

**Los Angeles County 2nd District
Business Interruption Fund
Application**



CONTACT INFORMATION

Tax Identification Number (TIN/SS): _____

Salutation: Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____

Home #: _____ Mobile #: _____ Office Fax #: _____

Office #: _____ Personal Email: _____

Month(s)/Quarter(s) of Distress Impact Claimed _____ Year(s) _____

Gender: Male Female Non-Binary

Veteran Status: Non Veteran Veteran Service Disabled Veteran

Ethnic Group

- African American Caucasian Native American
 Hispanic/Latino Asian Indian Asian American
 Other

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Company Email: _____ Website: _____

What is the Legal Classification of your Business?

- C-Corp Partnership
 LLC S- Corp
 Non-Profit Sole Proprietor

Is Your Business Internet Based? Yes No

Is Your Business Home Based? Yes No

BUSINESS TYPE / NATURE OF YOUR BUSINESS

- Service Professional
 Retail

Year Business Established: _____

HOW DID YOU HEAR ABOUT US?

- Client, Word-of-mouth Media –TV / Radio
 Internet/Email Newspapers/Magazine
 County of Los Angeles Other

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ADDITIONAL INFORMATION

How many employees do you have? _____ Full Time _____ Part Time

What are your days/hours of operation? (Ex. Mon-Fri 9 to 5, Sat 10 to 6) _____

Yes No Have you filed your 2023 Federal Tax Return?

Yes No Is your Business License Current?

Yes No Did you receive a PPP loan?

Yes No If so was it forgiven?

Yes No Do you have business insurance to cover your loss?

Yes No Do you have documentation/proof of qualifying event?

Grantee must submit a claim for at least one (1) of the following business interruption event categories:

- Natural disaster (e.g., earthquake, fire)
- Construction project (e.g., a street improvement temporarily eliminates parking for a business)
- Major homeless encampment
- Labor dispute (e.g., union strike)
- Notable civil unrest event
- New government regulation (e.g., a government ban on an integral supply used at a business)
- Major crime event (e.g., “smash n grab”)
- Illegal Dumping

Please note: Businesses will NOT be eligible if they already have insurance that covers the loss.

Describe how your business was interrupted by a qualifying event? _____

Describe how you intend to use the grant _____

DOCUMENT CHECKLIST

Business Federal Tax Return (most recent) or Personal Federal Tax Return, if Sole Proprietor (most recent)

Copies of all current business, occupancy, occupational and other relevant licenses required to own and operate your business

-Business Tax Certificate

-Sellers Permit (if retail)

-Public Health Permit (restaurants)

-Any additional Licenses

If in an unincorporated area of Los Angeles, the tax return for the business will suffice if no license is available

Copies of delinquent bills or debt payments due for fixed operating expenses (rent/mortgage, utilities, insurance, etc.) **Optional**

Copy of business lease for location indicating occupancy

Proof of qualifying event

I understand that participation in the Business Interruption Fund (BIF) program is voluntary. Should I receive a BIF award, the funds shall be used for the purpose (s) stated herein. I agree that my best efforts will be made to continue my business in its current location. Such efforts could include but not be limited to seeking assistance from the PCR Small Business Development Center (SBDC), or from the County Department of Economic Opportunity.

*I further agree to fully cooperate should I be selected to participate in surveys designed to evaluate BIF assistance services. I freely furnish to the PCR BIF staff all relevant application information, to be held in **strict confidence**.*

By my signature below, I certify that all submitted financial records to obtain BIF grant aid are true and correct representations of my financial performance. I understand that there are no warranties or assurances that this application will result in a BIF grant award.

Client Signature _____

Date _____