

# PLUMAS COUNTY



## 2021 Dixie Fire Recovery For-Profit Business Economic Development GRANT PROGRAM APPLICATION

**RELEASED AUGUST 19, 2024**

*SUBJECT TO CHANGE AT THE DISCRETION OF  
THE BOARD OF SUPERVISORS*

**GRANTS WILL BE AWARDED TO ELIGIBLE BUSINESSES  
ON A FIRST-COME, FIRST-SERVED ROLLING BASIS  
THROUGH MAY 2026 OR UNTIL  
ALL GRANT FUNDS ARE EXHAUSTED**

*Funded through the  
State of California's Department of Housing and Community Development's (HCD)  
administration of the federal Community Development Block Grant Program (CDBG)  
for non-entitlement jurisdiction by the Department of Housing and Community  
Development (HUD) pursuant to the provisions of 42 U.S. Code (U.S.C.) 5301, et seq.,  
24 Code of Federal Regulations (CFR) Part 570, Subpart 1,  
California Health and Safety Code Section 50825, et seq.,  
and the California State CDBG Program Guidelines  
in effect as of October 15, 2019, all as may be amended from time to time.*

*2021 DIXIE FIRE RECOVERY  
FOR-PROFIT BUSINESS ECONOMIC DEVELOPMENT GRANT  
APPLICATION  
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## **APPLICATION**

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**SUBMIT APPLICATION VIA EMAIL OR MAIL TO:**

Plumas County Planning Department  
ATTN: Tracey Ferguson, Planning Director  
555 Main Street, Quincy, CA 95971  
530-283-6214 / [TraceyFerguson@countyofplumas.com](mailto:TraceyFerguson@countyofplumas.com)

**BUSINESS INFORMATION:**

<b>Business Name:</b>	
<b>Business Type:</b>	
<b>DBA or Trade Name, if applicable:</b>	
<b>SAM.gov UEI:</b>	
<b>EIN:</b>	
<b>Business Address:</b>	
<b>Business Owner(s) Full Name:</b>	
<b>Business Phone Number:</b>	
<b>Business Email:</b>	
<b>Number of Employees (including owners):</b>	
<b>Contact Person and Title:</b>	
<b>Contact Person Phone Number:</b>	
<b>Contact Person Email:</b>	

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**PROPOSED GRANT REQUEST AMOUNT:**

<b>ELIGIBLE USES FROM GUIDELINES</b>	<b>DESCRIPTION FROM GUIDELINES</b>
Equipment and Supplies	Machinery and Tools: Devices or apparatuses used in business operations, such as manufacturing equipment, industrial machines, and other mechanical tools such as hand tools, power tools, and specialized equipment necessary for specific trades or professions.
Equipment and Supplies	Office Supplies, Equipment, and Software: Items including general office supplies, computers, and computer programs and applications essential for business operations such as software licenses, printers, copiers, fax machines, and other supplies and technology used in office settings.
Equipment and Supplies	Furniture and Fixtures: Desks, chairs, shelving units, appliances, and other indoor and outdoor furnishings and physical items or materials such as cleaning or other supplies that are a necessary part of the business setup and/or going operations and functions.
Operating Capital Expenses (up to six months)	Business Payroll
Operating Capital Expenses (up to six months)	Business Insurance
Operating Capital Expenses (up to six months)	Business Utilities (i.e., internet, cable, phone, water, sewer, and power)
Operating Capital Expenses (up to six months)	Business Rent/Mortgage

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**FILL IN YOUR REQUEST BELOW:**

PROPOSED ELIGIBLE USE(S)	DESCRIPTION	COST

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**SUMMARY OF THE PROPOSED ELIGIBLE USE(S) OF GRANT FUNDS:**

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**CONFLICT OF INTEREST:**

Conflicts of interest may occur, whether directly or indirectly, when an employee, officer, board member, or volunteer of the applicant is related to, married to, involved in an intimate relationship with, or is living with an employee or elected official of the County of Plumas or if any of these individuals have an ownership or financial interest in the organization applying for funding. While a conflict of interest may not disqualify the applicant from receiving funds under the grant Program, any potential conflict of interest must be disclosed to the County Administrative Officer, or authorized designee, when the application is submitted and before grant funds will be awarded to a qualified applicant.

Applicant acknowledges the following:

1. A conflict of interest may arise if an employee, officer, board member, or volunteer of the applicant, is also an elected official or is employed by the County of Plumas or is the spouse, partner, dependent child, member of the household, or has an intimate relationship, with an elected official or employee of the County of Plumas.
2. A conflict of interest may arise if an employee, officer, board member, or volunteer of the applicant has a financial or ownership interest in the applicant's organization, and that person is also an elected official or is employed by the County of Plumas or is the spouse, partner, dependent child, member of the household, or has an intimate relationship, with an elected official or employee of the County of Plumas.
3. Applicant shall disclose the names of any employees, officers, board members, or volunteers, who may give rise to a conflict of interest, to the County Administrative Officer when submitting the application.
4. Failure to disclose a conflict of interest, or potential conflict of interest, will be deemed a material misrepresentation by the applicant.

<b>Person or financial interest giving rise to possible conflict of interest.</b>	<b>Brief description of nature of possible conflict of interest.</b>

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**CERTIFICATION BY OWNER/AUTHORIZED BUSINESS REPRESENTATIVE:**

I/We hereby certify that I/we am/are an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I/We intend to use the grant funds only as specified in the grant application. I/We further certify that the information given as part of and attached to this application is true and accurate. I/We 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 Plumas County 2022 CDBG Economic Development Grant Program. 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. New activities may not start prior to the effective date of the agreement. I/We agree that this application authorizes the County to request additional documentation that may be necessary to verify information for the Grant Program.

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Owner/Authorized Business Representative  
Signatory Name (Print)

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Owner/Authorized Signature

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Date

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Email

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Phone

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Additional Owner/Authorized Business  
Representative Signatory Name (Print)

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Owner/Authorized Signature

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Date

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Email

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Phone

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**ATTACH THE FOLLOWING ADDITIONAL INFORMATION TO THIS APPLICATION**

1. SAM.gov UEI (Unique Entity ID) documentation
2. Tax ID/Employer Identification Number (EIN), if applicable
3. Business W-9 form
4. Fictitious Business Name Certificate from Plumas County
5. Documentation that the business is providing goods or services that are available to all residents in the LMA Benefit business service area (i.e., Plumas County)
6. Documentation to determine start date of business operation, as applicable:
  - a. Copy of registration with the State of California's Secretary of State
  - b. Articles of Incorporation/Organization
  - c. Current Statement of Information
  - d. Fictitious Business Name Statement (aka DBA)
7. All required operating permits and licenses including those from the Plumas County Environmental Health Department
8. Proof of business insurance including at minimum general liability insurance
9. Business tax returns for the most recent two years filed, if available
10. Profit and Loss statement for the most recent two years, if available
11. Cash flow projection for the most recent two years and 2024 to-date, if available
12. Payroll report or affidavit (signed by owner(s) and employee(s)) for the most recent month documenting payroll information, number of persons employed, and names and addresses of owner(s) and employee(s)

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13. A short business plan (1-2 pages) discussing business operations and plans, the viability of the business, and the chance of remaining open over the next 12 months; may also include a marketing and/or financial plan
14. Duplication of Benefits Affidavit
15. Disclosure of delinquent or defaulted federal grants or loans in the last seven (7) years, if applicable
16. A description of the proposed eligible use of grant funds
17. Documentation, including receipts when applicable, substantiating costs for proposed operating capital expenses (i.e., payroll, insurance, utilities, rent/mortgage) for future payments tying CDBG economic development grant (dollars in), to operating capital expenses (dollars out). Utilities related to the business can include internet, cable, phone, water, sewer, and power.
18. Business lease (rental) agreement, if applicable
19. Parcel (mortgage) proof of ownership, if applicable
20. Documentation for three (3) quotes (informal solicitation) substantiating costs for eligible equipment and/or supplies for purchase or reimbursement payment for costs incurred only after the applicant and County have executed the grant agreement

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**FOR PLUMAS COUNTY USE ONLY:**

Was 'Owner/Authorized Business Representative' verified:

Yes   No      (circle one)

Conflict of Interest statement and application filled out completely and submitted on time:

Yes   No      (circle one)

Duplication of Benefits Affidavit filled out completely and submitted on time:

Yes   No      (circle one)

Application:

Accepted   Rejected   (circle one)

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Date

Program Manager Signature

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**D U P L I C A T I O N O F B E N E F I T S A F F I D A V I T**

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**Date:** \_\_\_\_\_ / \_\_\_\_\_ / 202 \_\_\_\_\_

**Business Applicant Name:** \_\_\_\_\_

**PART 1: DOCUMENTATION**

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In this affidavit the business applicant for the Plumas County 2021 Dixie Fire Recovery For-Profit Business Economic Development Grant (CDBG 2022) identifies any sources of funds that the applicant has applied for or received. Sources of funds include, but are not limited to, federal, state, and local loan/grant programs, private or bank loans, nonprofit donations, or loans or other sources.

Please mark with an "X" any of the below which apply to your business regarding any prior assistance or mark "N/A" for not applicable:

**I HAVE NOT** applied for or received funding assistance from federal, state, and local loan/grant programs, private or bank loans, nonprofit donations, or loans or other sources.

**I HAVE** received funding assistance from the following programs (please list each source separately):

1) Lender/Grant Program Name: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Date received: \_\_\_\_\_

How funds are being used (please be specific):

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2) Lender/Grant Program Name: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Date received: \_\_\_\_\_

How funds are being used (please be specific):

I have **APPLIED FOR** funding assistance, and my application is **PENDING** from the following programs:

1) Lender/Grant Program Name : \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Date received: \_\_\_\_\_

How funds are being used (please be specific):

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**PART 2: CERTIFICATION**

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As a recipient of a 2021 Dixie Fire Recovery For-Profit Business Economic Development Grant (CDBG 2022) funds under the applicable grant agreement, I assert that:

1. I will not apply for more funding than needed for the eligible activity or project for which Economic Development Grant (CDBG 2022) funds are provided. For example, if I have \$100 available from another source towards the monthly utility (power) bill for my business, and I am applying to Plumas County to pay for my total monthly utility (power) bill of \$500 for my business, the County Economic Development Grant CDBG 2022 funds will be limited to \$400 per month.
2. I understand that duplication of benefits (DOB) is prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the County if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a DOB.
4. I acknowledge that any DOB may either need to be paid back to the County or that the grant funds may be reduced by a corresponding amount.
5. I understand that this affidavit is appended to and part of the applicable grant agreement that the Business Applicant executes with the County for CDBG-CV funds and is a condition of the receipt of such funds.

**I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted.**

Date: \_\_\_\_\_ / \_\_\_\_\_ / 202\_\_\_\_\_

Business Applicant signature: \_\_\_\_\_

Business Applicant printed name: \_\_\_\_\_