

**CALIFORNIA SMALL BUSINESS COVID-19 SUPPLEMENTAL
PAID SICK LEAVE RELIEF GRANT PROGRAM**

For-Profit Applicant Certifications

In connection with the California Small Business COVID-19 Supplemental Paid Sick Leave Relief Grant Program (the “Program”) funded by the State of California (the “State”) and administered by the California Office of the Small Business Advocate (“CalOSBA”) within the Governor’s Office of Business and Economic Development (“GO-Biz”) the undersigned, constituting an authorized representative of the below-referenced applicant business (the “Applicant”), acknowledges and agrees, on behalf of Applicant, that the State, CalOSBA, GO-Biz and B.S.D. Capital, Inc. dba Lendistry (“Lendistry”), as the designated intermediary of the Program, each may rely on the below certifications in determining Applicant’s eligibility for the Program and receipt of a grant under the Program.

The undersigned further acknowledges and agrees that if (i) any of the following certifications are untrue, (ii) Applicant knowingly makes any false or misleading statement or material omission in the information or materials required or requested from Applicant, or (iii) Applicant uses any grant funds for any unauthorized purpose, the State, CalOSBA, GO-Biz and/or Lendistry may require Applicant to repay such grant funds or take any other legal or equitable recourse available, including, without limitation, by seeking remedies for fraud.

By executing this document, Applicant hereby certifies to all of the following (please initial next to each of the certifications below):

___ 1. The undersigned signatory (a) is at least eighteen years old, (b) is a duly authorized representative of Applicant, and (c) has full authority to make the certifications referenced herein on Applicant’s behalf.

___ 2. Applicant meets all the eligibility requirements for the Program, including but not limited to, that Applicant meets the definition of “qualified small business or nonprofit” pursuant to California Government Code Section 12100.965.

___ 3. Applicant is currently an active, operating business that has been operating since before June 1, 2021. Applicant acknowledges and agrees that if Applicant receives a grant under the Program and Applicant’s business ceases to operate permanently, Applicant may be subject to return of all or any portion of such grant.

___ 4. Applicant had 26 to 49 employees between January 1, 2021 and December 31, 2022. **If Applicant is covered by Industrial Welfare Commission Order No. 16-2001 only**, Applicant acknowledges that the number of employees is calculated as the number of full-time employees that have worked for Applicant, without any break in employment, for twenty-four months.

___ 5. If a grant is received by Applicant, such grant funds will be used only for reimbursement of COVID-19 Supplemental Paid Sick Leave provided by Applicant pursuant to the requirements of Sections 248.6 and 248.7 of the California Labor Code between January 1, 2022 and December 31, 2022.

___ 6. If a grant is received by Applicant, no portion of the grant funds will be used for any purposes other than that identified in Section 5 above. Applicant acknowledges and agrees that if all or any portion of the grant funds are used for any unauthorized purposes, the State of California may hold the undersigned, Applicant and/or any other owner thereof legally liable, including, but not limited to, liability for possible charges of fraud.

___ 7. Applicant acknowledges and agrees that Applicant is not one or more of the following types of businesses deemed ineligible to receive a grant under the Program:

- (a) Businesses without a physical presence in the State of California
- (b) Government entities, other than Native American tribes, or elected official offices
- (c) Businesses primarily engaged in political or lobbying activities
- (d) Passive businesses, investment companies, and investors who file a Schedule E on their tax returns
- (e) Financial institutions or businesses primarily engaged in the business of lending, such as banks, finance companies, and factoring companies
- (f) Businesses engaged in any activity that is unlawful under federal, state, or local law
- (g) Businesses that restrict patronage for any reason other than capacity
- (h) Speculative businesses
- (i) Businesses with any owner of greater than 10 percent of the equity interest in it who meets one or more of the following criteria:
 - (i) The owner has, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgment, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - (ii) The owner is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of any of the offenses listed in clause (i) above.
- (j) Affiliated companies, as defined in Section 121.103 of Title 13 of the Code of Federal Regulations.

___ 8. Applicant has not applied for, and will not apply for or receive, any other grant through or under the Program, even if Applicant has multiple business entities, franchises, and/or locations. Applicant acknowledges that only one entity from any member of a “controlled group of corporations”—as defined in California Revenue and Taxation Code Section 23626—may apply to the Program, and no more than one entity may apply for the Program that are related under Sections 267, 318, or 707 of the United States Internal Revenue Code. Applicant agrees that if a second award is issued, then one or both awards will be voidable at the discretion of the State of California, CalOSBA, GO-Biz and/or Lendistry, as applicable.

___ 9. The undersigned, on behalf of Applicant, hereby authorizes the State of California and its designated authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, to request access to, and to review, Applicant, Applicant’s tax, payroll, and other information related to Applicant and its owners that may be requested by such representatives, which may include an investigatory background check of Applicant or its owners. Applicant acknowledges that Lendistry will

confirm Applicant's eligibility for the Program and the eligible grant amount thereunder based, in part, on the tax, payroll, and other documents provided by Applicant, and the State of California, CalOSBA and GO-Biz may rely on such confirmation and tax and other documents in making a grant to Applicant. Applicant further affirms that the tax return information provided in connection with the Program is identical to the tax return information submitted to the Internal Revenue Service. Applicant understands, acknowledges and agrees that the State of California and its authorized representatives, including without limitation CalOSBA, GO-Biz and Lendistry, may share such tax information and other documentation with local, state and federal authorized representatives, including without limitation for the purpose of compliance with federal, state, or local laws and regulations.

___ 10. Any and all information provided by or on behalf of Applicant, including without limitation the information contained in Applicant's grant application submitted for the Program and any and all information provided in support of Applicant's application under the Program is and will be true and accurate in all material respects.

___ 11. Applicant acknowledges that the State of California, CalOSBA, GO-Biz and Lendistry are each relying upon the certifications made in this document in addition to any other certifications made by Applicant in connection with its application for the Program. Applicant further acknowledges and agrees that all certifications made by Applicant in connection with the Program are made in good faith.

Signature

Date

Print Name

Title

Applicant Business Name

EIN

Applicant Business Address