



# CITY OF DUBLIN OUTDOOR OPERATIONS GRANT PROGRAM



## SECTION 1. TYPE OF GRANT FUND REIMBURSEMENT REQUESTED

1. WHICH TYPE OF OUTDOOR OPERATIONS WILL BE INSTALLED AT YOUR BUSINESS?

- Permanent** Outdoor Operations
  - *The reimbursement amount for Permanent Outdoor Operations is **up to \$50,000.***

Please check the box for the type of approved permit you have and provide the permit number

- Site Development Review: \_\_\_\_\_
- Site Development Review Waiver: \_\_\_\_\_

2. SPECIFY THE AMOUNT OF REIMBURSEMENT BEING REQUESTED: \$ \_\_\_\_\_

3. PLEASE ATTACH AN ITEMIZED LIST OF PLANNED PURCHASES.

4. I understand this is a **pre-approval** application and if pre-approved for the program, there are additional program requirements that must be met before approval of reimbursement funds can be granted. Program requirements are available at [www.dublin.ca.gov/outdooroperations](http://www.dublin.ca.gov/outdooroperations).

Initial: \_\_\_\_\_

## SECTION 2. BUSINESS OWNER (APPLICANT) INFORMATION

5. BUSINESS OWNER: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

6. EMAIL: \_\_\_\_\_

7. DAYTIME PHONE NUMBER: \_\_\_\_\_

## SECTION 3. BUSINESS INFORMATION

8. BUSINESS NAME (INCLUDE DBA IF APPLICABLE): \_\_\_\_\_

9. BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

10. BUSINESS MAILING ADDRESS (if different): \_\_\_\_\_

11. BUSINESS WEBSITE: \_\_\_\_\_

12. PRIMARY BUSINESS ACTIVITY: (select one)

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Bakery      |
| <input type="checkbox"/> Restaurant   | <input type="checkbox"/> Bar/Brewery |



- Fitness  Coffee/Tea  
 Other (please specify): \_\_\_\_\_

13. BUSINESS DESCRIPTION: \_\_\_\_\_

14. IS THE BUSINESS CURRENTLY OPEN AND OPERATING?  Yes  No

15. HOW MANY EMPLOYEES DOES THE BUSINESS **CURRENTLY** HAVE? Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

16. IS THE BUSINESS OWNED BY A CORPORATION?  Yes  No

17. IF YES TO QUESTION 16, PLEASE SELECT THE ENTITY TYPE:

- Corporation  Limited Partnership (LP)  
 Limited Liability Corporation (LLC)  
 Other (please explain): \_\_\_\_\_

18. IF YES TO QUESTION 16, IN WHICH STATE IS THE ENTITY REGISTERED? \_\_\_\_\_

19. IS THE BUSINESS A FRANCHISE?  Yes  No

20. IF THE BUSINESS IS A FRANCHISE, IS IT CORPORATELY OWNED OR INDEPENDENTLY OWNED?

- Corporately Owned  
 Independently Owned  
 Other (please explain): \_\_\_\_\_

21. DO YOU CERTIFY YOUR BUSINESS HAS A BRICK & MORTAR PHYSICAL LOCATION?  Yes  No

22. DO YOU LEASE OR OWN THE BUSINESS LOCATION?  Lease  Own

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#### SECTION 4. TERMS & CONDITIONS

By submitting this grant pre-approval application, I agree to the following program terms and conditions:

- My business has been negatively impacted by the COVID-19 pandemic.
- I possess an active City of Dublin business license for this business.
- My business is in good standing with the City of Dublin and I do not have any open code enforcement, building or fire cases related to the business.
- My business does not have any outstanding liens or judgements.
- My business is not currently the subject of any litigation nor have I filed for bankruptcy.
- I certify that no payment received from this grant program will be used to cover costs reimbursed by other sources of funding, including but not limited to federal, state or local sources or insurance payments.
- My business type is consistent with the business types eligible for this grant program as outlined in the Program Guidelines (online at [www.dublin.ca.gov/OutdoorOperations](http://www.dublin.ca.gov/OutdoorOperations)).
- I understand the maximum reimbursement grant amount per business may not exceed \$50,000 for the Permanent Outdoor Operations category.
- I understand that I am responsible for 100% of the purchase and the City will reimburse eligible expenses that fall within the Program Guidelines (available online at [www.dublin.ca.gov/OutdoorOperations](http://www.dublin.ca.gov/OutdoorOperations)).



- I understand that I must adhere to all applicable federal, state and local laws as well as State of California and Alameda County COVID-19 regulations and guidelines to receive grant funding.
  - I agree to inform the Program Administrator and City Business License Administrator if Business has a change of ownership, moves location or closes permanently. Notice must be in writing and received within 30 days of the change.
  - I acknowledge that some of the information submitted through this application is a public record and may be subject to disclosure under the California Public Records Act.
  - I understand that the City of Dublin may determine in its sole discretion whether information submitted through this application is subject to disclosure under the California Public Records Act or through another legal process.
  - I understand that the City may be required to issue a 1099 form for the Grant Funds. Small Business Tenant acknowledge and agree that any and all federal, state, and/or local taxes resulting from their participation in this program is their responsibility and shall not be paid by the City.
  - I hereby certify that all of the information submitted in this application is true and correct and is subject to audit by the City of Dublin.
  - I agree to require any contractors performing construction work under this Program will pay prevailing wages pursuant to the requirements of the California Labor Code, Section 1771, et seq.
- I have read and agree to the above terms and conditions.

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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

