



Small Business COVID-19 Layoff Aversion Grant Fund

Overview

In order to support small business employers facing financial impacts and potential layoffs from the novel coronavirus 2019 (COVID-19), the Imperial County Workforce Development Board (ICWDB) has established the Small Business COVID-19 Layoff Aversion 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 ICWDB has designated \$60,000 of Workforce Innovation and Opportunity Act (WIOA) Rapid Response Layoff Aversion funds to this grant project. Applications will begin to be accepted starting September 9, 2020 and continuing 30 calendar days following the discontinuation of the State of Emergency related to COVID-19, or until funds are exhausted. Applications will be reviewed in the order they are received.

Eligibility

Eligible applicants include businesses or industry associations that:

- Have a business location in Imperial County (funds may only be utilized for Imperial County locations);
- Have 50 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; and
- Can demonstrate a need to prevent layoffs which would occur due to the impacts of COVID-19

Funding Availability

- Businesses with 1-25 employees are eligible for total grant funding up to \$2,000
- Businesses with 26-50 employees are eligible for total grant funding up to \$3,500

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. All application will be reviewed by the ICWDB.

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 a small business to maintain an on-site workforce as a result of exposure reduction
- Other creative approaches and strategies to reduce or eliminate the need for layoffs.

Note: 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 WIOA funding. As a result, selected employers must attest to the Certifications and Assurances and complete the contract process before funds are expended. Businesses will be reimbursed for costs, and will be required to submit brief performance reports and proof of expenses before funds are reimbursed. Performance reports will include number of jobs saved, estimated amount of annual wages saved, and project-specific measures and results.

Entities receiving an award may be subject to local, state, or federal monitoring. Fund recipients must retain receipts for at least three years beyond the term of the grant period. Documentation to be maintained will be outlined in the contractual agreement.

All grant funds will be paid through reimbursement after purchases have been made by the business.

Only one award per business may be made.

How to Apply

All application and budget are to be submitted via email to the following email address:

BusinessServices@co.imperial.ca.us



Small Business COVID-19 Layoff Aversion Grant Fund Application

Section 1. Business Information			
Business Name:			
Business Contact:		Title:	
Phone:	Ext:	Fax:	
Email:		Website Address:	
Street Address of Location:			
City:		Zip:	County:
For which business location are you seeking funding?			
Total # of Employees:		Total # of Part-time Employees:	
Total # of 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 (Designation: _____)
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:			
Select your business's industry:	<input type="checkbox"/> Accommodation and Food Service <input type="checkbox"/> Administrative or Waste Management <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting <input type="checkbox"/> Arts and Entertainment <input type="checkbox"/> Construction	<input type="checkbox"/> Education <input type="checkbox"/> Finance / Insurance <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Information <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional, Scientific, and Technical Services	<input type="checkbox"/> Real Estate <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Other Services
COVID-19 Impact			
Has your business been affected by COVID-19?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please describe:			

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Number of employees' jobs affected by COVID-19:	
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Please describe your business, product(s) and/or service(s):

Section 2. Layoff Aversion Plan

Amount of funding requested: \$ _____	Anticipated Number of Jobs Saved:
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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.

Section 3. Budget		
Budget Category	Description	Cost
Total Costs		

Section 5. 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 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: