

計畫與申請指南

修訂日期：2023 年 5 月 25 日



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

加州小型企業與非營利組織 COVID-19 補充帶薪病假補助計畫將向「符合資格的小型企業與非營利組織」提供獎助金，以協助因《加州勞動法》(California Labor Code) 第 [248.6](#) 及 [248.7](#) 節下的 COVID-19 補充帶薪病假而承擔成本之符合資格的小型企業與非營利組織，先申請者先得。

獎助金僅得用於報銷 2022 年 1 月 1 日至 2022 年 12 月 31 日期間提供的 COVID-19 補充帶薪病假。申請人必須提供員工薪資記錄證明，以證實申請人根據《加州勞動法》第 248.6 與 248.7 節之要求提供的所有 COVID-19 補充帶薪病假，其金額應與獎助金申請金額相符。

申請人所提供可查核的 COVID-19 補充帶薪病假 (2022 年 1 月 1 日至 2022 年 12 月 31 日)	可申請的獎助金金額
\$5,000 至 \$10,000	\$5,000
\$10,000 至 \$14,999	\$10,000
\$15,000 至 \$19,999	\$15,000
\$20,000 至 \$24,999	\$20,000
\$25,000 至 \$29,999	\$25,000
\$30,000 至 \$34,999	\$30,000
\$35,000 至 \$39,999	\$35,000
\$40,000 至 \$44,999	\$40,000
\$45,000 至 \$49,999	\$45,000
\$50,000 或以上	\$50,000

- 本計畫所稱「**符合資格的小型企業或非營利組織**」指符合《加州政府法典》(California Government Code) 第 12100.965 節所列的所有資格標準 (請參見 [此處](#))，並經加州小型企業倡導辦公室 (CalOSBA) 或財務代理機構審查收入下降情形、收到的其他救濟金、信用記錄 (僅用於查核外國控制辦公室合規情形)、納稅申報書和銀行帳戶後，確認無誤的企業或非營利組織。
- 「**申請人**」指申請本計畫的符合資格的小型企業或非營利組織，包括但不限於公司、非營利組織、合作社或合夥團體。
- 「**加州小型企業與非營利組織 COVID-19 補充帶薪病假救濟補助計畫**」或「**本計畫**」指《加州政府法典》第 12100.975 節所定的撥款計畫。

「符合資格的小型企業或非營利組織」必須符合以下標準，方可根據本計畫獲得獎助金：

1. 符合小型企業或非營利組織的定義，並經 CalOSBA 或財務代理機構審查收入下降情形、收到的其他救濟金、信用記錄、納稅申報書和銀行帳戶後確認無誤 (參見[定義](#))
 - A. 必須符合以下條件：
 - i. 屬「C」公司、「S」公司、合作社、有限責任公司、合夥團體或有限合夥團體。
 - ii. 註冊為 501(c)(3)、501(c)(6) 或 501(c)(19) 類別。
 - B. 2021 年 6 月 1 日前開始營運
 - C. 目前仍有效並正在營運
 - D. 2021 年 1 月 1 日至 2022 年 12 月 31 日期間有 26 至 49 名員工，並提供薪資單資料及經簽署的切結書 (若作虛假證明將受到偽證罪處罰) 作為證明
 - i. 僅限適用產業福利委員會第 16-2001 號令的雇主，員工人數應為過去 24 個月內為雇主工作且僱傭關係未曾中斷的全職員工人數。
 - E. 依《加州勞動法》第 [248.6](#) 及 [248.7](#) 節之要求提供了 COVID-19 補充帶薪病假

- F. 提供組織文件，包括 2020 年或 2021 年的納稅申報書或 990 表單，以及向州務卿或當地市政當局 (視情形而定) 提交的正式文件副本，包括但不限於公司章程、組織註冊證明、註冊商業名稱，或政府核發的營業執照
2. 必須指定年滿 18 歲的所有人 (若為非營利組織，則為高階主管) 為申請書授權簽署人
3. 可提供可接受的政府核發附照身分證件作為身分證明 (即透過 Lendistry 指定的身分驗證服務)
4. 擁有多個商業實體、加盟事業、經營據點等的申請人無法獲得多項補助，僅得申請一次。《加州收入和稅收法典》(California Revenue and Taxation Code) 第 23626 節定義之「受控公司集團」的成員中，僅有一個實體可以申請。依美國《國內稅收法典》(Internal Revenue Code) 第 267、318 或 707 節有所關聯的實體，申請補助者不得超過一個

以下小型企業和非營利組織視為不符合資格：

- 未在本州設置實體據點的企業或非營利組織
- 未註冊為 501(c)(3)、501(c)(6) 或 501(c)(19) 的非營利企業
- 美洲原住民部落以外的政府實體，或民選官員辦公室
- 主要從事政治或遊說活動的企業或組織，無論該實體是否註冊為 501(c)(3)、501(c)(6) 或 501(c)(19) 的企業
- 在納稅申報表上提交附表 E 的無實質營運企業、投資公司和投資者
- 主要從事借貸業務的金融機構或企業，例如銀行、財務公司和應收帳款承購公司等
- 從事任何聯邦、州或地方法律視為非法活動的企業或組織
- 除最多容納人數限制外，因任何原因限制顧客光顧的企業或組織

- 經營投機業務的企業
- 任何所有人 (若為非營利組織，則為任何高階主管或董事會成員) 符合下列一項或多項標準且持有 10% 以上股權的企業：
 - (i) 企業所有人 (或任何高階主管或董事會成員) 在過去三年內曾因以下原因遭定罪，或遭民事訴訟起訴，或者獲判假釋或緩刑，包含判決前緩刑：為獲得、意圖取得或在履行聯邦、州或地方公共交易或公共交易合約時進行詐騙或刑事犯罪；違反聯邦或州的反托拉斯或採購規範；或盜用公款、竊盜、偽造、賄賂、編纂或破壞記錄、提供虛假陳述或接受贓物。
 - (ii) 企業所有人 (或任何高階主管或董事會成員) 目前正因上述第 (i) 條所列的犯行受起訴，或遭聯邦、州或地方政府實體發起刑事或民事指控。
- 《聯邦法規彙編》(Code of Federal Regulations) 第 13 章第 121.103 節定義的關係企業

申請本計畫須提供以下文件：

1. 申請人認證

- 填寫並上傳**僅**適用於貴企業/組織的申請人認證

2. 向加州州務卿 (必須為現任) 或地方市政當局 (視情形而定) 提交的企業或組織正式文件，例如下列任一文件：

- 公司章程；
- 組織註冊證明；
- 商業名稱文件；
- 專業執照；
- 政府核發的營業執照或許可證

3. 收入證明：2020 年或 2021 年提交的聯邦營業稅申報文件 (完整且未修改)

- 營利企業：2020 年或 2021 年 IRS 1040、1065、1120 或 1120-S 表格
- 非營利組織：2020 年或 2021 年 IRS 990、990-N 或 990-Z 表格

4. IRS 免稅身分證明 (僅適用於非營利組織)

- IRS 501(c)(3)、501(c)(6) & 501(c)(19) 豁免決定書副本

5. 員工人數與所產生的成本證明：2021 年及 2022 年薪資記錄

- 需查核 2021 年和 2022 年的員工人數，以及 2022 年 1 月 1 日至 2022 年 12 月 31 日期間提供 COVID-19 補充帶薪病假所產生的成本

6. 員工人數證明：2021 年及 2022 年 IRS W-3 表格

- 需查核 2021 年 1 月 1 日至 2022 年 12 月 31 日期間的員工人數

7. 透過 Persona (將置於申請書中) 上傳的可接受的政府核發附照身分證件。可接受的政府核發附照身分證件形式：

- 駕駛執照
- 州身分證明文件
- 美國護照或外國護照

8. 透過 Plaid (將置於申請書中) 連結的有效銀行帳戶。

- 如果申請人沒有開通網路銀行，或者他們的銀行帳戶無法透過 Plaid 驗證，申請人則必須提交最近兩 (2) 個月的銀行對帳單和交易記錄。

此清單並未窮盡所有資訊。Lendistry 可能透過電子郵件、電話及/或簡訊 (若您授權) 聯絡您，要求您提供額外文件以驗證您在申請時提交的資訊。

如何完成申請人認證



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作為申請流程的一部分，您必須簽署「申請人認證」以自行證明網路申請和補充文件中所提供的資訊均真實且正確無誤。

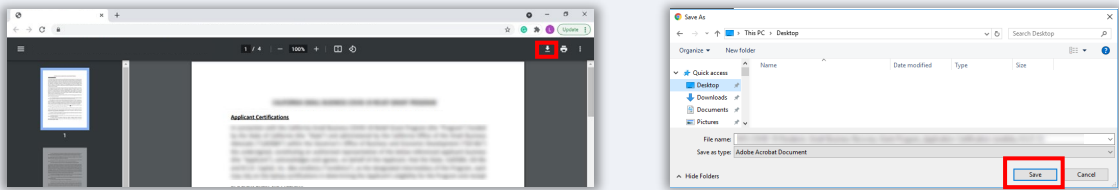
「申請人認證」以電子表格提供，供您下載並完成填寫。本獎助金申請流程要求提交「申請人認證」的簽署副本，且必須以 PDF 檔案格式上傳至入口網站。

下載「申請人認證」並將檔案儲存在您的裝置上。您可以透過電子方式完成申請人認證，也可以印出檔案並手動完成。

如何以電子方式完成申請人認證

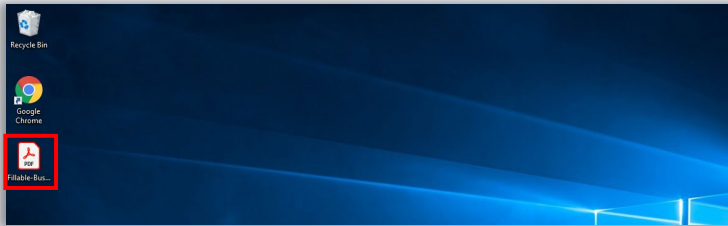
步驟 1

點選下載  圖示以下載「申請人認證」，並將檔案儲存在您的裝置上。



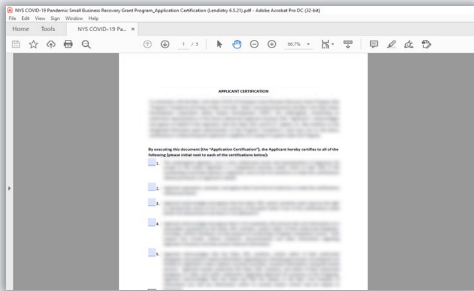
步驟 2

在裝置上找到「申請人認證」並開啟該檔案。「申請人認證」將以 PDF 檔案開啟。



步驟 3

在所有編號項目旁輸入您的姓名首字母，加入您的簽名，然後在最後一頁輸入企業資訊，即可完成填寫「申請人認證」。



步驟 4

完成「申請人認證」後，前往「File (檔案)」>「Save (儲存)」或在鍵盤上按下 CTRL+S，以儲存檔案。

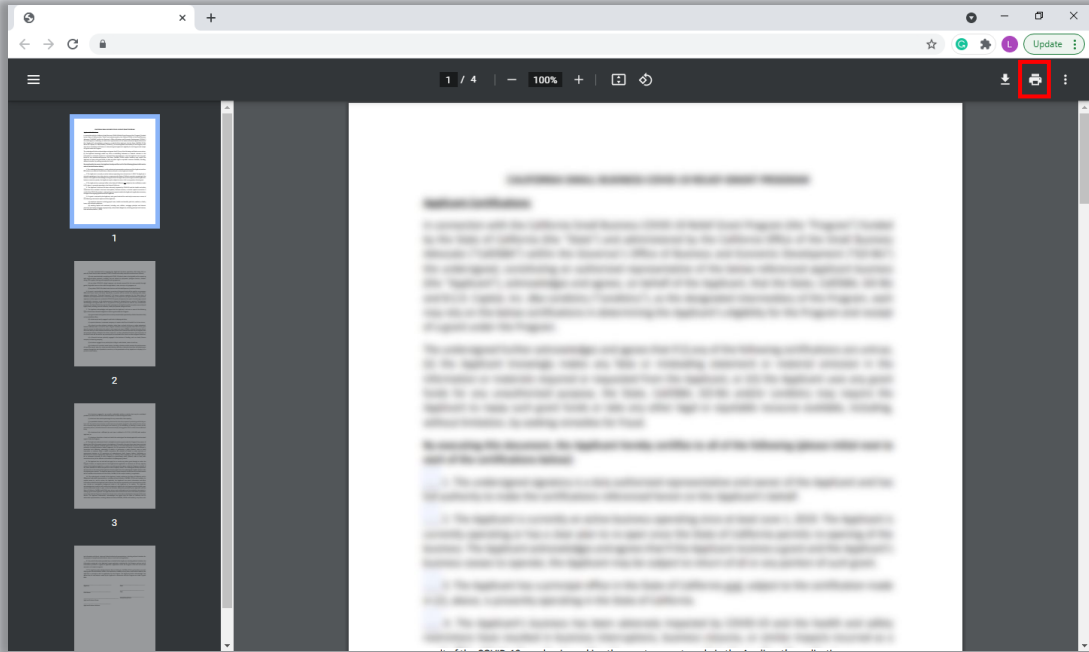
步驟 5

以 PDF 格式將完成填寫的「申請人認證」上傳至 Lendistry 入口網站。請參閱 [第 44 頁](#)。

如何以人工方式完成申請人認證

步驟 1

點選印表機  圖示 (見下方的紅色方塊標示) 以列印「申請人認證」。



步驟 2

使用深色原子筆，以清晰的筆跡填寫「申請人認證」。

步驟 3

掃描完成的「申請人認證」，並將檔案以 PDF 格式儲存在您的裝置上。

步驟 4

以 PDF 格式將完成填寫的「申請人認證」上傳至 Lendistry 入口網站。請參閱 [第 44 頁](#)。

必要文件範例



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註冊商業名稱

LARRY W. WARD
COUNTY CLERK OF RIVERSIDE
ASSessor-COUNTY CLERK-RECORDER

P.O. Box 750, Riverside, CA 92501-0750 • (951) 444-7000
812-67 Hwy. #1, Box 113, Indio, CA 92201 • (760) 840-4702

OFFICE OF THE COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT		COUNTY CLERK'S FILING STAMP															
- USE BLACK INK ONLY - - MUST BE TYPESet OR PRINTED - INITIALS CANNOT BE USED - NO WHITE OUT ALLOWED CLERK'S USE ONLY <table border="1"><tr><td>No.</td><td>Date</td><td>Page</td></tr></table>		No.	Date	Page													
No.	Date	Page															
SEE REVERSE SIDE FOR FEES AND INSTRUCTIONS THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: No. Fictitious Business Name If more than one business name or trade address attach separate sheets No. NAME OF COUNTY in which business is located Mailing Address (if Different from Business address - Optional)																	
1a. Register Information (only file name of Corp/L.L.C. if filing as such) Full Name of Registrant: Spell-out first, MIDDLE and last names (no initials) Residence Address City State Zip (Use same if Registrant registered in California) 1b. Registrant's Signature (only file name of Corp/L.L.C. if filing as such) Full Name of Registrant: Spell-out first, MIDDLE and last names (no initials) Residence Address City State Zip (Use same if Registrant registered in California)		2a. Register Information (only file name of Corp/L.L.C. if filing as such) Full Name of Registrant: Spell-out first, MIDDLE and last names (no initials) Residence Address City State Zip (Use same if Registrant registered in California) 2b. Registrant's Signature (only file name of Corp/L.L.C. if filing as such) Full Name of Registrant: Spell-out first, MIDDLE and last names (no initials) Residence Address City State Zip (Use same if Registrant registered in California)															
3. This business is conducted by: (Mark "X" appropriate; Attach Additional Sheet Showing All Partnerships) <table border="0"><tr><td>☐ Individual</td><td>☐ Husband & Wife</td><td>☐ Trust</td><td>☐ Corporation</td><td>☐ General Partnership</td></tr><tr><td>☐ Limited Partnership</td><td>☐ Co-partnership</td><td>☐ Joint Venture</td><td>☐ Limited Liability Company</td><td>☐ Limited Liability Partnership</td></tr><tr><td colspan="5">☐ An Unincorporated Association - other than a co-partnership ☐ Single or Local Registered Domestic Partnership</td></tr></table> 4. A. Registrant has not yet begun to transact business under the fictitious name(s) listed above. B. Registrant commenced its transacting business under the fictitious business name(s) listed above. I declare that all the information in this declaration is true and correct. (A registrant who declares as true, information which he or she knows to be false is guilty of a crime.) X. Signatures: (Only one is required) _____ Typed or Printed Name(s) _____ If Limited Liability Company/Corporation, Title _____ GCD BY: _____			☐ Individual	☐ Husband & Wife	☐ Trust	☐ Corporation	☐ General Partnership	☐ Limited Partnership	☐ Co-partnership	☐ Joint Venture	☐ Limited Liability Company	☐ Limited Liability Partnership	☐ An Unincorporated Association - other than a co-partnership ☐ Single or Local Registered Domestic Partnership				
☐ Individual	☐ Husband & Wife	☐ Trust	☐ Corporation	☐ General Partnership													
☐ Limited Partnership	☐ Co-partnership	☐ Joint Venture	☐ Limited Liability Company	☐ Limited Liability Partnership													
☐ An Unincorporated Association - other than a co-partnership ☐ Single or Local Registered Domestic Partnership																	

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF RIVERSIDE COUNTY ON DATE INDICATED BY FILE STAMP ABOVE

NOTICE: IN ACCORDANCE WITH SUBDIVISION (C) OF SECTION 7200, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY IS VALID FOR ONE YEAR FROM THE DATE ON WHICH IT WAS FIRST FILED IN THIS OFFICE OF THE COUNTY CLERK, EXCEPT AS PROVIDED IN SUBDIVISION (E) OF SECTION 7200. IF YOU ARE REQUIRED TO MAKE ANY CHANGE IN THE FACTS SET FORTH IN THIS STATEMENT PURSUANT TO SECTION 7200 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTRANT OWNED, A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE OPERATION. THE FILING OF THIS STATEMENT UNDER THIS ACT OF THE COUNTY CLERK OF RIVERSIDE COUNTY OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE PROVISIONS OF ANOTHER FEDERAL, STATE OR COMMON LAW (USE SECTION 7200 ET SECS., BUSINESS AND PROFESSIONAL CODE)

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE

LARRY W. WARD
RIVERSIDE COUNTY CLERK

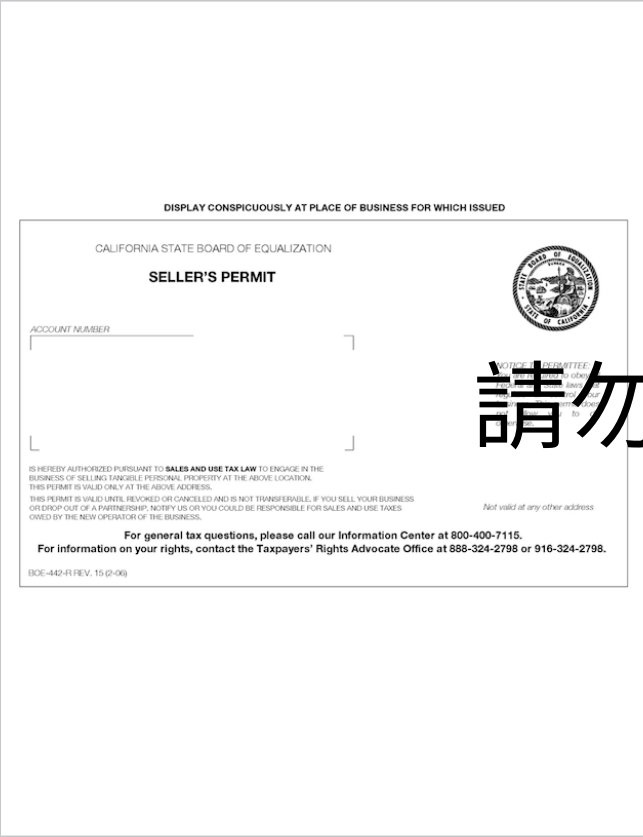
By _____ Deputy

FOR INFORMATION ONLY: RECORDS

Available to Release Upon Request

12

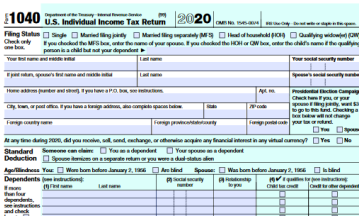
銷售許可證



請勿使用。僅供參考。

IRS 1040 表格

IRS 1065 表格



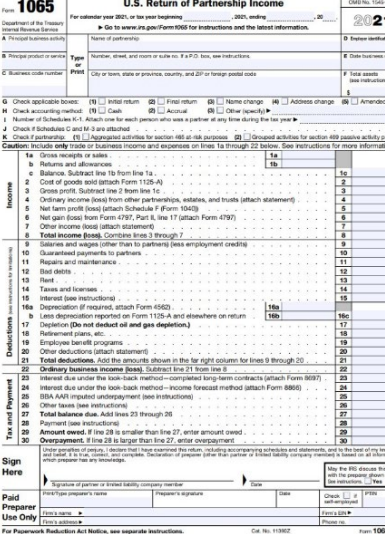
2020



2021



2020



2021

接下頁。

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IRS 1120-S 表格

Form 1120-S		U.S. Income Tax Return for an S Corporation		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service For calendar year 2021 or last taxable year beginning in 2021		▶ Do not file this form unless the corporation has filed or is attaching Form 990 or is electing to be an S corporation. ▶ Do not use this form for instructions and the latest information. See instructions.		2021 20
A Business activity code 1		Name 2		D Employer identification number 3
B Business activity type 4		Number, street, and county or city or town, S or P.O. box, and state. 5		D Date incorporated 6
C For calendar year 2021 or last taxable year beginning in 2021 7		City or town, village, or precinct, county, and ZIP or foreign postal code 8		F Total assets (see instructions) 9
D Check if filing: 10		Do not check if filing: 11		G Total liabilities (see instructions) 12
E Check if corporation electing to be an S corporation beginning with this tax year (see instructions). 13		Do not check if corporation electing to be an S corporation beginning with this tax year (see instructions). 14		H Total income (see instructions) 15
F Check if corporation: 16		Do not check if corporation: 17		I Total deductions (see instructions) 18
Instructions: 19		Do not check if corporation: 20		J Total income less deductions (see instructions) 21
Income 22		Do not check if corporation: 23		K Total income less deductions (see instructions) 24
Deductions 25		Do not check if corporation: 26		L Total income less deductions (see instructions) 27
Tax and Payments 28		Do not check if corporation: 29		M Total income less deductions (see instructions) 30
Sign Here 31		Do not check if corporation: 32		N Total income less deductions (see instructions) 33
Preparer Use Only 34		Do not check if corporation: 35		O Total income less deductions (see instructions) 36

2021

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IRS 990-N 表格

Form 990-N Return of the Individual Income Taxpayer	Electronic Notice (e-Postcard) for Tax-Exempt Organizations not required To File Form 990 or 990-EZ	
1545-2015 2011		
Open to Public Inspection		
A ☐ Check if applicable ☒ Terminated. Out of Business ☒ Gross receipts are normally \$50,000 or less	☐ Name of organization o/r/a: ☐ EIN number	☐ Employer identification number
☐ Website:	☐ Name of Principal Officer:	

2021

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IRS 990-Z 表格

Form 990-EZ
Short Form
Return of Organization Exempt From Income Tax
OMB No. 1545-0047
2020

Under section 501(c)(3), 527, or 4947(a)(2) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2020 calendar year, or for year beginning January 1st 2020, and ending December 31st 2020

1. Name of the organization
2. Address (street, P.O. box, and city or town) (Do not include street address)
3. Telephone number
4. State (Abbreviation)
5. City or town, state or province, country, and ZIP or foreign postal code
6. Federal tax identification number
7. Accounting method
8. Form of organization
9. Add lines 4b, 5b, and 7b to line 8 to determine gross receipts. If gross receipts are \$50,000 or more, or if total assets are \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	15,188.75
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	0
4	Investment income	0
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gross profit or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0
6	Gaming and fundraising events	0
6a	Gross income from gaming (attach Schedule G if greater than \$10,000)	0
6b	Gross income from fundraising events and including 5c of contributions from fundraising events reported on line 11 below (Schedule G if the sum of such gross income and contributions exceeds \$10,000)	0
6c	Less: direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b, and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	810.00
7b	Less: cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	810.00
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	15,998.75
10	Grants and similar amounts paid (see Schedule O)	0
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	0
13	Professional fees and other payments to independent contractors	3,818.00
14	Occupancy, rent, utilities, and maintenance	0
15	Printing, publications, postage, and shipping	0
16	Other expenses (describe in Schedule O)	0
17	Total expenses. Add lines 10 through 16	3,818.00
18	Excess or (deficit) for the year (subtract line 17 from line 9)	12,180.75
19	Net assets or fund balances at beginning of year (from line 27, column (a)) must agree with end-of-year figure reported on prior year's return	7,894.84
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20,075.59

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Form 990-EZ (2020)

2020

Form 990-EZ
Short Form
Return of Organization Exempt From Income Tax
OMB No. 1545-0047
2021

Under section 501(c)(3), 527, or 4947(a)(2) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2021 calendar year, or for year beginning January 1st 2021, and ending December 31st 2021

1. Name of the organization
2. Address (street, P.O. box, and city or town) (Do not include street address)
3. Telephone number
4. State (Abbreviation)
5. City or town, state or province, country, and ZIP or foreign postal code
6. Federal tax identification number
7. Accounting method
8. Form of organization
9. Add lines 4b, 5b, and 7b to line 8 to determine gross receipts. If gross receipts are \$50,000 or more, or if total assets are \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	0
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	0
4	Investment income	0
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gross profit or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0
6	Gaming and fundraising events	0
6a	Gross income from gaming (attach Schedule G if greater than \$10,000)	0
6b	Gross income from fundraising events and including 5c of contributions from fundraising events reported on line 11 below (Schedule G if the sum of such gross income and contributions exceeds \$10,000)	0
6c	Less: direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b, and subtract line 6c)	0
7a	Gross sales of inventory, less returns and allowances	0
7b	Less: cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	0
10	Grants and similar amounts paid (see Schedule O)	0
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	0
13	Professional fees and other payments to independent contractors	0
14	Occupancy, rent, utilities, and maintenance	0
15	Printing, publications, postage, and shipping	0
16	Other expenses (describe in Schedule O)	0
17	Total expenses. Add lines 10 through 16	0
18	Excess or (deficit) for the year (subtract line 17 from line 9)	0
19	Net assets or fund balances at beginning of year (from line 27, column (a)) must agree with end-of-year figure reported on prior year's return	0
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	0

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Form 990-EZ (2021)

2021

請勿使用。僅供參考。

501(c)(3) 稅務決定書



Treasury
Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
07/27/2021

Employer ID number:
61-1944325

Person to contact:
Name: Mrs. Hein
ID number: 31072
Telephone: 877-829-6500

Accounting period ending:
December 31

Public charity status:
170(c)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required:
Yes

Effective date of exemption:
June 13, 2019

Contribution deductibility:
Yes

Addendum applies:
No

DLN:
26053441005261

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 501(c)(3). You are also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2512. This letter could help resolve questions on your exempt status. Please keep it for your records.

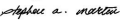
Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 30152P

501(c)(6) 稅務決定書



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
12/17/2020

Employer ID number:
61-1944325

Person to contact:
Name: Mrs. Hein
ID number: 31072
Telephone: 877-829-6500

Accounting period ending:
December 31

Public charity status:
170(c)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required:
Yes

Effective date of exemption:
September 23, 2020

Contribution deductibility:
No

Addendum applies:
No

DLN:
26053441005261

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(6). This letter could help resolve questions on your exempt status. Please keep it for your records.

Donors cannot deduct contributions they make to you under IRC Section 170(c)(2).

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



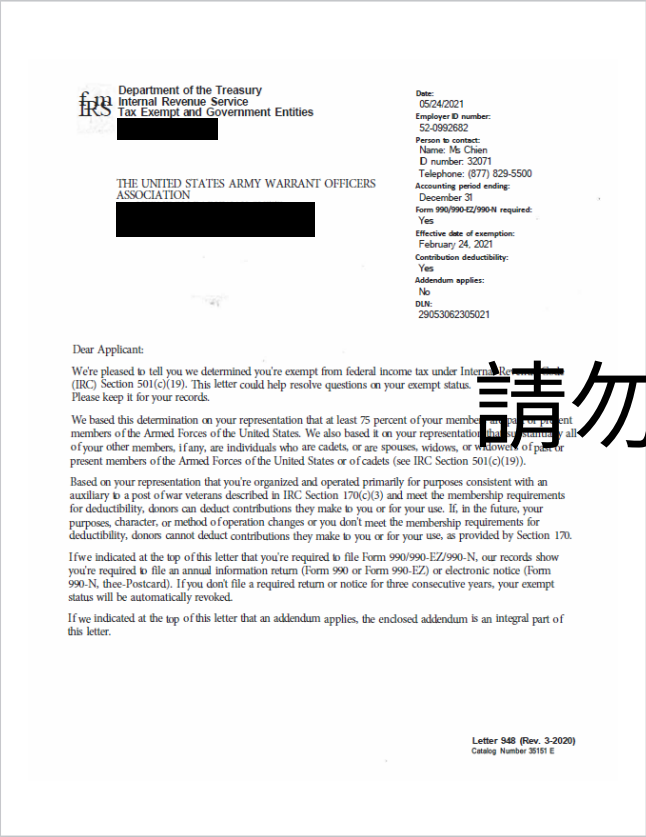
Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 30152P

請勿使用。僅供參考。

接下頁。

501(c)(19) 稅務決定書



請勿使用。僅供參考。

2021

2022

PRF Feb 7	PRF Feb 11	PRF Mar 6	PRF Mar 20	General Journal	General Ledger												
This is Prevost's payroll register for 02/07/2020 pay date. There is nothing to be completed on this tab.																	
Run Date PR end date		02/07/2021 02/07/2021		Company Name Check Date:													
				Prevost Farms and Sugarhouse 02/12/2021													
Name	Filing Status	Dependents	Hourly Rate or Period Wage	No. of Regular Hours	No. of Overtime Hours	No. of Holiday Hours	Commissions	Gross Earning	401(k)	Section 125	Child Care	FSA	Educational Assistance	Life Insurance	Long-term Care	Taxable Wages for Federal With	Taxable Wages for FICA
Thomas Milen	MJ	3 <17, 1 Other	\$ 24.17582	35				\$ 846.15	\$ 25.30	\$ 185.00						\$ 635.77	\$ 661.15
Avery Towle	S	None	\$ 13.40000	35				469.00	23.45	170.00							
Charlie Long	MJ	2 <17	12.90000	35	5			548.25	10.97	185.00						358.25	363.25
Mary Shangraw	S	1 Other	10.70000	20	1			230.05	6.90	170.00						230.00	236.95
Kristen Lewis	MJ	2 <17, 1 Other	20.24945	35				719.25	29.77	185.00						719.25	749.02
Joel Schwartz	MJ	2 <17	15.6934	35			168.00	716.08	35.80	170.00						516.08	551.88
Toxi Prevost	MJ	3 <17, 2 Other	31.64335	35				1,107.69	66.46	185.00						888.08	952.89
Student Success	S	None	13.84505	35				488.08	9.76	170.00						488.08	497.82
Totals								\$ 5,124.53	\$ 297.49	\$ 1,420.00						\$ 3,497.04	\$ 3,704.53
Name	Gross Earning	Taxable Wages for Federal With	Taxable Wages for FICA	Federal With Tax	Social Security Tax	Medicare With Tax	State With Tax	Garnishment	United Way	Gym	Total Deductions	Net Pay	Check No.				
Thomas Milen	\$ 846.15	\$ 635.77	\$ 661.15	\$ 0.00	\$ 40.99	\$ 9.59	\$ 21.30				\$ 282.26	\$ 563.89	0628				
Avery Towle	469.00	275.55	289.00	0.00	18.54	4.34	9.23				225.56	243.44	0629				
Charlie Long	548.25	352.39	363.25	0.00	22.52	5.27	11.80				235.56	312.69	0630				
Mary Shangraw	230.05	63.15	60.05	0.00	3.72	0.87	1.78				183.27	48.78	0631				
Kristen Lewis	719.25	505.46	534.23	0.00	33.12	7.75	16.93				271.57	447.68	0632				
Joel Schwartz	716.08	510.28	548.08	0.00	33.89	7.82	17.09				254.67	461.41	0633				
Toxi Prevost	1,107.69	856.23	922.69	0.00	47.21	13.36	28.66				350.73	756.96	0634				
Student Success	488.08	308.32	318.08	0.00	19.72	4.61	10.33				214.42	273.66	0635				
Totals		\$ 5,124.53	\$ 3,497.04	\$ 3,704.53	\$ 0.00	\$ 229.68	\$ 53.73	\$ 117.14			\$ 2,028.04	\$ 3,096.49					

PRF Feb 7

PRF Feb 21 >

Payroll Register Template

Total Hours											Withholdings & Deductions							
Payment Date	Pay Period	Employee Number	Last Name	First Name	Reg. Hrs	Reg. Hrs Rate	O.T. Hrs	O.T. Hrs Rate	Total Reg. Pay	Total O.T. Pay	GROSS PAY (\$)	State Tax	Federal Income Tax	Social Security	Medicare	Total Tax Withheld	Insurance Deduction	NET PAY (\$)
31/Oct/2016	1/10/16-31/10/16					\$ 20.00		\$ 40.00				7.89%	15.00%	6.20%	1.45%		3.00%	
31/Oct/2016	1/10/16-31/10/16	1	Name1	Name1	36	720.00	15	600.00	25,920.00	9,000.00	34,920.00	2,444.40	5,238.00	2,165.04	506.34	10,353.78	1,047.60	23,518.62
31/Oct/2016	1/10/16-31/10/16	2	Name2	Name2	25	500.00	5	200.00	12,500.00	1,000.00	13,500.00	945.00	2,025.00	837.00	195.75	4,002.75	405.00	9,092.25
31/Oct/2016	1/10/16-31/10/16	3	Name3	Name3	30	600.00	10	400.00	18,000.00	4,000.00	22,000.00	1,540.00	3,300.00	1,364.00	319.00	6,523.00	660.00	14,817.00
31/Oct/2016	1/10/16-31/10/16	4	Name4	Name4	15	300.00	2	80.00	4,500.00	160.00	4,660.00	326.20	690.00	288.92	67.57	1,381.69	139.80	3,138.51
31/Oct/2016	1/10/16-31/10/16	5	Name5	Name5	22	440.00	5	200.00	9,800.00	1,000.00	10,600.00	747.60	1,602.00	662.16	154.86	3,166.62	320.40	7,192.98
31/Oct/2016	1/10/16-31/10/16	6	Name6	Name6	40	800.00	5	200.00	32,000.00	1,000.00	33,000.00	2,310.00	4,850.00	2,046.00	478.50	9,784.50	990.00	22,225.50
31/Oct/2016	1/10/16-31/10/16	7	Name7	Name7	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	8	Name8	Name8	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	9	Name9	Name9	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	10	Name10	Name10	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	11	Name11	Name11	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	12	Name12	Name12	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	13	Name13	Name13	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
Total		COUNT	13		560	11,200.00	112	4,480.00	\$41,640.00	\$4,160.00	\$45,800.00	\$1,006.00	\$7,870.00	\$6,319.60	\$8,494.10	\$17,689.70	\$1,754.00	\$34,536.30

2021

2022

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941 ☐	Military ☐	943 ☐	944 ☐	Kind of Employer (Check one)	None apply ☐	501c non-govt. ☐	Third-party sick pay (Check if applicable) ☐
	CT-1 ☐	Hahld. emp. ☐	Medicare govt. emp. ☐	State/local non-501c ☐		State/local 501c ☐	Federal govt. ☐	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9 ☐		10 Dependent care benefits		
h Other EIN used this year				11 Nonqualified plans		12a Deferred compensation		
15 State Employer's state ID number				13 For third-party sick pay use only		12b ☐		
16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.		19 Local income tax
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2021 Department of the Treasury Internal Revenue Service

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941 ☐	Military ☐	943 ☐	944 ☐	Kind of Employer (Check one)	None apply ☐	501c non-govt. ☐	Third-party sick pay (Check if applicable) ☐
	CT-1 ☐	Hahld. emp. ☐	Medicare govt. emp. ☐	State/local non-501c ☐		State/local 501c ☐	Federal govt. ☐	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9 ☐		10 Dependent care benefits		
h Other EIN used this year				11 Nonqualified plans		12a Deferred compensation		
15 State Employer's state ID number				13 For third-party sick pay use only		12b ☐		
16 State wages, tips, etc.				17 State income tax		18 Local wages, tips, etc.		19 Local income tax
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2022 Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

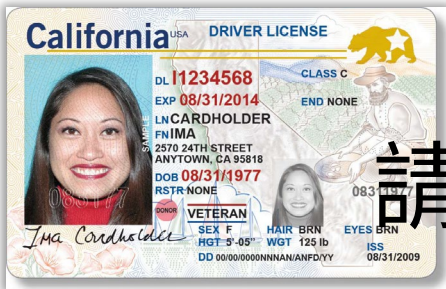
可接受的政府核發附照身分證件

可接受的政府核發附照身分證件形式：

- 駕駛執照
- 州身分證明文件
- 美國護照或外國護照

不接受下列形式的身分證明文件：

- 過期的身分證明文件
- 公車月票
- 學校證件
- 工會證件
- 工作證



駕駛執照



美國護照

請勿使用。僅供參考。

申請秘訣



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

秘訣 1：使用 Google Chrome

為獲得最佳使用者體驗，請在整個申請流程中使用 Google Chrome。

其他網頁瀏覽器可能不支援我們的介面，並可能導致您的申請發生錯誤。

若您的裝置上沒有 Google Chrome，可於此處免費下載：
<https://www.google.com/chrome/>。

開始申請前，請先在 Google Chrome 上完成以下設定：

1. **清除快取**
2. **使用無痕視窗模式**
3. **停用彈出式視窗封鎖工具**

清除快取

快取資料是從先前使用過的網站或申請儲存的資訊，主要用於自動填入資訊以加速瀏覽流程。然而，快取資料也可能包含過時資訊，例如舊密碼或您先前輸入錯誤的資訊。這可能導致申請錯誤，並使您的申請遭標記為潛在詐騙。

使用無痕視窗模式

無痕視窗模式可以讓您以私密方式輸入資訊，避免您的資料遭記憶或快取。

停用彈出式視窗封鎖工具

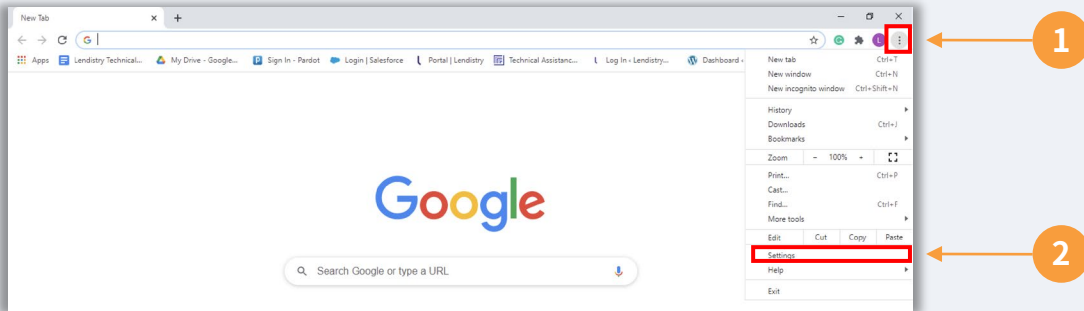
我們的申請包含多個彈出式視窗訊息，用於確認您提供資訊的正確性。您必須在 Google Chrome 上停用彈出式視窗封鎖工具才能看到這些訊息。

接下頁。

如何清除您的快取

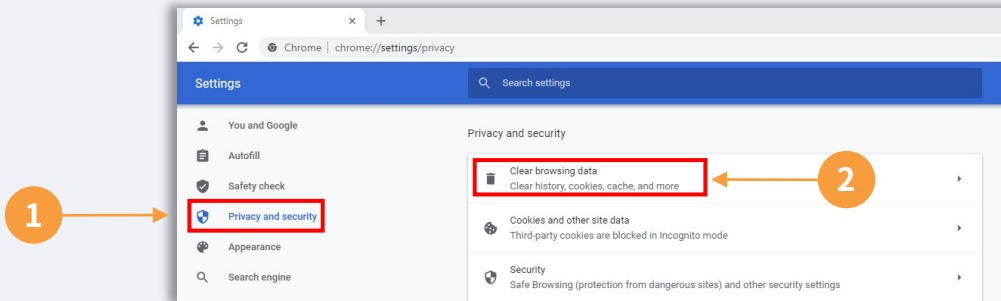
步驟 1

開啟新的 Google Chrome 視窗，按一下右上角的三點圖示，再前往「Settings (設定)」。



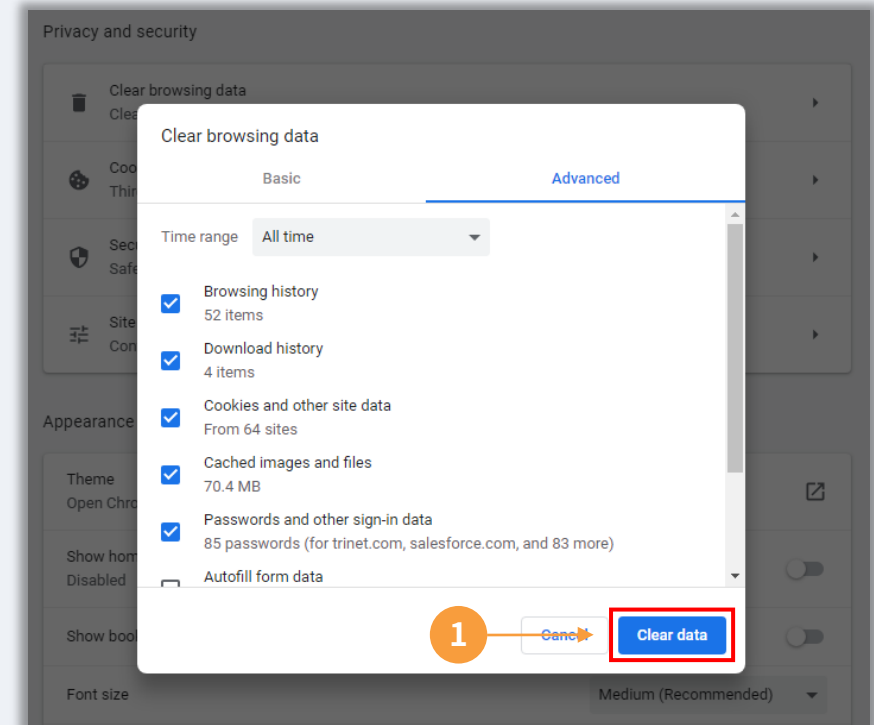
步驟 2

前往「Privacy and Security (隱私與安全性)」然後選擇「Clear Browsing Data (清除瀏覽資料)」。



步驟 3

選擇「Clear Data (清除資料)」。

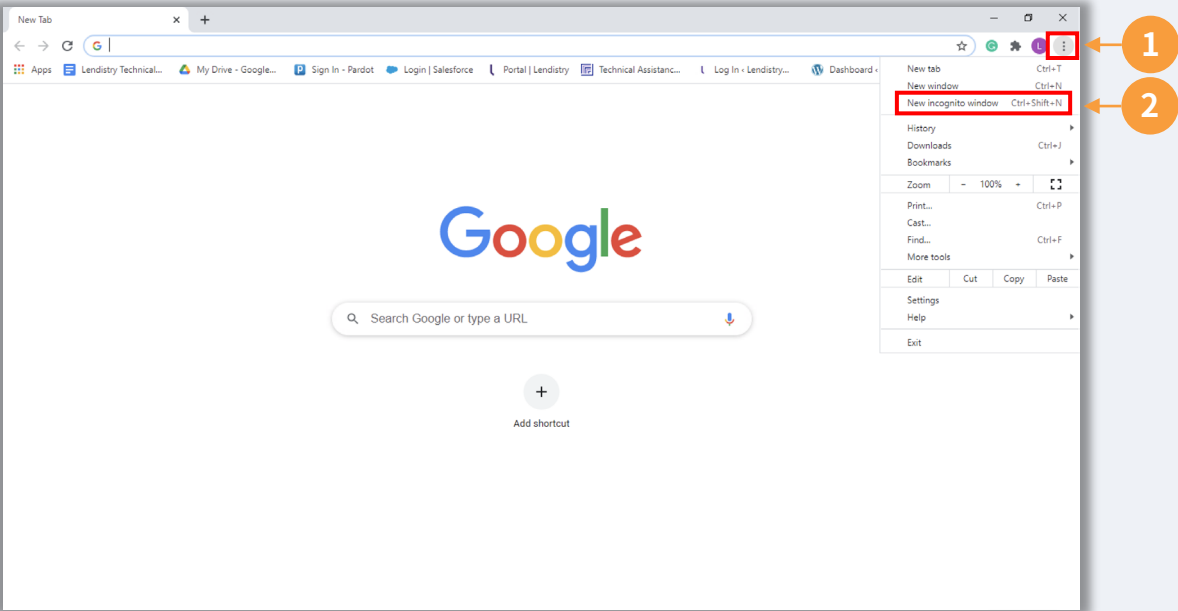


接下頁。

如何使用無痕視窗模式

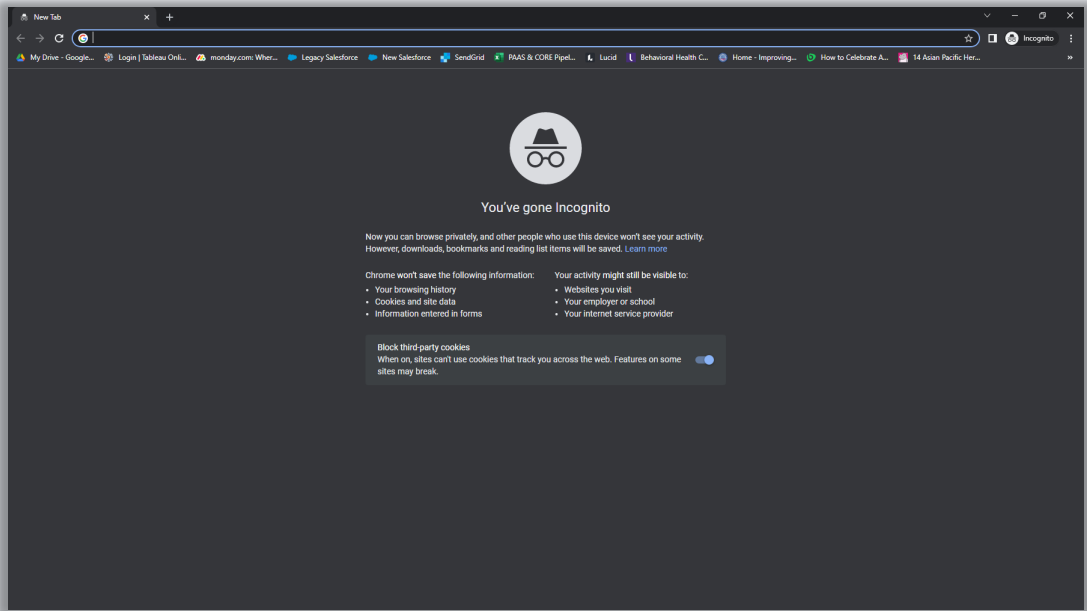
步驟 1

按一下網頁瀏覽器右上角的三點圖示，然後選擇「**New incognito window (新增無痕視窗)**」。



步驟 2

您的瀏覽器將開啟一個新的 Google Chrome 視窗。請在整個申請流程中使用無痕視窗模式。

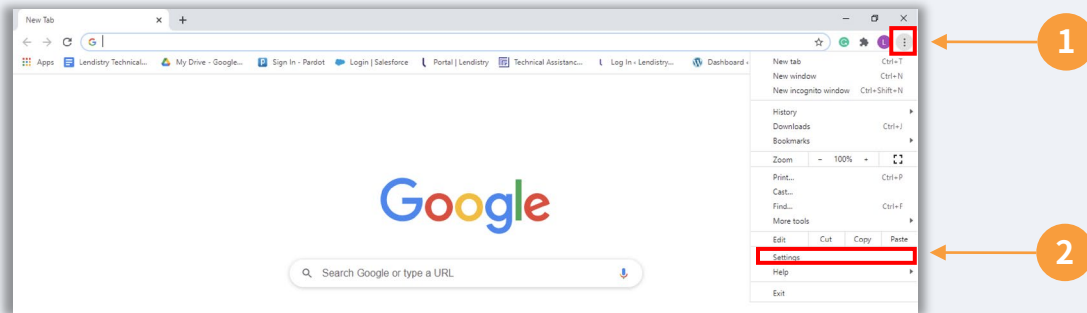


接下頁。

如何停用彈出式視窗封鎖工具

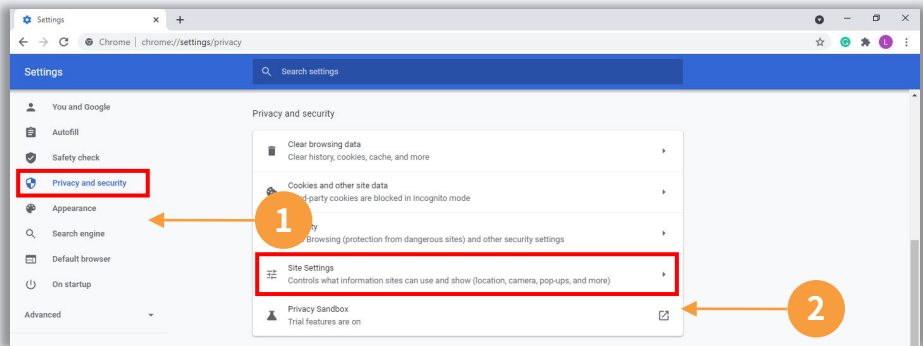
步驟 1

開啟新的 Google Chrome 視窗，按一下右上角的三點圖示，再前往「**Settings (設定)**」。



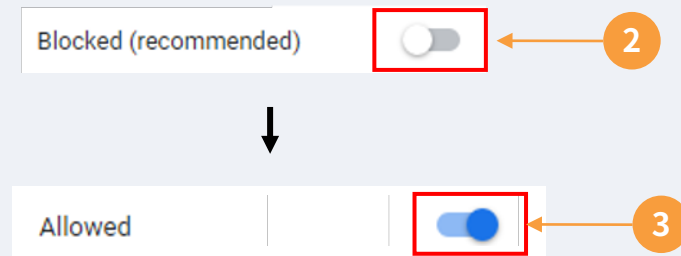
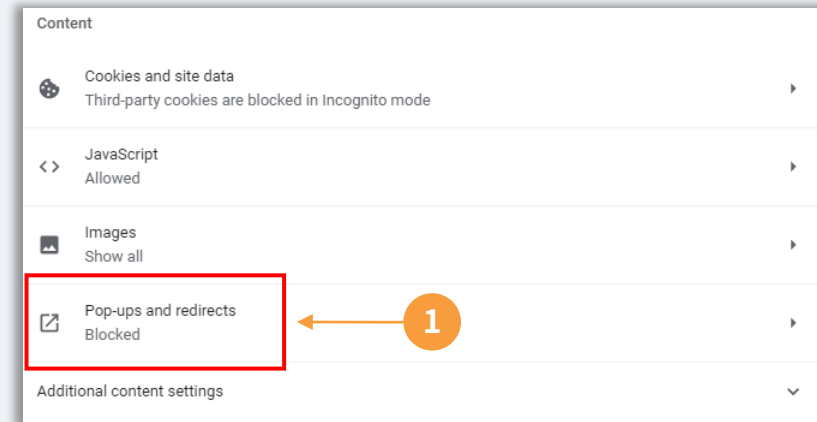
步驟 2

前往「**Privacy and Security (隱私與安全性)**」，然後選擇「**Site Settings (網站設定)**」。



步驟 3

選擇「**Pop-up and Redirects (彈出式視窗與重新導向)**」。按一下按鈕，使該選項的狀態從「**Blocked (封鎖)**」轉為「**Allowed (允許)**」。



秘訣 2：以 PDF 格式準備文件

所有必要文件均只能以 PDF 格式上傳至入口網站。上傳文件必須清晰、筆直對齊且不包含任何會造成干擾的背景。

上傳文件的重要備註：

1. 所有文件均需以 PDF 格式提交 (身分證可以 PDF 或 JPEG 格式提交)。
2. 檔案大小不得超過 15MB。
3. 檔案名稱不得包含任何特殊字元 (!@#\$%^&*()_+)。
4. 若您的檔案受密碼保護，需要輸入密碼。

沒有掃描器嗎？

我們建議您下載並使用免費的行動裝置掃描應用程式。

Genius Scan

Apple | [請按此處下載](#)

Android | [請按此處下載](#)

Adobe Scan

Apple | [請按此處下載](#)

Android | [請按此處下載](#)

範例：正確的上傳檔案

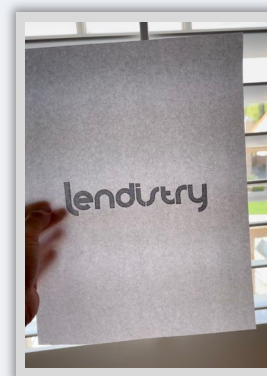


文件清晰並筆直對齊。

範例：不正確的上傳檔案



1



2

1. 文件未筆直對齊。
2. 文件在前景 (背景雜亂) 且照片中出現一隻手。

秘訣 3：使用有效的電子郵件地址

請務必確認申請時使用有效的電子郵件地址且拼字無誤。

- 關於申請的更新和額外指引會傳送至您提供的電子郵件地址。Lendistry 系統無法辨識特定電子郵件地址，且可能造成申請相關通訊的延誤。

若您在申請時使用了不正確或無效的電子郵件地址，請致電 1-888- 208-0015 聯絡我們的客戶體驗中心更新資訊；客戶體驗中心服務時間為太平洋夏令時間週一至週五上午 7 點至晚上 7 點。

請勿提交新申請。提交多份申請可能被偵測為潛在詐騙，進而影響您申請的審核流程。

無效的電子郵件地址

我們的系統可能無法接受或辨識下列電子郵件地址：

開頭為 **info@** 的電子郵件地址

例如：info@mycompany.com

結尾為 **@contact.com** 或 **@noreply.com** 的電子郵件地址

例如：mycompany@contact.com

例如：mycompany@noreply.com

秘訣 4：閱讀成功完成 Persona 的最佳作法

Persona 是什麼？

Persona 是 Lendistry 用於預防詐騙和降低詐騙風險的第三方平台。Persona 平台幫助 Lendistry 驗證個人身分，並會透過三點合成與生物識別活體檢查，自動比對個人的自拍與身分證件照，以避免身分詐騙攻擊。

- 申請人必須上傳政府核發含照片的有效身分證明文件的圖片，以透過 Persona 驗證身分。**可接受的政府核發附照身分證件形式包括：**
 - 駕駛執照
 - 州身分證明文件
 - 美國護照或外國護照
- 申請人也需要使用附有前鏡頭的裝置自拍，以完成 Persona 驗證。

成功完成 Persona 的最佳作法

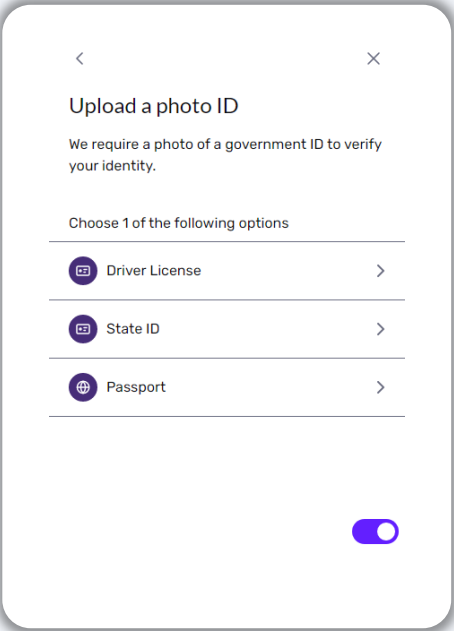
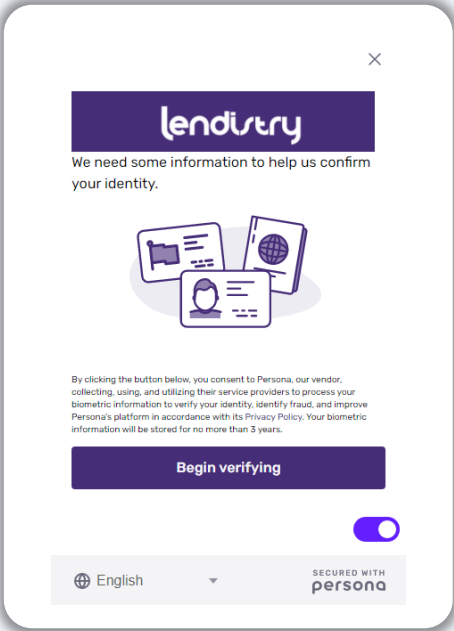
1. 使用附有前鏡頭的裝置。如果您申請所使用的筆記型電腦或桌上型電腦沒有視訊鏡頭，您隨時都能選擇使用行動裝置完成 Persona，僅需點選「Continue on another device (在其他裝置上繼續)」後掃描 QR 碼，或要求系統透過簡訊或電子郵件中傳送連結，點選連結即可繼續完成。
 - 在行動裝置上完成 Persona 後，您將自動導向回筆記型電腦或桌上型電腦，繼續完成申請。
2. 開始填寫 Persona 前，請拍下您政府核發身分證明文件的正反兩面照片，並將照片儲存在您要用來自拍的裝置上，以提高申請效率。
 - 請將政府核發的身分證明文件放在純白色的表面上，並配備充足的照明。
 - 請勿使用閃光燈，這樣可能導致眩光。
3. 自拍時，請確保充足的光線照向您的臉部，同時避免來自背後的明亮光源。
 - 站在空白的牆或門前自拍，以免照片背景過於繁雜。
 - 請勿使用閃光燈，這樣可能導致眩光。

接下頁。

秘訣 4：閱讀成功完成 Persona 的最佳作法

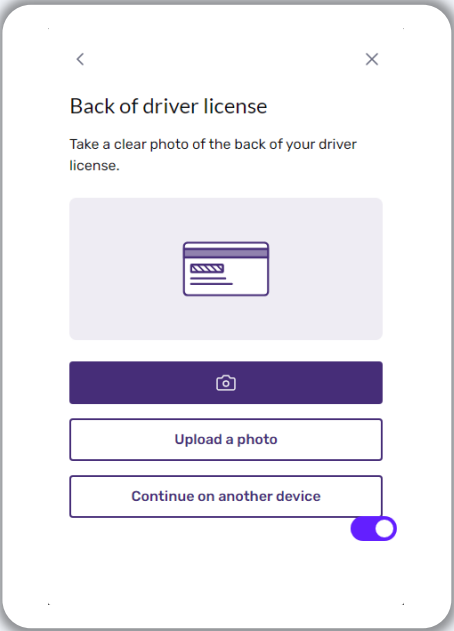
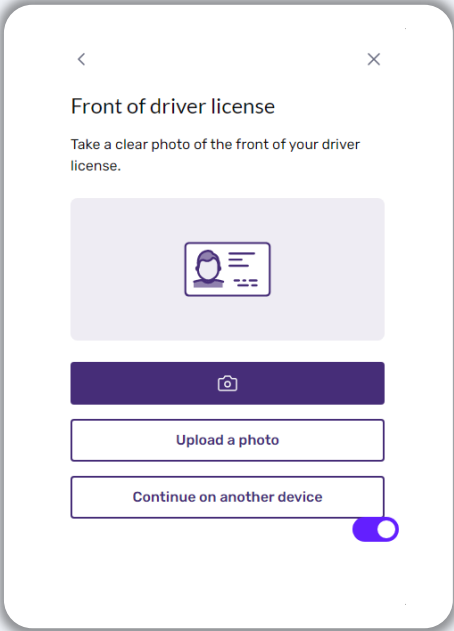
步驟 1

點選「Begin Verifying (開始驗證)」，然後選擇您將用於驗證身分的政府核發證件類型。



步驟 2

拍攝或上傳身分證明文件的**正面**照片。選擇「Use this File (使用此檔案)」繼續。請參閱[第 31 頁](#)，瞭解完成此步驟的最佳作法。

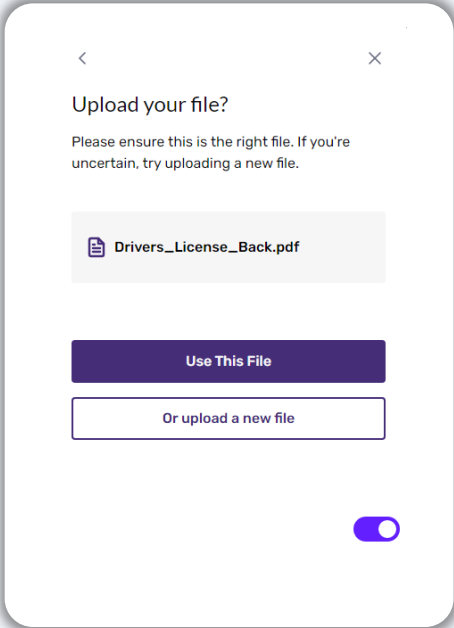
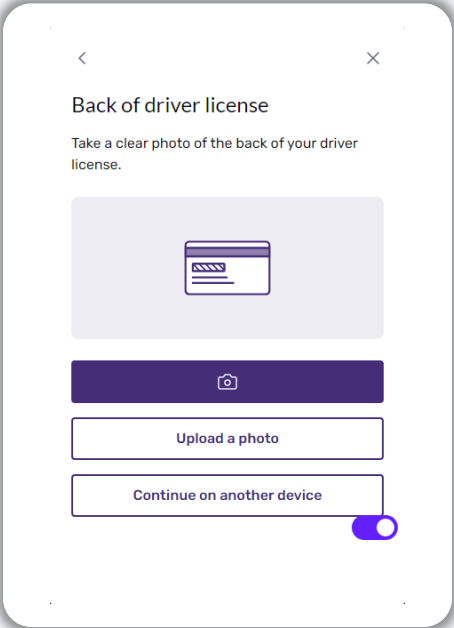


接下頁。

秘訣 4：閱讀成功完成 Persona 的最佳作法

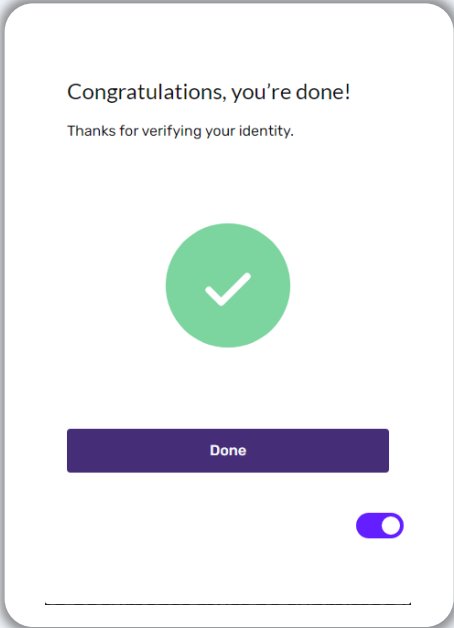
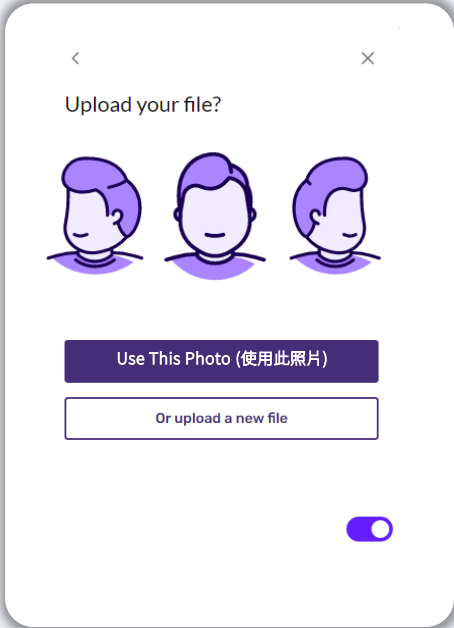
步驟 3

拍攝或上傳身分證明文件的**背面**照片。選擇「Use this File (使用此檔案)」繼續。請參閱[第 31 頁](#)，瞭解完成此步驟的最佳作法。



步驟 4

使用**附有前鏡頭**的裝置，按照螢幕上的提示，以看向前方、左方、然後右方的角度自拍。請參閱[第 31 頁](#)，瞭解完成此步驟的最佳作法。完成後選取「Done (完成)」，即會重新導向回申請。



秘訣 5：在 Lendistry 的入口網站中設定您的安全問題

本計畫在 Lendistry 的入口網站有一項功能，可供您設定一系列安全問題來保護帳戶，並可在存取失敗次數過多時用以解鎖帳戶。

安全問題旨在防止未經授權者存取您的入口網站帳戶。您可以在下拉式選單中選擇任何可用的問題；但我們**強烈**建議您選擇私密問題，或只有您自己知道答案的問題。

記下安全問題的答案。答案區分大小寫，您必須在解鎖帳戶時完全依照您設定的方式輸入答案。

請閱讀[第 52-56 頁](#)，了解疑難排解或解鎖帳戶的方式。



Security Question

This is in place in order to secure your account and ensure adequate security and privacy of your data on our platform.

Security Question 1 *

Answer 1 *

Enter answer for question 1

Security Question 2 *

Answer 2 *

Enter answer for question 2

Security Question 3 *

Answer 3 *

Enter answer for question 3

Skip

Register

Already registered? Sign in!

如何開始申請



CALIFORNIA
Supplemental Paid
Sick Leave Grant

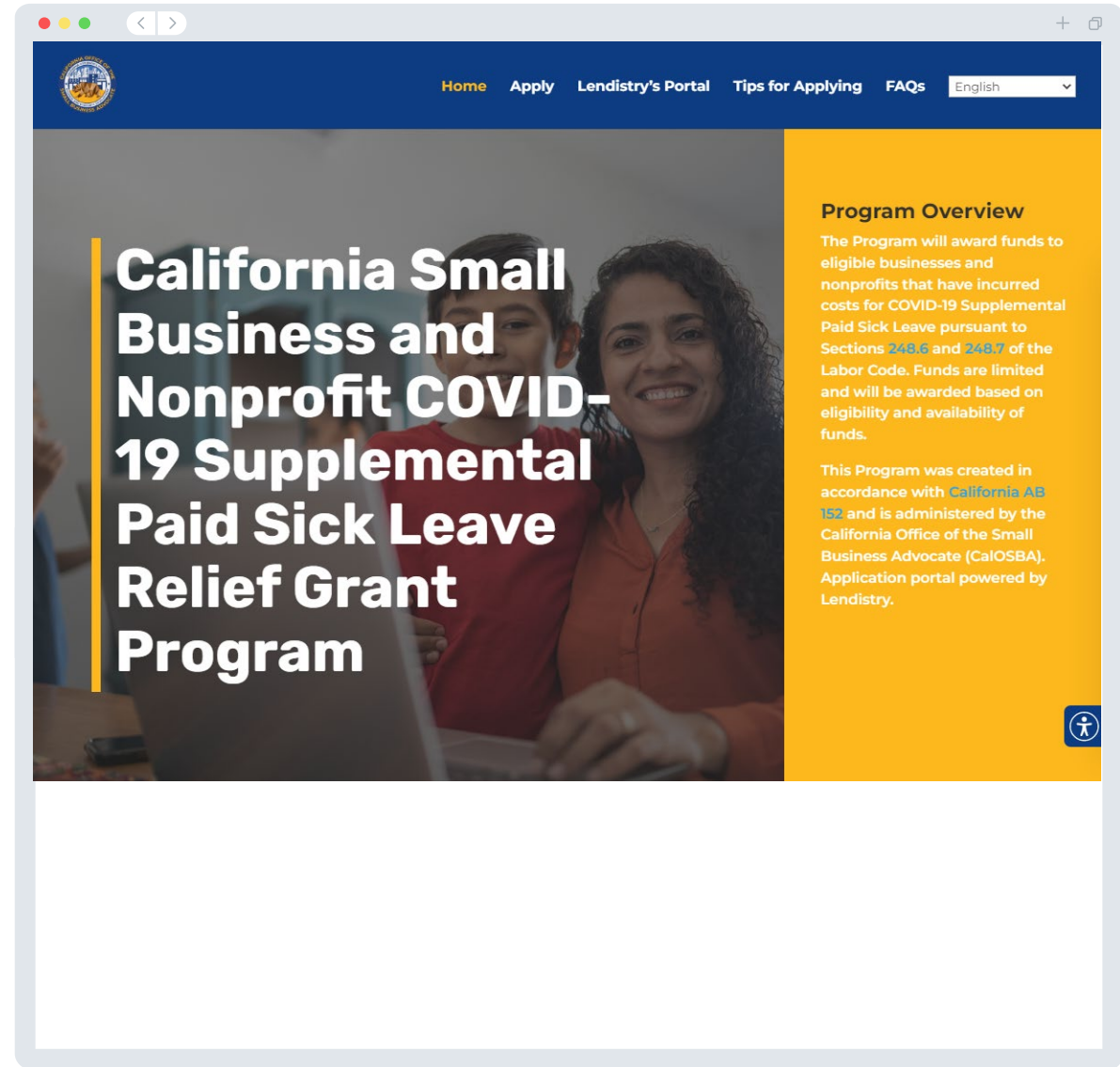
APPLICATION PORTAL POWERED BY LENDISTRY

您可以前往本計畫的網站 www.caspsl.com 提出申請。

1. 若要開始新申請，請從選單中選擇「**Apply (申請)**」。您將被重新導向至 Lendistry 的申請入口網站。
2. 只要按一下「**Lendistry's Portal (Lendistry 入口網站)**」即可隨時存取和管理您的申請。

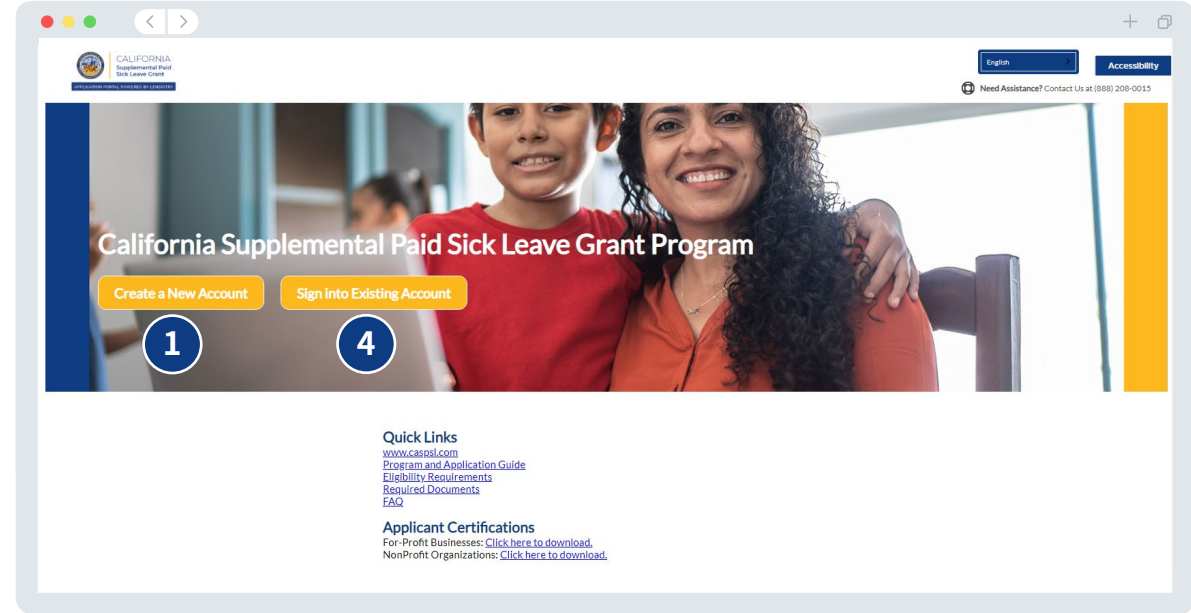
本計畫網站也包含多項資源，可引導您完成整個申請流程。相關資源包含：

- 計畫指南
- 計畫與申請指南
- 下載申請認證
- 客戶體驗中心聯絡電話與服務時間
- 常見問答
- 申請秘訣



1. 若您要提出申請，需先「**Create a New Account (註冊新帳戶)**」。
2. 請以您的申請單位最常使用的電子郵件地址來註冊。我們會將有關您申請的重要資訊與更新發送到此郵件地址。
3. 登入 Lendistry 入口網站需要多重身分驗證。每次登入時，您註冊的手機號碼都將收到確認碼。請您輸入此確認碼以登入您的入口網站帳戶。
4. 您可以隨時點選「**Sign into Existing Account (登入現有帳戶)**」存取您的申請表。登入後，您便會看到您的申請狀態。

若您需要建立或存取入口網站帳戶方面的協助，請於太平洋夏令時間週一至週五上午 7 點至晚上 7 點，致電 1-888-208-0015 聯絡 Lendistry 的專屬客戶體驗中心。



2

This is a registration form titled 'Welcome! Sign Up!'. It contains the following fields: 'First Name' (with a red error message 'First name is required'), 'Last Name', 'Email', 'Password', 'Confirm Password', and 'Phone Number'. A purple 'Register' button is at the bottom.

註冊您的電子郵件與電話號碼。

3

This screen is for entering a confirmation code. It shows the text 'Enter confirmation code' and '我們將確認碼傳送至 +1 555-555-5555'. There is a row of six input boxes for the code. Below the boxes is a 'Confirm' button. At the bottom, there is a link that says 'I didn't receive a code'.

請輸入確認碼。

申請流程



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

第 1 部分：所有人/負責人詳細資訊

我們需要企業所有人或非營利組織高階主管/授權簽署人的資訊。

- 所有人/負責人正式名字
- 所有人/負責人正式姓氏
- 所有人/負責人出生日期
- 所有人/負責人電子郵件
- 職稱/職位
- 所有人/高階主管住家地址行 1 (不接受郵政信箱)
- 所有人/高階主管住家地址行 2 (不接受郵政信箱)
- 所有人/負責人居住城市
- 所有人/負責人居住州別
- 所有人/負責人住家郵遞區號
- 所有人/負責人社會安全碼或個人納稅號碼 (SSN 或 ITIN)¹
- 持股比例 (%)
- 推薦合作夥伴²
- 所有人/負責人常用電話號碼
- 簡訊政策³

¹為確認申請人不在 OFAC 名單上所必要的資訊。

²您選擇的推薦合作夥伴不會影響申請審核流程。

³若您希望在審核流程中透過簡訊收到申請更新資訊，請勾選此方塊。

The screenshot displays the 'Owner/Officer Information' section of the application portal. The header includes a progress bar with steps: '所有人/負責人詳細資訊' (selected), '企業/非營利組織資訊 - 1', '企業/非營利組織資訊 - 2', '人口資訊', '揭露資訊問答內容', '驗證身分', '上傳文件', and '銀行資訊'. The main heading reads: 'We need information for the owner of your business or the officer/authorized signer of your nonprofit organization.' Below this, a note states: 'Please complete this section using information from the owner of your business or the officer/authorized signer of your nonprofit organization only.' The form fields are organized into two columns:

- Owner/Officer Legal First Name *** (text input)
- Owner/Officer Legal Last Name *** (text input)
- Owner/Officer Date of Birth *** (Month, Day, Year dropdowns)
- Owner/Officer Email *** (text input)
- Title/Position *** (text input)
- Owner/Officer Residential Address Line 1 (P.O. Box not acceptable) *** (text input)
- Owner/Officer Residential Address Line 2 (P.O. Box not acceptable)** (text input)
- Owner/Officer City *** (text input)
- Owner/Officer State *** (text input)
- Owner/Officer Zip Code *** (text input)
- Owner/Officer Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) *** (text input with mask XXX-XX-XXXX)
- Percentage of Ownership (%) *** (text input)
- Referral Partner *** (dropdown menu with 'Select an option')
- Owner/Officer Preferred Phone Number *** (text input)

At the bottom, there is a checkbox for 'I accept the SMS/Text Policy' and three buttons: '+ Add Another Owner', 'Save and Continue Later', and 'Submit Ownership and Continue'.

第 2 部分：企業/非營利組織資訊 - 1

請介紹您的公司或非營利組織。

- 企業或非營利組織法定名稱
- 經營別稱 (DBA) - (若您的公司沒有 DBA，請輸入 N/A。)
- 您的公司是否有雇主身分識別號碼 (EIN)？
- 企業或非營利組織地址行 1 (請輸入公司實體地址)
- 企業或非營利組織地址行 2 (請輸入公司實體地址)
- 企業或非營利組織所在城市
- 企業或非營利組織所在州別
- 企業或非營利組織郵遞區號
- 企業或非營利組織電話號碼
- 您是非營利組織還是營利企業？
- 企業或非營利組織實體類型
- 成立州別
- 企業或非營利組織正式註冊日期
- 企業或非營利組織網站網址 - (若您的公司沒有網站，請輸入 N/A。)

The screenshot shows a web application interface for the California Supplemental Paid Sick Leave Grant. The top navigation bar includes tabs for '所有人/負責人詳細資訊', '企業/非營利組織資訊 - 1' (selected), '企業/非營利組織資訊 - 2', '人口資訊', '揭露資訊問答內容', '驗證身分', '上傳文件', and '銀行資訊'. The main heading is 'Tell us about your business or nonprofit organization.' followed by the instruction 'We need some basic information to validate your application.' The form contains several input fields and dropdown menus, all marked with a red asterisk to indicate they are required. The fields are: 'Legal Name of Business or Nonprofit Organization', 'Doing Business As (DBA) - (Please type N/A if not applicable)', 'Does your business or nonprofit organization have an Employer Identification Number (EIN)?' (with a dropdown menu), 'Business or Nonprofit Organization Address Line 1 (P.O. Box not acceptable)', 'Business or Nonprofit Organization Address Line 2 (P.O. Box not acceptable)', 'Business City', 'Business State', 'Business Zip Code', 'Business or Nonprofit Organization Phone Number' (with a '+1-' prefix), 'Does the owner/officer represent a for-profit business or nonprofit organization?' (with a dropdown menu), 'Business or Nonprofit Organization Entity Type' (with a dropdown menu), 'State of Formation' (with a dropdown menu), 'Date Business or Nonprofit Organization Legally Registered' (with separate dropdowns for Month, Day, and Year), and 'Business or Nonprofit Organization Website URL - (Please type N/A if not applicable)'. At the bottom of the form are two buttons: 'Save and Continue Later' and 'Continue'.

我們需要更多關於您的企業或非營利組織的詳細資訊。

- 您在 2020 年或 2021 年聯邦營業稅申報表中申報的年度總收入。
- 此補助是否會創造新職缺？
- 全職員工人數
- 兼職員工人數
- 2022 年創造的職缺數
- 2022 年留存的職缺數

所有人/負責人
詳細資訊

企業/非營利組織資
訊 - 1

企業/非營利組織資
訊 - 2

人口資訊

揭露資訊問答內容

驗證身分

上傳文件

銀行資訊

We need a few more details about your business or nonprofit organization.

Annual gross revenue reported on your 2020 or 2021 federal business tax returns. *

Will this grant create new jobs? *

Select an option

of Full-time Employees *

of Part-time Employees *

of Jobs Created (2022) *

of Jobs Retained (2022) *

Save and Continue Later

Continue

第 4 部分：人口資訊

我們需要進一步了解您的企業或非營利組織。

此頁面所提供的資訊不會影響您的資格。僅供申報之用。

- 您的客群是？
- NAICS 代碼
- 是由女性經營嗎？
- 是由退伍軍人經營嗎？
- 是由身心障礙人士經營嗎？
- 所有人/負責人種族
- 所有人/負責人族裔
- 鄉村地區
- 連鎖機構
- 所有人/負責人常用姓名

The screenshot shows a web application interface for the California Supplemental Paid Sick Leave Grant. At the top, there is a progress bar with seven steps: '所有人/負責人詳細資訊' (Owner/Responsible Person Detailed Information), '企業/非營利組織資訊 - 1' (Business/Nonprofit Organization Information - 1), '企業/非營利組織資訊 - 2' (Business/Nonprofit Organization Information - 2), '人口資訊' (Demographic Information), '提供業務資訊' (Provide Business Information), '驗證身分' (Verify Identity), '上傳文件' (Upload Documents), and '銀行資訊' (Banking Information). The '人口資訊' step is currently active and highlighted in purple.

The main heading reads: "We want to learn more about your business or nonprofit organization." Below this, a note states: "The information provided on this page will not affect your eligibility. They are for reporting purposes only."

The form contains several input fields, all with a red asterisk indicating they are required:

- Who is your customer base? ***: A dropdown menu with the placeholder text "Select an option".
- NAICS Code ***: A text input field with a search icon and a link that says "Search for Your NAICS Code".
- Veteran-Owned? ***: A dropdown menu with the placeholder text "Select an option".
- Women-Owned? ***: A dropdown menu with the placeholder text "Select an option".
- Disabled-Owned? ***: A dropdown menu with the placeholder text "Select an option".
- Owner/Officer Race ***: A dropdown menu with the placeholder text "Select an option".
- Owner/Officer Ethnicity ***: A dropdown menu with the placeholder text "Select an option".
- Rural ***: A dropdown menu with the placeholder text "Select an option".
- Franchise ***: A dropdown menu with the placeholder text "Select an option".
- Owner/Officer Preferred Name ***: A text input field.

At the bottom of the form, there are two buttons: "Save and Continue Later" (outlined in purple) and "Continue" (solid purple).

第 5 部分：揭露資訊問答內容

還有幾項問題可幫助我們判定您的資格。

- 您是如何聽說本計畫的？(此問題不會影響您的資格。)
- 在申請時，企業或非營利組織是否已開業並營運？
- 您的企業或非營利組織是否總體而言遵守適用聯邦、州與當地法律、規範、準則和規定？
- 您的企業或非營利組織在 2022 年 1 月 1 日至 2022 年 12 月 31 日期間是否提供了 COVID-19 補充帶薪病假？
- 您的企業或非營利組織在 2021 年 1 月 1 日至 2022 年 12 月 31 日期間是否擁有 26 至 49 名員工？
- 您的企業或非營利組織是否受產業福利委員會第 16-2001 號令規範？
- 企業所有人 (或任何高階主管或董事會成員) 在過去三年內是否曾因以下原因遭定罪，或遭民事訴訟起訴，或者獲判假釋或緩刑，包含判決前緩刑：為獲得、意圖取得或在履行聯邦、州或地方公共交易或公共交易合約時進行詐騙或刑事犯罪；違反聯邦或州的反托拉斯或採購規範；或盜用公款、竊盜、偽造、賄賂、編纂或破壞記錄、提供虛假陳述或接受贓物？
- 企業所有人 (或任何高階主管或董事會成員) 目前是否正因下列原因受起訴，或遭聯邦、州或地方政府實體發起刑事或民事指控：為獲得、意圖取得或在履行聯邦、州或地方公共交易或公共交易合約時進行詐騙或刑事犯罪；違反聯邦或州的反托拉斯或採購規範；或盜用公款、竊盜、偽造、賄賂、編纂或破壞記錄、提供虛假陳述或接受贓物？
- 您的公司或非營利組織是否自行準備納稅申報表？

The screenshot displays the 'Reveal Information Q&A Content' step of an application portal. At the top, a navigation bar includes tabs for 'All/Responsible Person Details', 'Business/Nonprofit Organization Info - 1', 'Business/Nonprofit Organization Info - 2', 'Demographic Information', 'Reveal Information Q&A Content' (active), 'Verify Identity', 'Upload Documents', and 'Bank Information'. Below the navigation bar, a heading states: 'We have a few more questions to help us determine your eligibility. Meeting the Program's minimum eligibility requirements does not guarantee funding. Your application will go through additional validation before we can determine if you are approved for a grant award.'

The form contains eight questions, each with a dropdown menu for the answer:

- How did you hear about this Program? (This question will not affect your eligibility) *
- As of the date of application, is your business or nonprofit organization open and operating? *
- Is your business or nonprofit organization in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements? *
- Did your business or nonprofit organization provide COVID-19 Supplemental Paid Sick Leave between January 1, 2022, and December 31, 2022? *
- Did your business or nonprofit organization have 26 to 49 employees between January 1, 2021 and December 31, 2022? *
- Is your business or nonprofit organization governed by the Industrial Welfare Commission Order No. 16-2001? *
- Has the owner, or any officer or board member, 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? *
- Is the owner, or any officer or board member, presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with 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? *
- Does your business or nonprofit organization prepare its own tax returns? *

At the bottom of the form, there are two buttons: 'Save and Continue Later' and 'Continue'.

第 6 部分：驗證身分

證件驗證

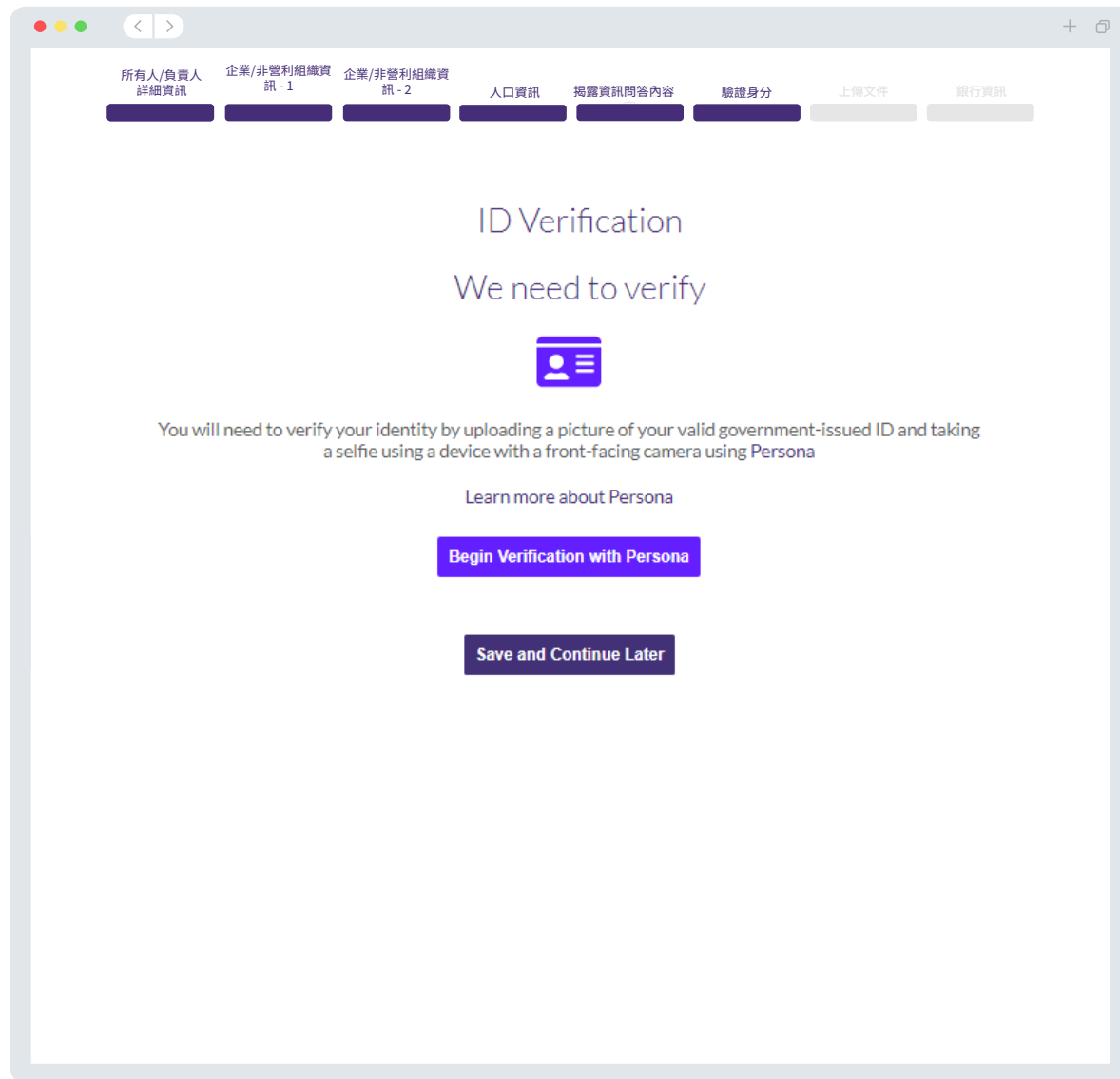
在此部分，您需要上傳有效身分證圖片，透過 Persona 驗證身分。可接受的政府核發身分證件形式包括：

- 駕駛執照
- 州身分證或外籍領事卡
- 美國護照或外國護照

您也需要使用附前鏡頭的裝置自拍。請閱讀[第 31-33 頁](#)，了解成功完成 Persona 的最佳作法。

Persona 是什麼？

Persona 是 Lendistry 用於預防詐騙和降低詐騙風險的第三方平台。Persona 平台可幫助 Lendistry 驗證個人的身分，並會透過三點合成與生物識別活性檢查，自動比對個人的自拍與身分證件照，以避免身分詐騙攻擊。



第 7 部分：上傳文件

步驟 1

選擇上傳  圖示，並在您的裝置上找到文件檔案，或將檔案拖曳並放到圖示上。

步驟 2

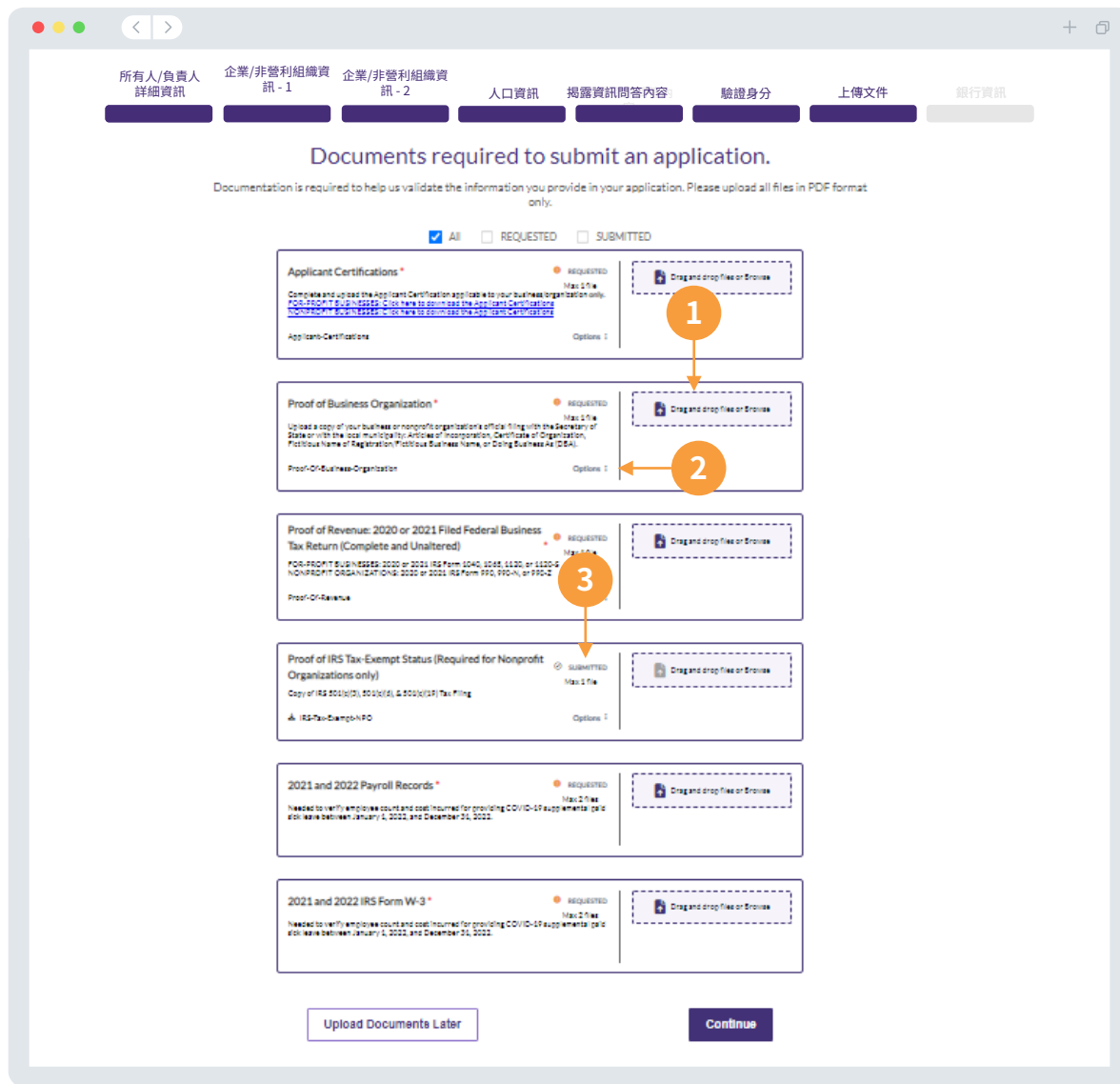
如果您的文件需要密碼才能檢視，請點選「Options (選項)」旁邊的三個點 ，然後選擇「Set Password (設定密碼)」以輸入密碼。您還可以點選三個點檢視、替換或刪除文件。

步驟 3

您的文件上傳後，其狀態將從  「Requested (要求)」變為  「Submitted (已提交)」。

步驟 4

請重複上述步驟，直到所有規定文件上傳完畢。



所有人/負責人 詳細資訊 企業/非營利組織資訊 - 1 企業/非營利組織資訊 - 2 人口資訊 揭露資訊問答內容 驗證身分 上傳文件 銀行資訊

Documents required to submit an application.

Documentation is required to help us validate the information you provide in your application. Please upload all files in PDF format only.

☒ All ☐ REQUESTED ☐ SUBMITTED

Document Name	Status	Max File Size	Options
Applicant Certifications *	REQUESTED	Max 1 file Complete and upload the Applicant Certification applicable to your business organization only. FOR-PROFIT BUS-1000S - Go here to download the Applicant Certification NON-PROFIT BUS-1000S - Go here to download the Applicant Certification	Upload or drag and drop file or browse
Proof of Business Organization *	REQUESTED	Max 1 file Upload a copy of your business or nonprofit organization's official filing with the Secretary of State or with the local municipality: Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, Fictitious Business Name, or Doing Business As (DBA).	Upload or drag and drop file or browse
Proof of Revenue: 2020 or 2021 Filed Federal Business Tax Return (Complete and Unaltered)	REQUESTED	Max 1 file FOR-PROFIT BUS-1000S: 2020 or 2021 IRS Form 1040, 1040-E, 1040-SS, or 1040-S NON-PROFIT ORGANIZATIONS: 2020 or 2021 IRS Form 990, 990-A, or 990-E	Upload or drag and drop file or browse
Proof of IRS Tax-Exempt Status (Required for Nonprofit Organizations only)	SUBMITTED	Max 1 file Copy of IRS 501(c)(3), 501(c)(6), & 501(c)(29) Tax Filing	Upload or drag and drop file or browse
2021 and 2022 Payroll Records *	REQUESTED	Max 2 files Needed to verify employee counts and cost incurred for providing COVID-19 supplemental paid sick leave between January 1, 2022, and December 31, 2022.	Upload or drag and drop file or browse
2021 and 2022 IRS Form W-3 *	REQUESTED	Max 2 files Needed to verify employee counts and cost incurred for providing COVID-19 supplemental paid sick leave between January 1, 2022, and December 31, 2022.	Upload or drag and drop file or browse

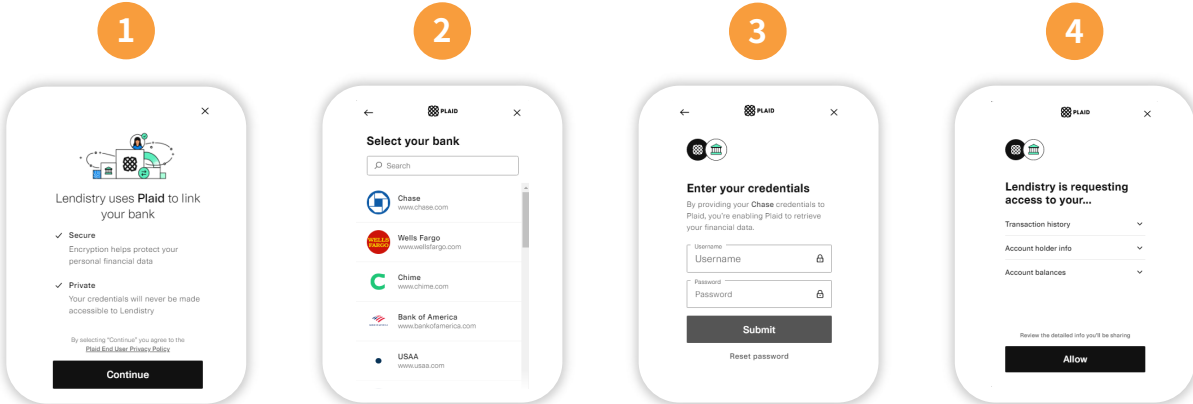
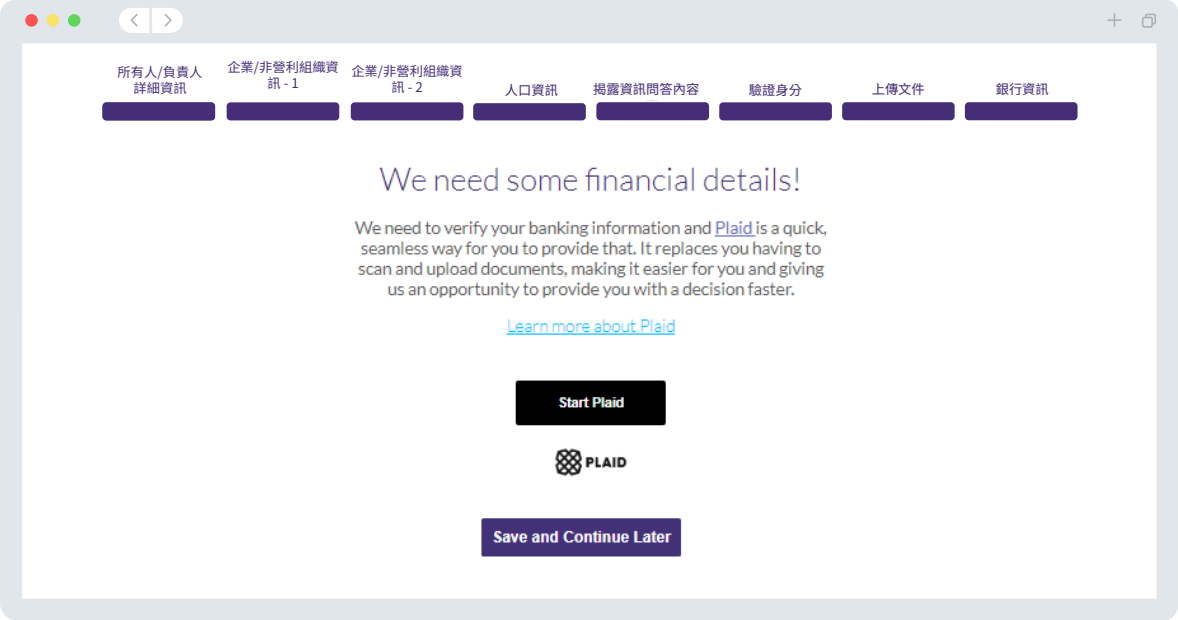
Upload Documents Later Continue

為什麼需要您的銀行資訊？

Lendistry 運用第三方技術 (Plaid) 驗證您的銀行帳戶，並將任何美國境內的銀行或儲蓄合作社帳戶與類似 Lendistry 入口網站的應用程式連結，以設定 ACH 轉帳。該第三方不會在未經您許可的情況下分享您的個人資料，也不會於公司外銷售或租賃您的資訊。

這是我們偏好使用的銀行驗證方法，但若供應商不支援您的銀行機構，則無法使用。在此情況下，您可以在太平洋夏令時間週一至週五上午 7 點至晚上 7 點，致電 1-888-208-0015 聯絡 Lendistry 的專屬客戶體驗中心驗證銀行帳戶。

重要備註：提供的銀行帳戶必須屬於企業之主要所有人。



前往 Plaid。

找到您的銀行機構。

登入您的線上銀行帳戶。

確認許可。

第 9 部分：在提交前再次檢查您的申請

在提交您的申請之前，請檢查您所有的回覆和文件內容是否皆正確無誤。提交申請後即無法再進行編輯。

為了讓您的申請能順利完成 Lendistry 審核，您必須提交符合以下規定的完整申請：

1. 申請表所有欄位皆完整填寫；
2. 所有必要的申請文件皆完成上傳；
3. 您的銀行帳戶已完成 Plaid 的綁定；並且
4. 您已完成 Persona 的身分驗證。

檢查申請

1. 若您需要編輯申請，請按一下「**I have some edits! (我要編輯！)**」並修正所有錯誤。
2. 請參閱 [Lendistry 的條款與條件](#) 並勾選方塊表示同意。
3. 若您想稍後再檢查並提交申請，請按一下「**Save and Come Back Later (儲存並於稍後再返回檢視)**」。您可以隨時登入入口網站完成申請，並確認申請狀態有無更新。
4. 檢查申請並確認所有提供資訊正確無誤後，請按一下「**Everything is Good, Submit Application (準備完成，提交申請)**」以提交您的申請。

所有人/負責人詳細資訊 企業/非營利組織資訊 - 1 企業/非營利組織資訊 - 2 人口資訊 揭露資訊問答內容 驗證身分 上傳文件 銀行資訊

Do you need to change anything?

Please review your application and ensure all information is correct.
Once the application is submitted, only the Financial Info & Uploaded Docs can be edited.

Uploaded Docs

Application Certification/Attestation SUBMITTED	Proof of Business Organization SUBMITTED
2019 Federal Tax Return SUBMITTED	

1 I have some edits!

2 ☒ By checking this box, you agree to these [terms and conditions](#).

3 Save and Come Back Later

4 Everything is Good, Submit Application

您會收到來自 noreply@lendistry.com 的 Lendistry 確認電子郵件，確認已收到您的申請。若您在提交申請後未收到確認電子郵件，請檢查您的垃圾郵件資料夾，看看是否有來自 noreply@lendistry.com 的電子郵件，並將此電子郵件地址加入您的安全寄件者清單。

如需更多資訊或文件，Lendistry 可能透過電子郵件、電話及/或簡訊 (若您授權) 聯絡您，驗證您提交的資訊。**請您務必回覆所有要求，以確保審核流程順利進行。**

為避免審核流程中斷，請務必留意來自 Lendistry 的聯繫，並確保您已準備好所有必需的文件。

秘訣：在您電子郵件信箱的搜尋列中輸入「Lendistry」。



审核流程



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

如何得知我是否獲頒獎助金？

計畫申請流程包含多個驗證階段。您必須先符合計畫的基本資格規定，我們才會考慮是否頒布獎助金。**重要備註：符合基本資格規定不保證可獲得獎助金。**

確定您符合計畫資格後，您的申請就會經過最終驗證，以決定您是否獲頒獎助金。在此驗證流程中，**您需要透過電話即時確認特定資訊**。Lendistry 團隊成員會直接聯絡您以完成此流程。

申請完全通過驗證後，您應該會收到 Lendistry 的電子郵件，通知您是否獲得補助。

如何確認我的申請狀態？

您可以隨時使用註冊的使用者名稱、密碼和手機號碼登入 Lendistry 入口網站檢查申請狀態。登入後，狀態會顯示在儀表板上。

請於此處登入 Lendistry 入口網站：

<https://caspsl.mylendistry.com/landing>

我的文件與銀行資訊已完全通過驗證，且我已獲得補助。何時會收到獎助金？

您的申請完全通過驗證且獲頒獎助金後，您應該就能在 Lendistry 入口網站上看到以「DocuSign 文件」格式出現的受獎人協議與 W-9 表格。請登入並遵循 DocuSign 的說明，在兩份文件上簽署姓名縮寫、簽名並註記日期。

請於此處登入 Lendistry 入口網站：

<https://caspsl.mylendistry.com/landing>

重要備註：在完成前，不會發放獎助金。

狀態	意義	申請人需要採取的動作
Incomplete (未完成)	您已開始申請流程，但尚未完成提交。	請在開始申請的 30 天內完成所有申請作業。申請未完成將不會送審或列為獎助金發放的考慮對象。
Inactive (失效)	您的申請超過 30 天未完成，且已從審核流程中除名。	若您想恢復已失效的申請，請於太平洋夏令時間週一至週五上午 7 點至晚上 7 點，致電 1-888-208-0015 聯絡我們專屬的客戶體驗中心。
Application Submitted (已提交申請)	您已完成所有申請作業，並成功提交申請。	您不需要採取其他動作。Lendistry 只會在需要其他資訊或文件時與您聯絡。
Application submitted, but additional docs required. (已提交申請，但須提供其他文件。)	您已提交申請，但 Lendistry 需要其他文件或資訊來處理您的申請。	登入 Lendistry 入口網站，上傳要求的所有新文件或資訊。唯有完成此動作，我們才能開始處理您的申請。
Application under review for minimum eligibility requirements. (正在為您的申請進行基本資格規定審查。)	我們已受理您的申請和文件。您的申請正在進行資格審查。	您不需要採取其他動作。在我們做出您是否符合獎助金領取資格的判定結果後，Lendistry 即會立即通知您。
Your application is INELIGIBLE because it does not meet the program's minimum eligibility requirements. (您的申請因未達計畫的基本資格規定而不符資格。)	您的申請因未達計畫的基本資格規定，無法列為獎助金發放的考慮對象。	若您經判定不符本補助計畫資格，將會收到電子郵件通知。若您的網路申請表格或申請時提供的文件有誤，請在收到此電子郵件的五 (5) 天內致電聯絡我們專屬的客戶體驗中心。請注意，這麼做並不保證能取消您不符資格的判定結果。我們可能會要求其他文件和資訊，以進一步驗證您的申請。若 Lendistry 未在期限內接獲您的回覆，就會維持資格不符的判定結果，並關閉您的申請案。
Your application meets the Program's minimum eligibility requirements and will move to the next validation stage. (您的申請符合計畫的基本資格規定，將進入下一驗證階段。)	您的申請符合計畫的基本資格規定，將進入驗證階段來判定您是否獲准領取獎助金或遭拒。	您不需要採取其他動作。Lendistry 只會在需要其他資訊或文件時與您聯絡。

接下頁。

狀態	意義	申請人需要採取的動作
<i>Additional documents are needed in order for your application to continue through the validation stage. (您的申請需提供其他文件，以繼續完成驗證階段。)</i>	須提供其他文件或資訊，才能完整驗證您的申請。	登入 Lendistry 入口網站，上傳要求的所有新文件或資訊。唯有完成此動作，我們才能開始驗證您的申請。
<i>Application Declined (申請遭拒)</i>	您的獎助金申請遭拒。	若您的獎助金申請遭拒，您將會收到電子郵件通知。若您認為遭拒的判定結果有誤，請在收到此電子郵件的五 (5) 天內致電聯絡我們專屬的客戶體驗中心。請注意，這麼做並不保證能取消您不符資格的判定結果。我們可能會要求其他文件和資訊，以進一步驗證您的申請。若 Lendistry 未在期限內接獲您的回覆，就會永久維持申請遭拒的判定結果，並關閉您的申請案
<i>Application Approved (已核准申請)</i>	您的獎助金申請已核准。	Lendistry 入口網站將會以 DocuSign 文件形式提供「獎助金發放同意書」與 W-9 表格。您將須登入並遵循 DocuSign 的說明，在兩份文件上簽署姓名縮寫、簽名並註記日期。
<i>Application Approved, Grants Docs Pending (已核准申請，獎助金文件待簽署)</i>	Lendistry 入口網站已以 DocuSign 文件形式提供「獎助金發放同意書」與 W-9 表格。	請登入 Lendistry 入口網站，並遵循 DocuSign 的說明，在兩份文件上簽署姓名縮寫、簽名並註記日期。重要備註：在完成前，不會發放獎助金。
<i>Grant Docs Received (已收到獎助金文件)</i>	Lendistry 已收到您完整履行的「獎助金發放同意書」與 W-9 表格。在發放獎助金前，我們將進入最後的驗證階段，以確認您的銀行資訊。您將透過 ACH 收到獎助金。	您不需要採取其他動作。Lendistry 只會在無法設定 ACH 轉帳匯入您的銀行帳戶時與您聯絡。
<i>Grant Funded (已領取獎助金)</i>	您已完整領取符合資格的獎助金款項。	您不需要採取其他動作。您的申請案現已結案。

疑難排解或解鎖帳戶的方式



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

如果在 Lendistry 的入口網站中找不到您的電子郵件地址，該怎么做？

如果在 Lendistry 的入口網站中找不到您的電子郵件地址，您可能沒有帳戶，或者使用了不正確的電子郵件地址登入。

1. 若要提出申請，您需要在 Lendistry 的入口網站中建立帳戶，並註冊電子郵件地址和手機號碼。請參閱第 37 頁。如果您尚未建立帳戶，請點選「Don't have an account? Sign up! (沒有帳戶嗎？立即註冊！)」
2. 如果您已經有帳戶，但找不到您的電子郵件地址，您可能使用了不正確的電子郵件地址登入。請確認您的電子郵件地址拼寫正確，或嘗試使用其他地址。如果此問題仍然存在，您可以在太平洋夏令時間週一至週五上午 7 點至晚上 7 點，致電 1-888- 208-0015 聯絡我們專屬的客戶體驗中心。

若要從 Lendistry 的客戶體驗中心取得您的電子郵件地址，您必須驗證資訊，其中可能包括但不限於您的全名、出生日期、公司名稱，以及社會安全號碼最後四碼。

接下頁。

Welcome! Sign In!

Email *

myemail@test.com

Email not found!

Password *

●●●●●●●●

⚠ Warning

2

Email not found! Please check this is the email you used to register.
If the error persists [please call support for assistance.](#)

[Forgot your password?](#)

Sign In

1

Don't have an account? Sign up!

如果密碼不正確，該怎麼做？

如果輸入的密碼不正確，請檢查拼寫並再試一次。您有五次機會可使用正確的密碼登入，其後您的帳戶會遭到鎖定。

強烈建議您在第二次嘗試失敗後立即重設密碼。

如何重設密碼：

1. 點選「Forgot your password? (忘記密碼?)」
2. 輸入註冊帳戶用的電子郵件地址。
3. 您註冊的手機號碼將收到六位數確認碼。輸入代碼以確認您的帳戶。
4. 輸入並確認您的新密碼。

接下頁。

1

Welcome! Sign In!

Email *

myemail@test.com

Password *

••••••••

▲ Incorrect password.

⚠ Warning

It looks like you are having problems signing in. You have 5 attempts remaining before your account is locked. Would you like to change your password?

Forgot your password?

2

Reset password

Email *

myemail@test.com

Reset password

Return to form

Don't have an account yet? Please sign up!

3

We just sent you a text

Please confirm your phone number. We just sent a confirmation code to the phone number registered to your account, ending in 90

Type your 6-digit security code here

Confirm

Didn't receive the code? Resend code

4

Enter New Password

Password *

Enter your password

Confirm Password *

Enter your password

Save password

Don't have an account yet? Please sign up!

The California Small Business and Nonprofit COVID-19 Supplemental Paid Sick Leave Relief Grant Program is administered by the California Office of the Small Business Advocate (CalOSBA).

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如果帳戶遭到鎖定，該怎麼做？
嘗試登入失敗五次後，您的帳戶會遭到鎖定。您可以回答安全問題來解鎖帳戶。

解鎖帳戶的方式

1. 選取「Click here to unlock your account (按一下此處以解鎖您的帳戶)」。
2. 輸入註冊帳戶用的姓名、電子郵件地址和電話號碼。您必須提供正確的資訊才能繼續。若您需要驗證帳戶資訊方面的協助，請聯絡我們專屬的客戶體驗中心。
3. 您註冊的手機號碼將收到六位數確認碼。輸入代碼以確認您的帳戶。
4. 正確回答安全問題即可解鎖帳戶。如果您無法提供正確答案，請聯絡我們專屬的客戶體驗中心，重新設定您的安全問題。若要重設，您必須驗證資訊，可能包括但不限於您的全名、出生日期、公司名稱，以及社會安全號碼最後四碼。

接下頁。

1

Welcome! Sign In!

Email *

unlockaccount@noreply.com

Password *

••••••••

▲ Your account is locked.

Click here to unlock your account

call support for assistance

Forgot your password?

Sign In

Don't have an account? Sign up!

2

Unlock Your Account

Please provide your account information so we can verify your identity

First name *

Enter your first name

Last name *

Enter your last name

Email Address *

Enter your email address

Phone Number *

+1-____-____

Cancel

Verify Account

3

We just sent you a text

Please confirm your phone number. We just sent a confirmation code to the phone number registered to your account, ending in 90

Type your 6-digit security code here

Confirm

Didn't receive the code? Resend code

4

Unlock Your Account

Please answer your security questions to unlock your account.

What was your High School mascot? *

Enter answer for question 1

What is your first pet's name? *

Enter answer for question 2

What is your nickname? *

Enter answer for question 3

Unlock Account

解鎖帳戶的方式

- 5. 正確回答安全問題後，解鎖帳戶的連結便會傳送至您的電子信箱。
- 6. 請按一下連結以解鎖帳戶。
- 7. 解鎖帳戶後，您可以選擇使用現有密碼登入 Lendistry 的入口網站，或重設密碼。強烈建議您重設密碼，以免帳戶再次遭到鎖定。

5



Unlock Link Sent

An email has been sent to you to complete the unlocking process. Kindly click the link provided in the email to unlock your account.

Back to Homepage

6

寄件者: Lendistry <noreply@lendistry.com>
Fri 3/15/2023 3:23 PM

我們已收到您解鎖加州補充帶薪病假補助計畫 Lendistry 入口網站帳戶的要求。

請按一下此處完成程序並解鎖您的帳戶。

如果您並未提出此要求，請立即重設密碼以保護您的帳戶。

按一下此處重設密碼。

若您有任何疑問或需要其他協助，請於太平洋夏令時間週一至週五上午 7 點至晚上 7 點聯絡 Lendistry 的專屬客戶體驗中心。

此致
Lendistry 團隊

7



Account Unlocked

Your account has been successfully unlocked. If you recall your password, please proceed to log in. Otherwise, please change your password

Change Password

Log In

客戶體驗中心

1-888-208-0015

週一至週五

上午 7 點至晚上 7 點 (太平洋時間)

快速連結

[計畫概覽](#)

[資格規定](#)

[資格不符的企業](#)

[必要文件](#)

[申請人認證](#)

[必要文件範例](#)

[申請秘訣](#)

[如何開始申請](#)

[申請流程](#)

[審核流程](#)

[帳戶疑難排解](#)



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY