

**VALLEY METRO SMALL BUSINESS
FINANCIAL ASSISTANCE
PROGRAM APPLICATION**



PRESTAMOS CDFI
A DIVISION OF CHICANOS POR LA CAUSA



| | |
|---|---|
| Legal Business Name: | Business Taxpayer Identification Number: (Tax ID EIN/SSN) |
| Business Legal Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other | |
| Phone Number: | Email: |
| Preferred Method of Contact: Phone Email | |
| Business Address: _____ Address: _____ City: _____ State: _____ Zip: _____ | Is mail received at a different address? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ City: _____ State: _____ Zip: _____ |
| Most recent gross annual revenue: | Start date of operations at current location: |
| List any other business location(s) within metro Phoenix, if applicable. | |
| Does the business lease or own its place of operation? <input type="checkbox"/> Lease <input type="checkbox"/> Own <input type="checkbox"/> Other | |
| Number of existing employees including owners? | |

SMALL BUSINESS FINANCIAL ASSISTANCE PROGRAM APPLICATION

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|--|--|
| If requested, is your business able to provide documentation to verify program eligibility (see Eligibility on page 4) <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your business in good standing with all local, state, and federal taxing and licensing authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either of the above two questions, your business does not qualify for this program. Please visit our website at www.valleymetro.org or contact your Business Assistance Coordinator to see how we can help you with other programs. If you answered "Yes" to the above two questions, please proceed to the next questions to complete the application. | |
| TIER II ASSISTANCE PRE-QUALIFICATION – ELIGIBLE BUSINESS MAY RECEIVE UP TO \$9,000 | |
| Has your business been operating at an eligible location (see Eligibility section on page 4) prior to commencement of construction on June 19,2020 (SCE/DH) or July 28, 2020 (NWEII)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has your business experienced a loss in revenue after the start of construction in comparison with the same period in the year prior to the start of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you answered "No" to either of the above two questions, your business does not qualify for TIER II assistance. However, you may still qualify for TIER I assistance. Please proceed to the next questions to complete the application. | |

INDIVIDUAL INFORMATION

| | | |
|-----------------------------------|---|--------|
| Name: | | Title: |
| Contact Phone: | Contact Email: | |
| Percentage of Business Ownership: | Do you have the authority to sign official documents for business? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DEMOGRAPHIC INFORMATION

| | | |
|--|---|---|
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer | Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer |
|--|---|---|

USES – REQUESTED AMOUNTS (Enter amounts requested per line item along with the number of months the amount covers).

| | NUMBER OF MONTHS TO BE COVERED | REQUESTED AMOUNT |
|-------------------------------|--------------------------------|------------------|
| RENT / MORTGAGE | | |
| UTILITIES | | |
| PAYROLL | | |
| INSURANCE | | |
| OTHER | | |
| TOTAL REQUESTED AMOUNT | | |

SALES BREAKDOWN If you do not have the necessary financial records to support your annual revenue for the years 2019, and/or 2020, 2021, or 2022; please write down to the best of your knowledge, the revenue for the following years:

| | 2019 | <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 |
|-----------|------|---|
| JANUARY | | |
| FEBRUARY | | |
| MARCH | | |
| APRIL | | |
| MAY | | |
| JUNE | | |
| JULY | | |
| AUGUST | | |
| SEPTEMBER | | |
| OCTOBER | | |
| NOVEMBER | | |
| DECEMBER | | |
| TOTAL | | |

You Have the Option to Have Your Attorney Review this Before You Sign

GRANT AGREEMENT

Program Grant Funding. The City of Phoenix and Valley Metro are providing Program Grants to eligible businesses through the Program, pursuant to the following monetary categories:

- a. Tier I: Amount of \$3,000
- b. Tier II: Amount up to \$9,000

Program Period Grants. Grants shall be used to cover the cost of utilities, mortgage, rent, payroll expenses (collectively Vendors).

Program Period. The Program will disburse a Program Grant during the current funding year which concludes December 31, 2022.

Payment of Program Grants. If Grantee receives a Program Grant pursuant to Tier I, Prestamos will disburse the Program Grant to them directly. If Grantee receives a Program Grant pursuant to Tier II, Prestamos will pay Vendors and credit Grantee the amounts paid against the Program Grant.

Grantee shall indemnify and hold harmless City of Phoenix, Valley Metro, Prestamos and CPLC (collectively "Indemnified Parties") from and against any and all claims, losses, demands, causes of action, or liabilities incurred by the Indemnified Parties, arising from, in whole or in part, directly or indirectly, as a result of the Grantee's acts or omissions under this Agreement, except as may arise from the gross negligence or willful misconduct of the Indemnified Parties. Any damages, costs, charge or expenses of any nature whatsoever incurred by Grantee, with respect to any action, claim, suit or proceedings taken by or against Grantee and relating to expenditure of the Program or the Program Grant, shall not be paid out of the proceeds of the Program Grant.

Signature: _____

Printed Name: _____

Title: _____

Business Name: _____

Date: _____

TIER II WAIVER AND RELEASE FORM (TIER II RECIPIENTS ONLY)

In exchange for receiving Tier II payment(s) from the program (not to exceed \$9,000, cumulative of Tier I payment, if any, and all Tier II payments, depending on qualified revenue reductions), I agree to compromise, settle, forever release, waive, discharge, and relinquish any and all past and present claims, demands, losses, damages, rights, remedies, or causes of action for construction-related revenue reduction, any and all other related damages, losses, costs, and expenses, including attorneys' and experts' fees, whether based on tort, contract, Arizona law, or other theories of recovery, against the City of Phoenix and Valley Metro Rail, Inc. and any related council members, officers, employees, consultants, administrators, agents, representatives, attorneys, predecessors, and successors in interest, and their respective heirs, and assigns from same, arising from or in any way related to South Central Extension/Downtown Hub (SCE/DH) or Northwest Extension Phase II (NWEII) light rail construction. I also will accept without qualification the Program Administrator's final decision regarding my Tier II application.

Signature: _____

Printed Name: _____

Date: _____

ELIGIBILITY

LOCATION

- Located immediately next to construction along the South Central Extension / Downtown Hub (SCE/DH) or Northwest Extension Phase II (NWEII) light rail extension areas, defined as follows:
 - SCE/DH: located on or with exclusive access from South Central Avenue between Washington Street and Baseline Road, 3rd Avenue Loop, 5th Avenue Loop, or McKinley Loop.
 - NWEII: located on or with exclusive access from Dunlap Avenue, 25th Avenue, or Mountain View Road west of 19th Avenue and east of 1-17. Eligible businesses on the former Metrocenter Mall property are also within program limits.

OWNERSHIP / TYPE OF BUSINESS

- Locally owned
- Doing business directly with customers primarily onsite at the business location
- Ineligible: Residential property(ies), places of worship, schools, banks, hotels, government agencies, utility companies, businesses generating over 60% of revenues from the sale of alcoholic beverages, businesses generating revenues from the sale of marijuana, sexually-oriented businesses or topless bars (as defined in the Phoenix City Code) or unoccupied buildings.

EMPLOYEES

- 15 or less

ANNUAL REVENUE

- \$750,000 or less

TIME IN BUSINESS

- Currently open and operational and in business prior to:
 - June 19, 2020 (SCE/DH).
 - July 28, 2020 (NWEII).

TIER II ONLY

- Have experienced a loss of revenue after the start of construction as compared to the same timeframe in the year prior to the start of construction
- Must agree, in exchange for funding, to not seek damages from City of Phoenix, Valley Metro or Prestamos for loss of revenue due to construction impacts

DOCUMENTS THAT MAY BE REQUESTED:

- Copy of business license
- Articles of organization / incorporation
- Cash-based monthly income statement for 2019 and 2021
- Business Tax Return: 2019
- Form W9 completed for business
- Invoices / statements/ receipts to be paid with the funds
- Copy of Photo ID of all owners

PROFESSIONAL BUSINESS CONSULTING SERVICES

Valley Metro also offers professional business consulting – such as help with social media, marketing, website, accounting, and more – as part of the business assistance program. If you are interested in additional support please contact.

South Central Extension / Downtown Hub

Victoria Bray
VBray@valleymetro.org

Debra Lopez
DLopez@valleymetro.org

Northwest Extension Phase II

Bree Boehlke
BBoehlke@valleymetro.org