



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES
WORKFORCE DEVELOPMENT BOARD

Devin Drake *Director, Department of Social Services*

Dawn Boulanger *Workforce Development Board Director*

Guidelines and Application COVID-19 Small Business Grant

In order to support small business employers facing financial impacts and potential layoffs from the novel coronavirus 2019 (COVID-19), the **Workforce Development Board of San Luis Obispo County** has established the *COVID-19 Small Business Grant Fund*. The fund will provide grants to small employers experiencing economic stresses in order to prevent potential layoffs or facility closures during COVID-19.

The Workforce Development Board of San Luis Obispo County has designated Workforce Innovation and Opportunity Act Rapid Response Layoff Aversion Funds to this project.

Eligibility

Eligible applicants include businesses or industry associations that:

- Have a business location in San Luis Obispo County (*NOTE: funds may only be utilized for San Luis Obispo County locations*)
- Have 25 employees or less
 - Are up-to-date on Unemployment Insurance (UI) taxes and are in good standing with the state of California, to be submitted via attestation on the grant application
 - Can demonstrate a need to prevent layoffs which would occur due to the impacts of COVID-19

Sole proprietors are *Not Eligible* for this grant if they do not pay into the Unemployment Insurance (UI) system. Please be aware that the business must have a valid California Tax Number in order to be eligible for this grant.

Funding Availability

- Businesses with 1-10 employees are eligible for maximum total grant funding of \$1,500
- Businesses with 11-25 employees are eligible for maximum total grant funding of \$2,500

Use of Funds

Employers must utilize the funds to create solutions that mitigate layoffs. Requests must be reasonable, necessary, and directly related to preventing potential layoffs or facility closures as a result of COVID-19 and must have taken place during COVID-19 State required business closures through the end of the grant period, which is two months after the awarding of funding. All applications will be reviewed by Workforce Development Board of San Luis Obispo County staff.

Examples of permissible use of funds include, but are not limited to:

- Purchasing remote access equipment or software that allows employees to work from home rather than being laid off (e.g. computers, printers, telephones, headsets, video conferencing software, etc.);
- Purchasing cleaning/sanitation supplies and/or services that will allow exposure reduction as business begins to implement a re-opening plan



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- Other creative approaches and strategies to reduce or eliminate the need for layoffs.

Funds may not be used to pay for employee wages or benefits, nor for support services for employees such as childcare, transportation costs, lodging expenses, or meals.

Grant Requirements

The *COVID-19 Fund* was created from federal Workforce Innovation and Opportunity Act (WIOA) funding. As a result, selected employers must attest to the Certifications and Assurances and complete the contract process before funds are expended. Funds will be reimbursed after expenditures are made. Businesses will be required to submit a brief impact statement and proof of expenses before reimbursements are issued. The impact statement must include the number of jobs saved and the estimated amount of annual wages saved as a result of the purchase(s) made.

Disclaimer: Entities receiving an award may be subject to local, state, or federal monitoring. Entities must certify that purchases made will be used only for the purposes as specified on the application upon approval.

Fund recipients must retain a folder of receipts, copies of invoices, grant application, budget for grant, and grant submission paperwork for at least three years beyond the term of the grant period.

Only one award per business may be made.

A small budget is required as part of the application. Attached is an application template to start your application for submission.

All applications and budget are to be submitted via email to the following address:
SLOworkforce@co.slo.ca.us

What to Expect if You are Funded:

1. A Grant Award Approval Notice with Agreement Template will be sent to you via the email address you provided on the application;
2. A phone call will be scheduled with Workforce Development Board of SLO County (WDB SLO) staff to confirm grant terms and ensure any questions are answered;
3. Upon contract execution, the awarded business will submit invoices and/or receipts for purchases made;
4. The County of San Luis Obispo will mail a check for reimbursement of funds to you within three weeks after receiving receipts and completed invoice and narrative forms from the business. The WDB staff will work with you to ensure forms are completed in their entirety;
5. Upon expending the grant in full, the WDB SLO staff will send a notice to you documenting the closing of the grant for your records;
6. WDB SLO staff will follow up to ensure that funding documentation is maintained at your business. Documentation to be maintained will be outlined in the contractual agreement.



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What You Need To Complete Your Application

1. Total number of employees (at all SLO County locations (if more than one) and at the specific location the application is for);
2. The legal structure of the business (sole proprietorship, partnership, corporation, other);
3. Number of employees whose jobs are affected by COVID-19;
4. What funding will be used for and how the funding will allow for employees to maintain their jobs;
5. A dated impact statement on *company letterhead* including the number of jobs saved and the estimated amount of annual wages saved as a result of the purchase(s) made if the funding is distributed;
6. Specific items requested with costs. (Estimates if not already purchased);
7. Attach receipt(s) of purchase(s) made;
8. Attach a W9 for reimbursement purposes



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COVID-19 Small Business Grant Application

Section 1. Business Information		
Business Name:		
Business Contact:		Title:
Street Address:		
City:	Zip:	County:
Phone:	Ext:	Fax:
Email:		Website Address:
For which business location are you seeking funding?		
Total # of Full-Time Employees:		Total # of Part-Time Employees:
Total # of Full-Time Employees at this Business Location:		Total # of Part-time Employees at this Business Location:
Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Employer's Federal ID #:	
	CA Tax #:	
	Is your business current on all State of California tax obligations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAICS Code: Business Industry		
Select your business' industry:	<input type="checkbox"/> Accommodation and Food Service <input type="checkbox"/> Finance / Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Retail Trade <input type="checkbox"/> Education <input type="checkbox"/> Information <input type="checkbox"/> Utilities <input type="checkbox"/> Manufacturing <input type="checkbox"/> Arts and Entertainment	<input type="checkbox"/> Administrative or Waste Management <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting <input type="checkbox"/> Professional, Scientific, and Technical Services <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services <input type="checkbox"/> Construction



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COVID-19 Impact	
Has your business been affected by COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe:	
Number of employees' jobs affected by COVID-19:	
Please describe your business, product(s) and/or service(s):	
<input type="checkbox"/> Yes Are you or an immediate family member an employee of the Workforce Development Board; a WDB member; a member of a WDB Committee; an officer, an employee or an agent of DSS? This grant is funded by the Workforce Innovation and Opportunity Act (WIOA) and subject to the local policy 32-19 Conflict of Interest . <input type="checkbox"/> No	
Section 2. Layoff Aversion Plan	
Amount of funding requested: \$_____	Anticipated Number of Jobs Saved:
<i>Provide a description of the specific planned actions that will allow your business and employees to continue operations. Attach any relevant information on a separate page if needed.</i>	



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Section 3. Budget		
Budget Category	Description	Cost
Total Costs		
Section 4. Certification by Authorized Business Representative		
<p>I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I intend to use the grant funds only as specified in the grant application. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.</p> <p>This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved expenditures. Activities may not start prior to the effective date of the agreement.</p>		
Print Name:	Title:	
Signature:	Date:	

Please submit signed application and attachments via email to SLWorkforce@co.slo.ca.us. Staff from the Workforce Development Board will send confirmation of receipt of application within 1-2 business days.