su empresa depende del flujo de tráfico peatonal como principal fuente de ingresos (es decir, restaurante/venta minorista)?		
C.2. Has your business been directly impacted by the OC Streetcar construction on 4 th Street?/ ¿Su negocio se ha visto afectado directamente por la construcción del tranvía OC en 4th Street?		
C.3 Does your business have a storefront on 4 th Street?/ ¿Tiene su negocio una tienda en la calle 4?		
C.4. Do you have less than 25 employees?/ ¿Tienes menos de 25 empleados?		
C.5. Is your business in good standing with all local, state, and federal taxing and licensing authorities?/ ¿Su negocio está en regla con todas las autoridades fiscales y de licencias locales, estatales y federales?		

<p>C.5. Is your business in good standing with all local, state, and federal taxing and licensing authorities?/ ¿Su negocio está en regla con todas las autoridades fiscales y de licencias locales, estatales y federales?</p>		
<p>C.6. Do you have an active/current business license from the City of Santa Ana? (must include a copy with this application)/ ¿Tiene una licencia comercial activa/vigente de la Ciudad de Santa Ana? (debe incluir una copia con esta solicitud)</p>		
<p>C.7. Do you have a Certificate of Occupancy from the City of Santa Ana? (must include a copy with this application)/¿Tiene un Certificado de Ocupancia de la Ciudad de Santa Ana? (debe incluir una copia con esta solicitud)</p>		
<p>C.8. Brief statement of how the construction has impacted your business? (i.e.: percentage of decline in sales?)/Breve declaración de cómo la construcción ha impactado su negocio. (es decir, ¿porcentaje de disminución en las ventas?)</p>		

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

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

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

SANTA ANA BUSINESS INTERRUPTION FUND APPLICATION 2ND ROUND

A. Certifications/ Certificaciones

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.
- 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 las solicitudes.

Applicant/Owner Signature

Date

Applicant/Owner Signature

Date

For Internal Office Use Only

<input type="checkbox"/> Tier 1	Directly adjacent to construction on 4 th Street		
<input type="checkbox"/> Tier 2	North/South Streets within 350' from 4 th St. & within the active construction zones		
Business			
Address			
Vendor #			
Amount Approved	\$		<input type="checkbox"/> Independent Contractor
I certify the expenditure are eligible under the grant guidelines and approve payment. Approved by:			
Marc Morley, Economic Development Manager		X	
Acct# 01118810-69152	Economic Development Service Enhancement Loans & Grants		



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 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
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. <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)

Requester's name and address (optional)

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										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-							
		-								
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-							
		-								

Part II Certification

- Under penalties of perjury, I certify that:
- 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
 - 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
 - I am a U.S. citizen or other U.S. person (defined below); and
 - 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.

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

Payee/Company Information (To be Completed by Payee)	
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.

Bank/Financial Institution Information (To be Completed by Financial Institution)			
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; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>			
Depositor Account Number:			
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking			
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:

CHECKLIST

- Must submit ALL documents in person at City Hall **or** via email as PDF documents to jcastro5@santa-ana.org
 - Grant Application
 - Business License from the City of Santa Ana
 - Certificate of Occupancy
 - Identification or Driver's License of business owner(s)
 - Lease Agreement or Lease Letter
 - Voided Check
 - Independent Contractor must submit the following in addition:
 - 1099 Form
 - Letter from DTSA business owner
 - No need for Certificate of Occupancy

Resources

- Business License – Jessica Gonzalez jgonzalez20@santa-ana.org
- Certificate of Occupancy – Irene Siroonian isiroonian@santa-ana.org
- Questions – Julie Castro – jcastro5@santa-ana.org (714) 673-3619