

# COUNTY OF IMPERIAL RETAIL FOOD FACILITY COVID-19 ASSISTANCE GRANT PROGRAM

The County of Imperial recognizes that COVID-19 has put a difficult burden on our microbusiness community. While there are many loan opportunities available on the local, state and federal level, the County understands that not all businesses are able to take on debt during this challenging time.

To address this, the County of Imperial has established the **RETAIL FOOD FACILITY COVID-19 ASSISTANCE GRANT PROGRAM**. This program will distribute a one-time \$1,500 grant for up to 1,000 businesses with a facility of less than 10,000 sq. ft. that have been severely impacted by COVID-19 and could most benefit from a grant. Grants will be distributed on a first come, first serve basis.

# The Application Process Opens at 1:00pm on November 17, 2020 and Closes at 5:00pm on Thursday, December 17, 2020.

## Eligibility Requirements and Required Documentation

Eligible retail food facility businesses include: all permitted food facilities that are less than 10,000 sq. ft., mobile food operations, caterers, bars, cottage food operations, and microenterprise home kitchen operations. All eligible applicants must submit the following documents (clear and legible) via email or in-person to Imperial County Environmental Health:

- Submit Completed Application
- Valid 2020 Food Facility Health Permit
- Copy of the Business License
- Copy of a Valid Driver's License
- Completed W9 Form (access a <u>fillable form here</u>)
- Submit Documentation to Support the Stated Business Hardship resulting from COVID-19

### **Submitting Your Application**

Submit your application and required documentation by email at <u>envhealth@co.imperial.ca.us</u> or call to make an appointment to submit in person beginning at 1:00pm on Tuesday, November 17, 2020 at the following address:

#### Imperial County Division of Environmental Health

797 Main Street, Suite B, El Centro CA 92243 Tel: (442) 265-1888 Fax: (442) 265-1903 Hours: Monday – Friday, 8:00am – 5:00pm (Closed 12:00pm – 1:00pm)

Should you have questions regarding the grant application and the submittal process, please contact Imperial County Division of Environmental Health



## COUNTY OF IMPERIAL **RETAIL FOOD FACILITY COVID-19 ASSISTANCE GRANT PROGRAM APPLICATION**

The following information must be submitted along with the County of Imperial RETAIL FOOD FACILITY COVID-19 ASSISTANCE GRANT PROGRAM application:

**Business License** 

Driver's License

Valid 2020 Food Facility Health Permit **Documentation Supporting Business Hardship** 

Completed Federal W-9 Form (access a fillable form here)

BUSINESS OWNER INFORMATION	
Name	
Email	
Phone	
<b>BUSINESS INFORMATION</b>	
Legal Business Name	
Business Address	
Business License Number	
<b>Division of Environmental Health</b>	
Permit Number	
COVID-19 NEGATIVE FINANCIAL IMPACTS	
Please describe the business hardship that has resulted from COVID-19 and address impacts on	

revenues, number of employees, modified business hours, etc. Submit documentation supporting the stated hardship resulting from COVID-19.

#### **DISCLOSURE OF INFORMATION**

The County of Imperial understands and supports the public's right to access public records. Information submitted through this application is a public record and is subject to disclosure under the California Public Records Act. In addition, the County of Imperial may be required to disclose information by subpoena, civil-investigative demand, or court-ordered or court-authorized discovery. By submitting this application, applicant certifies that all information is true and correct. Applicant acknowledges that they may be required to provide additional documentation related to the grant.

I agree that any information submitted through this application may be subject to disclosure under the California Public Records Act.

#### CERTIFICATION

I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatements or omissions of material facts herein is grounds for immediate disgualification or payback in full of any funds granted through this program.

Print Name

Signature \_\_\_\_\_ Date \_\_\_\_\_