

CITY OF ONTARIO GRANT APPLICATION

Business Legal Name	Business TIN (EIN, SSN)		
Business Address	Business Phone		10
Dusilless Address			
Business Owner	Number of Employees		
Questions	(As of February 29, 2020) Yes No		
 Has the business been affected by COVID-19? A. Did the business have a decline in revenue above 30%?			
Certifications			
I certify the grant will be used for fixed debts, payroll expense, accour business bills. I certify the grant will not be used for refinancing, expansion, growth, improvements. I further certify that the business and its operations, are, and will, remail local, state, and federal laws.	or infrastruc	ture	
Attachments			
Copy of Drivers License Brief description and history of the business, including the year started Documentation showing the number of employees as of February 29, 2020 Profit & Loss statements showing the revenue decline or other documentation W9 Form Proof of 60 day expenses January - February 2020 (optional)	on		
Business Owner Signature	_	Da	te