

City & County of San Francisco

The Office of Economic and Workforce Development (OEWD) collects client information to meet specific federal, state, and local reporting requirements and to improve program quality and service delivery. OEWD protects all clients' personally identifiable information from unauthorized disclosure. 經濟和勞動力發展辦公室收集客戶資訊，以符合特定的聯邦、州和當地報告要求，並改善計畫品質與服務提供。經濟和勞動力發展辦公室妥善保護所有客戶的個人身份資訊，避免未經授權的資訊披露。

First Name 名: _____ Last Name 姓: _____ Title 職銜: _____

Business Name 商業名稱: _____

Business Address 商業地址: _____

Mailing Address 郵寄地址: _____

Contact Phone Number 聯絡電話: _____ E-mail 電郵: _____

2018 Gross Revenue 2018年總營業額: _____ 2019 Gross Revenue 2019年總營業額: _____

Lease Expiration Date 租約屆滿日期: _____ Monthly Rent 每月租金: _____

Number of Full-time Employees 全職員工人數: _____ Number of Part-time Employees 兼職員工人數: _____

Primary Language 主要語言 English Español 中文 Tagalog Other _____

Eligibility Checklist: This checklist will determine your eligibility for participation in the San Francisco COVID-19 Small Business Resiliency Fund program. 申請資格評核清單: 這份清單將確定您是否有資格參加「新型冠狀病毒小商業恢復基金計劃」。

I confirm that my business is engaged in activities that are regulated by the City and County of San Francisco and we have a license/permit associated to that regulation. 我確認我公司從事的活動受三藩市和縣政府的監管，並且我們擁有與該法規相關的所簽發執照和許可證。

I certify that my revenue has declined by 25% or more as a result of COVID-19. 我證明我的總營業額因新型冠狀病毒的影響下降了25%或以上。

I have attached a completed and signed IRS Form W-9 Form. 我已經附上填妥並簽名的 IRS W-9表格。

I agree to provide documentation to help verify the economic hardship suffered as a result of the COVID-19; including, tax returns, financial statements, and other financial data. 我同意提供新型冠狀病毒對我生意造成的財務影響的資料，包括納稅申報表，財務報表和其他財務數據。

I agree to document and report economic impact achieved as a result of the program, including but not limited to, jobs created, jobs retained, increased sales, and access to capital. 我同意匯報因本計劃提供協助後我公司的狀況信息，包括但不限於創造的就業機會，保留的就業機會，增加的銷售量以及獲得的投資。

Please provide a brief narrative of the impact of COVID-19 has had on your business 請簡述新型冠狀病毒對您生意的影響

Use of Funds: Please describe how the resiliency fund will be used to help you retain your employees and keep your business operating during these challenging times 請簡述您將如何使用小商業恢復基金幫助您在這個困難的時候保留就業機會和保持你的生意正常運營:

Use 用途: Payroll \$ _____
Use 用途: _____ \$ _____
Use 用途: _____ \$ _____
Use 用途: _____ \$ _____
Total總額: \$ _____

Narrative 請簡述資金使用方式:

Which best describes your ethnicity? 哪種說法最能夠貼切描述您的種族?

- Hispanic/Latino 西班牙裔/拉美裔 Not Hispanic/Latino 非西班牙裔/拉美裔

Which best describes your race? 哪種說法最能夠貼切描述您的人種

- American Indian/Alaskan Native 印第安人/阿拉斯加原住民
 Asian 亞洲人
 Black/African American 黑人/非裔美國人
 Native Hawaiian/Other Pacific Islander 夏威夷原住民/其他太平洋島民
 White 白人
 American Indian/Alaskan Native and Black/African American 美國印第安人/阿拉斯加原住民及黑人/非裔美國人
 American Indian/Alaskan Native and White 美國印第安人/阿拉斯加原住民及白人
 Asian and White 亞洲人及白人
 Black/African American and White 黑人/非裔美國人及白人
 Other/Multiracial 其他/多族裔

Cultural Affiliation or Nationality (optional) 文化關聯或國籍 (選填): _____

What is your gender? 您的性別是? (選擇一個最符合您目前的性別認同的選項)

- Female 女性 Trans Female 跨性女
 Male 男性 Trans Male 跨性男
 Genderqueer/Gender Non-binary 性別酷兒/非二元性別 Not Listed. Please Specify 以上皆不是。請說明

What is your business organization type? 商業註冊形式

- Sole Proprietorship/Individual 獨資公司 S-Corporation 股份公司(S類)
 Limited Liability Company 有限責任公司 Corporation (Please Specify State of incorporation) _____
 Partnership 合夥公司 股份公司(請說明註冊州份) _____

What is your business ownership? 商業持有權

- 100% male owned 男性全資
 100% women owned 女性全資
 Co-owned 男女合資: Female 女性 _____%
Male 男性 _____%

Check if any of the following applies to you. 勾選以下適用於您的說明?

- Disability 殘障
 Veteran 退役軍人

Which best describes your family? (Check one) 哪種說法最能夠貼切描述您的家庭? (請選擇一項)

Family includes, but is not limited to the following—regardless of actual or perceived sexual orientation, gender identity, or marital status—a single person or a group of persons residing together. 家庭包括但不限於下列選項 (包括一個人或住在一起的一群人), 不論是實際或察覺的性取向、性別認同或婚姻狀況。

Single Headed Family 戶長的單親家庭 Dual Headed Family 雙親家庭

Number of persons living in your family (including yourself) 與您一同居住的家庭成員人數 (包括您自己): _____

Total estimated income for next 12 months for all adult members 所有成年家庭成員未來 12 個月的預估總收入: \$ _____

Current Income Information (Number of persons in “family” above must match this section) (Circle correct income level.

If number of family members is greater than eight persons, refer to instruction sheet) 目前的收入狀況(上述「家庭」中的成員人數須與此部分相符) (圈選正確的收入水平。如果家庭成員人數超過 8 人, 請參閱指示表)

Family of:家庭成員人數	1	2	3	4	5	6	7	8
Extremely Low Income 極低收入	\$0 – 33,850	\$0 – 38,700	\$0 – 43,350	\$0 – 48,350	\$0 – 52,250	\$0 – 56,100	\$0 – 60,000	\$0 – 63,850
Low Income 低收入	\$33,851- 56,450	\$38,701- 64,500	\$43,351- 72,550	\$48,351- 80,600	\$52,251- 87,050	\$56,101- 93,500	\$60,001- 99,950	\$63,851- 106,400
Moderate Income 中等收入	\$56,451- 90,450	\$64,501- 103,350	\$72,551- 116,250	\$80,601- 129,150	\$87,051- 139,500	\$93,501- 149,850	\$99,951- 160,150	\$106,401- 170,500
Above Moderate Income 高於中等收入	> = \$90,451	> = \$103,351	> = \$116,250	> = \$129,151	> = \$139,501	> = \$149,851	> = \$160,151	> = \$170,501

CLIENT 客戶

Client Printed Name 客戶正楷姓名 _____

Client Signature 客戶簽名 _____

Date 日期 _____

Applications can be submitted to 申請可以郵寄或提交至:

**Attn: Judy Lee - COVID-19 Small Business Resiliency Fund
City Hall – 1 Dr. Carlton B. Goodlett Place, Rm. #448 San Francisco, CA 94102
Email: investsf@sfgov.org**