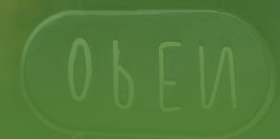




Train the Trainer COVID 19 EIDL Targeted Advances



Presented By



CITY OF
Oakland

Economic Development Team



Disclosures

- AnewAmerica's Women's Business Centers are funded in part by the U.S. Small Business Administration. All opinions, conclusions and/or recommendations expressed herein are those of the author(s) and do not necessarily reflect the views of the SBA.
- AnewAmerica is a Resource Partner to the SBA.
- This session is being recorded. If you do not wish to be recorded please disconnect from the workshop.

COVID 19 Economic Injury Disaster Loan (EIDL)

- Purpose to meet financial obligations and expenses that are not met due to COVID 19 impact.
- Use for working capital and normal expenses.
- 3.75% for businesses (fixed).
- 2.75% for nonprofits (fixed).
- 30 yr. term.
- No pre-payment penalty or fees.
- Non- forgivable.

For more information, go to: <https://www.sba.gov/funding-programs/loans/covid-19-relief-options/eidl/covid-19-eidl>

COVID 19 EIDL Advances

- If approved, advances do not have to be paid back.
- Applicants must apply for the COVID 19 EIDL in order to be considered for an EIDL advance.
- EIDL advances are by invitation only by the U.S. Small Business Administration (SBA).
- Must meet the eligibility requirements for the advance.
- Approved EIDL Loan applicants DO NOT HAVE TO ACCEPT the Loan even if they receive an EIDL advance.
- **Must have filed 2019 tax returns** in order to be eligible.

COVID 19 Targeted EIDL Advance

- Provides up to \$10,000.
- Located in a low-income community as defined in section 45D(e) of the Internal Revenue Code. (should use [mapping tool](#) to determine eligibility)
- Can demonstrate more than 30% reduction in revenue during an eight-week period beginning on March 2, 2020, or later.
- Have 300 or fewer employees.

COVID 19 Supplemental Targeted EIDL Advance

- Provides \$5,000
- Located in a low-income community as defined in section 45D(e) of the Internal Revenue Code. (should use [mapping tool](#) to determine eligibility)
- Can prove **more than a 50%** economic loss during an eight-week period beginning on March 2, 2020, or later, compared to the same period of the previous year.
- Have **10** or fewer employees.

Important Points to Remember

- **No one** should submit a duplicate COVID 19 EIDL Application.
- Maximum combined amount for both the Targeted Advance and the Supplemental Targeted Advance, **if eligible, is \$15,000.00.**
- SBA is reviewing prior EIDL Applications for eligibility for advances.
- Applicants must receive invitation from the SBA to move forward for the EIDL advances.
- To be considered for an advance, one must apply for the COVID 19 EIDL.
- Must meet eligibility requirements.

The Application

- **To apply, go to:** <https://covid19relief.sba.gov/#/>; Also can be reached via “Apply Now” button on SBA web pages for the advance and EIDL loan.
- Needs to be fully completed to move to next page.
- Extremely important that application reads all of the disclosures and understands them.
- Application must be submitted in English. There are information tools in other languages available at <https://www.sba.gov/funding-programs/loans/covid-19-relief-options/eidl/targeted-eidl-advance-supplemental-targeted-advance>



UCSD
community nonprofits
Women's Business Center | San Jose

Sample Application

Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

ELIGIBLE ENTITY VERIFICATION

Choose One:

- Applicant is a business with not more than 500 employees.
- Applicant is an agricultural enterprise with not more than 500 employees.
- Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
- Applicant is a cooperative with not more than 500 employees.
- Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
- Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.
- Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative (but excluding all other agricultural enterprises), with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).
- Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).
- Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

Review and Check All of the Following:

Applicant must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):

- Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
- No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
- Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.

- Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.
- Applicant is not in the business of lobbying.
- Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) DisasterCustomerService@sba.gov.

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SUMMARY

Step 1 of 3

Business Information

Business Legal Name *

Trade Name *

EIN/SSN for Sole Proprietorship *

Organization Type*

Is the Applicant a Non-Profit Organization? *

Yes No

Is the Applicant a Franchise? *

Yes No

Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster

Non-Profit or Agricultural Enterprise Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

Compensation From Other Sources Received as a Result of the Disaster

Provide Brief Description of Other Compensation Sources

Primary Business Address (Cannot be P.O. Box) *

City *

State *

County

Zip *

Business Phone *

Alternative Business Phone

Business Fax

Business Email *

Date Business Established *

Current Ownership Since *

Business Activity *

Detailed Business Activity*

Number of Employees (As of January 31, 2020) *

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Step 2 of 3

Business Owners Information

Is Your Business Owned by a Business Entity? *

Yes No

Individual Owner(s)

Complete for Each: a. Proprietor, or b. Limited partner or LLC member who owns 20% or more interest and each general partner or managing member, or c. Stockholder or entity owning 20% or more voting stock.

Owner 1

First Name *

Last Name *

Mobile Phone *

Title / Office *

Ownership Percent *

Email *

SSN *

Birth Date *

mm/dd/yyyy

Place Of Birth

U.S. Citizen *

Yes No

Residential Street Address *

City *

State *

Zip *

 Add Additional Owner

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Step 3 of 3

Additional Information

In the past year, has the business or a listed owner been convicted of a felony committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

Yes No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

Yes No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

Yes No

b. Within the last 5 years, for any felony, have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.

Yes No

Where to Send Funds

Bank Name *

Account Number *

Routing Number *

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment or both, under 15 U.S.C. 645

Account Number *

Routing Number *

On behalf of the individual owners identified in this application and for the business applying for the loan:

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I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

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I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct.

[Click for additional statements required by laws and executive orders](#)

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BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

Summary

Business Information ^
<div style="text-align: right;">Edit</div>
Business Legal Name
Trade Name
EIN/SSN for Sole Proprietorship
Organization Type
Is the Applicant a Non-Profit Organization?
Is the Applicant a Franchise?
Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster
Non-Profit or Agricultural Enterprise Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
Compensation From Other Sources Received as a Result of the Disaster
Provide Brief Description of Other Compensation Sources
Primary Business Address (Cannot Be P.O. Box)

City

State

County

ZIP

Business Phone

Alternative Business Phone

Business Fax

Business Email

Date Business Established

Current Ownership Since


Business Activity

Business Sub Activity

Number of Employees (As of January 31, 2020)

Business Owners Information



 Edit

Owner 1

First Name

Last Name

Mobile Phone

Title / Office

Email

Ownership Percent

SSN

Birth Date

Place Of Birth

U.S. Citizen

Residential Street Address


City

State

Zip

Additional Information



 Edit

In the past year, has the business or a listed owner been convicted of a felony committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Within the last 5 years, for any felony, have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.



I'm not a robot

reCAPTCHA
Privacy - Terms

✓ Submit

Additional Resources

- FAQ document for advances. <https://www.sba.gov/document/support-faq-regarding-targeted-eidl-advance> (Review the most current version available)
- FAQ document for EIDL. <https://www.sba.gov/document/support-faq-regarding-covid-19-eidl> (Review the most current version available)

Closing Suggestions

- Applicants should be prepared to submit documentation to support revenue loss in the event they are invited to apply.
- Applicants should check the mapping tool to help manage expectations about advances.
- Applicants should keep all documentation and communication regarding their submission.



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COMMUNITY DEVELOPMENT CORPORATION
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Questions?