

# BUSINESS INTAKE FORM

Thank you for applying for our services and sharing relevant information about your business. Our work is to help small businesses reach their goals. Your information gives us the data to assess your business needs and support your progress.

*Disclosure: All information provided is confidential and for internal use only.*

## CONTACT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Language Preferred: \_\_\_\_\_

Gender:  Female  Male  Non-binary  Transgender  Other

Date of Birth: \_\_\_\_\_ Are you a Veteran?  Yes  No

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**Which race or ethnicity best describes you?** *Please choose only one.*

- American Indian or Alaskan Native  Asian/ Pacific Islander  Black or African American  
 Hispanic/ Latino  White/ Caucasian  Multiple Ethnicity/ Other

**Employment Status:**

- Full-Time  Part-Time  Freelance/ Contractor  Self-Employed  
 Unemployed  Disabled  Retired

**How would you rate your proficiency in technology**

- Excellent  Average  Poor  I prefer not to use technology



# Business Intake Form



**San Pablo EDC can connect you to the following business services. Please select the services you need to strengthen your business.**

*Check all that apply.*

- Access to Capital
- Accounting Services
- ADA Compliance
- Branding/ Logo
- Business Banking
- Business Credit
- Business Plan
- Business Structure
- Consulting/ 1:1 Advising
- DUNS Number
- Employer Identification Number (EIN)
- Employee Training
- Financials
- Hiring Fair Participation
- Insurance
- Leasing
- Merchant Services
- Marketing
- Online Presence/Social Media
- Online Store
- On-the-Job Training
- Permits & Licensing
- Purchase of Equipment
- Tax Services
- Website
- Other:



# San Pablo (B2B) Fund Application



As approved by City Council, San Pablo Back-to-Business (B2B) Fund will provide immediate financial relief in the form of grants to qualified, currently licensed small businesses within the incorporated City of San Pablo boundaries. These grants are intended to relieve debt due to pandemic impacts and further a business' ability to maintain operations and support business growth during this economically challenging time.

## Eligible Businesses

- \* Small, privately owned, for-profit with a minimum of one full-time employee
- \* Business must be located in the jurisdictional boundaries of the City of San Pablo
- \* Must demonstrate financial hardship due to COVID-19
- \* Must have a current business license with the City of San Pablo
- \* Must be open for business and have filed tax returns for at least the past two (2) consecutive tax years

*Businesses may not be owned or partially owned by, or employ, any of the following individuals: a City of San Pablo Elected Official, a current employee of the City of San Pablo, a current employee or board member of the San Pablo Economic Development Corporation, or an immediate family member who lives in the same household of any of these individuals.*

**For complete eligibility, please review [San Pablo B2B Fund Guidelines](#)**

## Grant Amounts

Grants are available as \$5,000, \$10,000, \$15,000, or \$20,000 for capital-ready eligible San Pablo businesses demonstrating strategic business pivots in their business plan.

The grant tier is determined as follows:

- \* **\$5,000** for an existing storefront **or** qualified home-based business with a gross revenue  $\leq$  \$100,000
- \* **\$10,000** for an existing storefront business with a gross revenue  $\leq$  \$250,000
- \* **\$15,000** for an existing storefront business with a gross revenue  $\leq$  \$500,000
- \* **\$20,000** for an existing storefront business with a gross revenue  $\geq$  \$750,000

## Qualified businesses must submit the following documents:

- \* Copy of current City of San Pablo Business License
- \* Business Plan
- \* Financial Statements (Balance Sheet & Profit + Loss)
- \* Income Tax Returns (2 most recent years)
- \* Signed IRS Form W-9
- \* Signed San Pablo EDC Rule of Conduct Form
- \* Media Release Waiver

## Grant Usage

The grant funds must be used to pay for any of the following reasons:

- \* Lease payments
- \* Payroll
- \* Utilities
- \* Business Supplies (including PPE)
- \* Equipment
- \* Software or Technology
- \* Another expense as approved on your application

# San Pablo (B2B) Fund Application

Please answer all questions to the best of your ability. Completed applications are reviewed on a first-come-first, serve basis.

## CONTACT INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT SCREENING QUESTIONS

- |                                                                                |                              |                             |
|--------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Do you have a business plan?                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you filed for bankruptcy in the last 3 years?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your business a charity or non-profit organization?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the business income your primary source of income?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you filed business income taxes for the last 2 years?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a current business license in the City of San Pablo?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your storefront in the jurisdictional boundaries of the City of San Pablo?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the business have unpaid local, state, or federal tax liens or judgments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your business promote or offer any of the following:                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Illegal activities, recreational drugs, unsafe supplements, multilevel marketing, third-party infringement, social issues, elections or politics, cosmetic procedures, weight loss, cash for gold, gambling, weapons, ammunition, firearms or explosives, adult products or services, penny auctions, payday loans, paycheck advances, bail bonds, discriminatory advertising, state lotteries, tobacco, and related products.*

## ABOUT YOUR BUSINESS

### What is your business's gross revenue?

- Gross Revenues ≤ \$100,000
- Gross Revenues ≤ \$250,000
- Gross Revenues ≤ \$500,000
- Gross Revenues ≥ \$750,000

### Before COVID-19, my business was...

- Fast growing with potential
- Stable with predictable growth
- Neither growing nor declining
- Declining

### How do you plan to utilize the grant? *Check all that apply.*

- |                                                |                                                            |                                                 |
|------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Lease payments        | <input type="checkbox"/> Equipment                         | <input type="checkbox"/> Upgrades or Expansion  |
| <input type="checkbox"/> Payroll               | <input type="checkbox"/> Business Supplies (including PPE) | <input type="checkbox"/> Software or Technology |
| <input type="checkbox"/> Utilities             | <input type="checkbox"/> Pay off debt                      |                                                 |
| <input type="checkbox"/> Other expenses: _____ |                                                            |                                                 |



## San Pablo EDC Rules of Conduct

These Rules of Conduct (Rules) apply to all persons seeking to receive information and/or services and participate in any San Pablo EDC and EDC-affiliated programs. These Rules apply to interactions with San Pablo EDC staff whether in person, via phone, written communication (hard copy or electronic) or any form of online social media.

The San Pablo EDC seeks to ensure all staff and clients are treated with respect and meet the same standards of conduct. The San Pablo EDC does not discriminate nor does it tolerate any discriminatory or harassing behavior in which its clients may engage. The San Pablo EDC reserves the right to terminate service with a client based on the client's unwelcome behavior, which will be captured according to the Protocol which follows this section.

**Please read and initial each item and provide your signature at the bottom. If the initial interaction is via phone or online, you will be asked to provide your signature electronically.**

\_\_\_\_\_ I am 18 years of age or older.

\_\_\_\_\_ I will not disrespect EDC staff members or anyone present (i.e., no derogatory comments raising voice, swearing, threatening comments or gestures, actual physical harm, uninvited physical contact, sexual or flirtatious advances, among others).

\_\_\_\_\_ I will not say any negative comments nor make discriminatory remarks about any class, type or group of people (i.e., no derogatory language; no comments related to a person's gender, sexual identity, age, race, ethnicity, religion, etc.).

\_\_\_\_\_ I will not engage in any discriminatory line of questioning with staff nor refuse service from a staff member based on prejudice regarding race, ethnicity, language, sexual identity, age, disability or any other discriminatory bias.

\_\_\_\_\_ I understand that if I am under the influence (drugs or alcohol) and unable to comply with staff requests or communicate safely, refuse to follow staff requests, threaten violence, or am belligerent in my conduct, I will be asked to leave the premises immediately.

\_\_\_\_\_ I will follow staff requests regarding my conduct.

\_\_\_\_\_ I understand there is a zero tolerance policy for Rules violation.

\_\_\_\_\_ I understand that failure to follow the Rules of Conduct will be grounds for immediate action according to Protocol.

By signing below, I am indicating I have read, understand and agree to abide by the San Pablo EDC Rules of Conduct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date