



**HOMES  
JOBS  
COMMUNITY**



# **Los Angeles County Small Business Rent Relief Eligibility & Application Process Overview**

**November 16, 2021 | NDC LAC SBRR Team**

# Agenda

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We look forward to working with you

- Welcome and introduction of the administrator team
- Overview of the eligibility requirements
- Overview of grant application, processing, approval and funding
- Overview of required documentation
- Overview of the SurveyMonkey Apply grant application platform
- Questions & Answers

# The LAC SBRR Team

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- Our Los Angeles County Small Business Rent Relief (LAC SBRR) team is made up of small business lending professionals
- Many of us:
  - live in the Los Angeles region
  - own or have owned a small business
  - worked to provide over \$200M in Paycheck Protection Program (PPP) loans to small businesses in Rounds 1 thru 3 of funding

# Eligibility Requirements

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## Small Business Applicants Must:

- Have annual total gross revenues of no more than \$1 million **(verified by 2020 tax return)**
- Have an annual average number of nine or fewer full-time equivalent employees **(verified by Q3 2021 IRS Form 941)**
- Be open at time of application submittal **(verified by valid business license)**
- Be located at the same brick and mortar location in unincorporated LA County on or before June 22, 2019 **(verified by lease agreement)**
- Demonstrate a gross revenue loss of at least 25% over a 12-month period falling at least in part within the period of the County's COVID-19 emergency order **(verified by a signed Statement of Impact)**

# Eligibility Requirements

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**Unincorporated LA County Mapping Tool:**

<https://lacounty.maps.arcgis.com/apps/instant/lookup/index.html?appid=9d20879a1db945b5a6cd7deeacff25be>

**More detailed program guidelines available at:**

<https://ndconline.org/lacsbr/>

# Overview of the Application Process

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## Eligible Applicants - From account creation to funding

### Application Period

- Nov. 17<sup>th</sup> 8am to Nov. 24<sup>th</sup> 5pm log-in directly to apply.
- <https://ndc.sm/apply.io/prog/LACSBRR>

### Submit basic business Info

- Enter information for your business
- You will not upload documents at this time
- Save your username and password

### Lottery Selection

- Week of Dec. 6<sup>th</sup> there will be a live virtual lottery to determine the order of applicants selected

### Upload Required Documents

- Starting Dec. 13<sup>th</sup> upload required documents
- Quickly respond to any questions submitted by NDC
- Make sure information submitted is accurate and complete

### Sign grant documents and provide info for ARP Act compliance

- You will be required to sign a Grant Agreement and Eligibility Certification
- You must provide info for ARP Act compliance


# Sample Email

Reminder: You still have an application to work on for Los Angeles County Small Business Rent Relief Project



noreply@mail.smapply.net

To  Andria Martinez

 If there are problems with how this message is displayed, click here to view it in a web browser.

 Reply

 Reply All

 Forward



Sun 11/7/2021 6:21 AM



Dear Andria,

We noticed that there has been no activity on your application for Los Angeles County Small Business Rent Relief Project. To access and continue working on your application, click the button below.

Thank you,

**National Development Council, Residential and Small  
Business Assistance Team**

[Access your application](#)

If the button is not clickable, please copy and paste this URL into your browser's address bar:



# Reasons for Asking for Information

- You will be asked to submit documentation that helps us:
  - Verify that your business is eligible for the program
  - Calculate the maximum grant for which you are eligible:
    - Past due rent only starting from March 4, 2020, to the present, as documented by a current invoice or rent statement showing current amount of rent owed to an unrelated and unaffiliated third party.
    - Businesses MUST have actual documented past due rents from March 4, 2020, to the present, totaling an amount of at least \$5,000 to be eligible for the project.
  - Verify ownership for grant signatory



# Required Information and Documents

- Government issued photo identification (20% or more ownership)
- Valid business license reflecting a business address located within the unincorporate areas of Los Angeles County
- Fully executed rental or lease agreement between landlord and Qualified Small Business Tenant (QSBT)
- Current invoice or rent statement showing unpaid rent owed from March 4, 2020 to present
- State incorporation paperwork or documentation of DBA
- Business Tax Returns for 2020 (1120, 1120S, 1065, or 1040 with Schedule C)

# Required Information and Documents

- **3<sup>rd</sup> Quarter 2021 IRS Form 941:**  
<https://dcba.lacounty.gov/wp-content/uploads/2020/04/Self-Certification-4.21.20.pdf>
- **Notice to Landlord of Inability to Pay Rent Due to COVID-19:** <https://dcba.lacounty.gov/wp-content/uploads/2020/04/Self-Certification-4.21.20.pdf>
- **W-9:** <https://www.irs.gov/forms-pubs/about-form-w-9>

# Business License

THIS DOCUMENT IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK FINGERPRINT SEAL ON THE BACK. HOLD AT ANGLE TO VIEW SEAL.

POST THIS LICENSE IN A CONSPICUOUS PLACE THIS LICENSE IS NOT TRANSFERABLE

**LOS ANGELES COUNTY BUSINESS LICENSE** No. **511762**


COUNTY OF LOS ANGELES - STATE OF CALIFORNIA  
THE LICENSEE NAMED HEREON HAS PAID TO THE UNDERSIGNED TREASURER AND TAX COLLECTOR THE AMOUNT SHOWN AND IS HEREBY LICENSED, UNDER PROVISIONS OF COUNTY CODE TITLE 7 FOR THE PERIOD EXPIRING ON THE DATE SHOWN, TO CARRY ON THE BUSINESS OR OCCUPATION SPECIFIED, AT THE LOCATION SHOWN (IN THE CASE OF THE STATIONARY BUSINESS), OR TO OPERATE THE VEHICLE SPECIFIED. THIS LICENSE IS SUBJECT TO ANY SPECIAL CONDITIONS SHOWN AND IS VALID ONLY IN THE UNINCORPORATED TERRITORY OF LOS ANGELES COUNTY.

LICENSEE, LOCATION-BUSINESS, OCCUPATION OR VEHICLE  
[REDACTED]  
[REDACTED]  
[REDACTED]  
LOS ANGELES, CA 90043

PUBLIC EATING  
[REDACTED]  
LOS ANGELES 90043

0652 146016R1  
02/01/2021  
01/31/2022  
\$227.00

DATE OF ISSUE  
EXPIRATION DATE  
← LICENSE FEE  
← PENALTY COLLECTED

  
K. K. K.  
LOS ANGELES COUNTY  
TREASURER AND TAX COLLECTOR

JURISDICTION: UNINC. LA COUNTY

DECAL/PLATE NO.

SPECIAL CONDITIONS

COUNTERSIGNED  
Antonio B. [Signature]  
LOS ANGELES COUNTY  
AUDITOR-CONTROLLER

# Fictitious Business Name Filing (DBA)

YOUR RETURN MAILING ADDRESS			LOS ANGELES REGISTRAR-RECORDER/ COUNTY CLERK		
NAME: SUSAN ANN SMITH					
ADDRESS: 133 MAIN ST.					
CITY: ANYWHERE	STATE: CA	ZIP CODE: 12345			

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**FICTITIOUS BUSINESS NAME STATEMENT**  
TYPE OF FILING AND FILING FEE (Check one)

☒ Original- \$28.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME OR STATEMENT)  
☐ New (Amended) Filing- \$25.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)  
☐ Retire- \$28.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)  
 \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

**The following person(s) is (are) doing business as:**

\*1. SMOOTH SAILING RENTALS 2. \_\_\_\_\_  
Print Fictitious Business Name(s)

\*\* 133 MAIN ST. P.O. BOX 100  
Street address of principal place of business Mailing address if different

<u>ANYWHERE</u>	<u>CA</u>	<u>12345</u>	<u>ANY COUNTY</u>	<u>ANYWHERE</u>	<u>CA</u>	<u>12345</u>
<small>City</small>	<small>State</small>	<small>Zip</small>	<small>COUNTY</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Articles of Incorporation or Organization Number (if applicable): AI #0N

\*\*\* REGISTERED OWNER(S):

1. SUSAN ANN SMITH  
Full Name/Corp/LLC (P.O. Box not accepted)  
246 OAK ST.  
Residence Address  
ANYWHERE CA 12345  
City State Zip  
If Corporation or LLC - Print State of Incorporation/Organization

2. \_\_\_\_\_  
Full Name/Corp/LLC (P.O. Box not accepted)  
Residence Address  
City State Zip  
If Corporation or LLC - Print State of Incorporation/Organization

3. \_\_\_\_\_  
Full Name/Corp/LLC (P.O. Box not accepted)  
Residence Address  
City State Zip  
If Corporation or LLC - Print State of Incorporation/Organization

4. \_\_\_\_\_  
Full Name/Corp/LLC (P.O. Box not accepted)  
Residence Address  
City State Zip  
If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

\*\*\*\* THIS BUSINESS IS CONDUCTED BY: (Check one)  
☒ an Individual    ☐ a General Partnership    ☐ a Limited Partnership    ☐ a Limited Liability Company  
☐ an Unincorporated Association other than a Partnership    ☐ a Corporation    ☐ a Trust    ☐ Copartners  
☐ a Married Couple    ☐ Joint Venture    ☐ State or Local Registered Domestic Partners    ☐ a Limited Liability Partnership

\*\*\*\*\* The date registrant commenced to transact business under the fictitious business name or names listed above on 3/1/2009  
(Insert N/A above if you haven't started to transact business)

**I declare that all information in this statement is true and correct.**  
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) SUSAN ANN SMITH TITLE OWNER

REGISTRANT SIGNATURE Susan Smith IF CORP OR LLC, PRINT NAME \_\_\_\_\_

**If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.**

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

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

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: \_\_\_\_\_, Deputy



# Secretary of State Filing

## Corporation - Statement of Information

Entity Name: [REDACTED]

Entity (File) Number: C4553603

File Date: 01/30/2021

Entity Type: Corporation

Jurisdiction: CALIFORNIA

Document ID: GQ16435

### Detailed Filing Information

1. Entity Name: [REDACTED]
2. Business Addresses:
  - a. Street Address of Principal Office in California: [REDACTED]  
Long Beach, California 90814  
United States of America
  - b. Mailing Address: [REDACTED]  
Long Beach, California 90814  
United States of America
  - c. Street Address of Principal Executive Office: [REDACTED]  
Long Beach, California 90814  
United States of America
3. Officers:
  - a. Chief Executive Officer: [REDACTED]  
[REDACTED]  
Long Beach, California 90814  
United States of America
  - b. Secretary: [REDACTED]  
[REDACTED]  
Long Beach, California 90814  
United States of America

Document ID: GQ16435

# Fully executed lease agreement

## CALIFORNIA COMMERCIAL LEASE AGREEMENT

**I. The Parties.** This Commercial Lease Agreement ("Agreement") made this \_\_\_\_\_, 20\_\_\_\_ by and between:

**Landlord.** \_\_\_\_\_ [Landlord's Name], of  
\_\_\_\_\_, [Landlord's Street  
Address], State of \_\_\_\_\_, ("Landlord")

AND

**Tenant.** \_\_\_\_\_ [Tenant's Name], of  
\_\_\_\_\_, [Tenant's Street Address],  
State of \_\_\_\_\_, ("Tenant"). Collectively, the Landlord and Tenant shall be  
referred to herein as the "Parties".

The Parties agree as follows:

**II. DESCRIPTION OF LEASED PREMISES.** The Landlord agrees to lease to the Tenant  
the following described \_\_\_\_\_ square feet (SF) of \_\_\_\_\_ [Type of Space]  
located at \_\_\_\_\_ [Property Street  
Address], State of California.

Additional Description: \_\_\_\_\_

Hereinafter known as the "Premises".

**III. USE OF LEASED PREMISES.** The Landlord is leasing the Premises to the Tenant  
and the Tenant is hereby agreeing to lease the Premises for the following use and  
purpose: \_\_\_\_\_

Any change in use or purpose the Premises other than as described above shall be  
upon prior written consent of Landlord only.

**IV. TERM OF LEASE.** The term of this Lease shall be for a period of \_\_\_\_\_ year(s) \_\_\_\_\_  
month(s) commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring at  
Midnight on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. ("Initial Term")

**V. BASE RENT.** The net monthly payment shall be \_\_\_\_\_ dollars  
(\$\_\_\_\_\_), payable monthly with the first payment due upon the  
commencement of the Lease and each monthly installment payable thereafter on the  
\_\_\_\_\_ day of each month ("Base Rent"). Rent payment for any period during the term  
hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.

**VI. OPTION TO RENEW:** (check one)

☐ - Tenant may not renew the Lease.

☐ - Tenant may have the right to renew the Lease with a total of \_\_\_\_\_ renewal period(s)  
with each term being \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) which may be exercised by giving



# Invoice or rent statement

## [Rental Company]

[Street Address]  
[City, ST ZIP]  
Phone: 000 000-0000

## STATEMENT

Statement Date	4/30/2014
Customer ID	[ABC123]

Bill To: [Customer Name]  
[Street Address]  
[City, ST ZIP]  
[Phone]

Property [Street Address]  
[City, ST ZIP]  
Contract From 1-Feb-2014  
To 31-Jan-2015

### Account Activity

DATE	REF	DESCRIPTION	AMOUNT
1/15/14		Balance Forward	50.00
1/15/14	INV 3005	Rent for February '14 Due 2/1/2014	1,000.00
2/2/14		\$20 Late Fee	20.00
2/10/14	CHK 1228	Payment Received - Thank you	-1,070.00
2/15/14	INV 3008	Rent for March 14 Due 3/1/2014	1,000.00
3/2/14		\$20 Late Fee	20.00
3/5/14	CHK 1234	Payment Received - Thank you	-1,000.00
3/15/14	INV 3011	Rent for April '14 Due 4/1/2014	1,000.00
3/29/14	CHK 1242	Payment Received - Thank you	-1,000.00
4/15/14	INV 3015	Rent for May '14 Due 5/1/2014	1,000.00

BALANCE DUE	\$ 1,020.00
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Please detach the remittance slip below and return it with your payment.

### REMITTANCE

Please make checks payable to [Name] and mail to:

[Company Name]  
[Street Address]  
[City, ST ZIP]

STATEMENT DATE 4/30/2014  
CUSTOMER ID [ABC123]

DUE DATE	5/30/2014
BALANCE DUE	\$ 1,020.00

Please write your Customer ID on your check.

AMOUNT ENCLOSED 

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## Notice to Landlord of Inability to Pay Rent Due To COVID-19

[Download Form](#)

# Notice to Landlord of Inability to Pay Rent Due to COVID-19

The following template can be used to provide your landlord(s) with notice of your inability to pay rent due to circumstances related to COVID-19. You should not use this template if your city has its own moratorium. Please visit [rent.lacounty.gov](http://rent.lacounty.gov) or call us at 833-223-7368 to find out if your city is covered. Additionally, if you are interested in working out a payment plan, you can contact us for information about our free mediation services.

As a tenant you are required to provide notice to your landlord no later than seven (7) days after the date that the rent was due, unless extenuating circumstances exist, that you are unable to pay some or all of your rent.

### Instructions:

1. Fill out the template completely.
2. Provide a copy of the template to your landlord no later than seven (7) days after your rent is due.
  - a. You can provide this notice in several ways. Please indicate the method in which you provided notice to your landlord(s) and save it for your records. The Los Angeles County Department of Consumer and Business Affairs (DCBA) recommends providing notice either by email or certified mail.

<input type="checkbox"/>	Email sent to	<input type="text" value="Enter email address you sent email to"/>	on	<input type="text" value="Enter date sent"/>
		email address		date
<input type="checkbox"/>	Certified mail sent to	<input type="text" value="Enter the address mail was sent to"/>	on	<input type="text" value="Enter date sent"/>
		address		date
<input type="checkbox"/>	First Class mail sent	<input type="text" value="Enter the address mail was sent to"/>	on	<input type="text" value="Enter date mail sent"/>
		address		date
<input type="checkbox"/>	to Other (specify):	<input type="text" value="Please enter the method in which you provided notice (i.e. text, phone call, in person, etc). Please be specific."/>	on	<input type="text" value="Date sent"/>
		method		date

You may wish to submit documents to support your claim. Some examples include, but are not limited to: paycheck stubs from before and after the COVID-19 pandemic, a letter from your employer of reduced hours or layoff due to COVID-19, bank statements showing your financial situation before and after the COVID-19 pandemic, a statement of diagnosis of COVID-19, or any other documents that verify your financial loss is related to COVID-19.

**NOTE: Commercial tenants with more than 9 employees must provide documentation to support their claim.**

This temporary moratorium does not provide a waiver of rent. It simply provides you with more time to pay any past due rent. You will have twelve (12) months following the end of the moratorium period to pay your landlord any past rent due. Please note that no late fees or interest charges can be accrued during the moratorium. Additionally, tenants and landlords are encouraged to work out a payment plan during or after the moratorium. DCBA recommends that you make partial rent payments if you can afford to do so.

**Disclaimer:** The information provided by DCBA in this document is for informational purposes only. DCBA does not provide legal advice, and nothing in this document should be construed as legal advice. All information is provided in good faith, however DCBA makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, or completeness of any information provided, and is not liable for any errors or omissions. Should this matter result in an Unlawful Detainer action, you may be required to provide documentation. DCBA strongly recommends you consult with legal counsel in the event a court summons is served, or any other legal actions is taken. DCBA cannot provide legal advice.



# Quarter 3 2021 IRS Form 941

**941 for 2021: Employer's QUARTERLY Federal Tax Return**  
Form (Rev. June 2021) Department of the Treasury — Internal Revenue Service

951121  
OMB No. 1545-0029

**Report for this Quarter of 2021**  
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Employer identification number (EIN)  -

Name (not your trade name)

Trade name (if any)

Address

Number  Street  Suite or room number

City  State  ZIP code

Foreign country name  Foreign province/county  Foreign postal code

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) . . . . . 1

2 Wages, tips, and other compensation . . . . . 2

3 Federal income tax withheld from wages, tips, and other compensation . . . . . 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages* . . . . .	* × 0.124 =	* × 0.062 =
5a (i) Qualified sick leave wages* . . . . .	* × 0.062 =	* × 0.062 =
5a (ii) Qualified family leave wages* . . . . .	* × 0.062 =	* × 0.062 =
5b Taxable social security tips . . . . .	* × 0.124 =	* × 0.062 =
5c Taxable Medicare wages & tips . . . . .	* × 0.029 =	* × 0.029 =
5d Taxable wages & tips subject to Additional Medicare Tax withholding . . . . .	* × 0.009 =	* × 0.009 =

\*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d . . . . . 5e

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . . . . 5f

6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . . . 6

7 Current quarter's adjustment for fractions of cents . . . . . 7

8 Current quarter's adjustment for sick pay . . . . . 8

9 Current quarter's adjustments for tips and group-term life insurance . . . . . 9

10 Total taxes after adjustments. Combine lines 6 through 9 . . . . . 10

11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . . . . 11a

11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . . 11b

11c Nonrefundable portion of employee retention credit . . . . . 11c

**Next**

**You MUST complete all three pages of Form 941 and SIGN it.**

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 17001Z Form **941** (Rev. 6-2021)



# W-9



Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
<b>2</b> Business name/disregarded entity name, if different from above		
Print or type. See Specific Instructions on page 3.	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
<b>General Instructions</b>		
Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .		
<b>Purpose of Form</b>		
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.		
• Form 1099-INT (interest earned or paid)		
• Form 1099-DIV (dividends, including those from stocks or mutual funds)		
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)		
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)		
• Form 1099-S (proceeds from real estate transactions)		
• Form 1099-K (merchant card and third party network transactions)		
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)		
• Form 1099-C (canceled debt)		
• Form 1099-A (acquisition or abandonment of secured property)		
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.		
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding</i> , later.		

# SM Apply Online Application Overview



## Los Angeles County Small Business Rent Relief Project



Los Angeles County Small Business Rent Relief Project supports small businesses located within the County that experienced financial hardship due to COVID-19 and that are in need of financial assistance to continue to operate or to be able to reopen as allowed by law during the crisis. Grants of \$5,000 to

See my application

Value

**\$5,000.00 to  
\$40,000.00**

Opens

**Nov 1 2021 05:00 AM (PDT)**

Deadline

**Nov 24 2021 05:00 PM (PST)**

**Program Owner**

Diana Sasser

# We look forward to working with you!

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## LAC SBRR Website:

- <https://ndconline.org/lacsbrr/>

## Application Link:

- <https://ndc.smapply.io/prog/LACSBRR>

## Contact Info:

- Email: LACountySBRR@ndconline.org
- Phone number: (626) 210-4500