



# PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

## INTRODUCTION

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To support the business community’s need for critical personal protective equipment, the City of McFarland has established the Personal Protective Equipment (PPE) Grant Program.

## OVERVIEW

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1. The objective of this program is to offer PPE to businesses as part of a broader City strategy to combat the spread of COVID-19. The grant is intended to help businesses located in the boundaries of the City of McFarland.
2. Grants will be awarded on a first-come, first-served basis for qualified applicants.
3. Currently, the PPE the City has available for this grant masks, gloves, gel sanitizer, thermometer, safety posters, and distancing floor decals.
4. The number of masks provided will be determined based upon the number of workers the business currently has employed. The PPE will be awarded as follows:

QUANTITY OF SUPPLIES RECEIVED BASED ON NUMBER OF EMPLOYEES						
# OF EMPLOYEES	1 TO 10	10 TO 20	20 TO 50	50 TO 100	100 TO 150	150 TO 200
<b>SUPPLIES</b>						
MASKS BOXES (50 PER BOX)	3	6	15	30	45	60
GLOVES BOXES 100 PER BOX	3	6	15	30	45	60
HAND SANITIZER 1 GALLON	1	2	4	8	10	12
SOCIAL DISTANCING FLOOR SIGNS	5	10	20	40	50	75
DIGITAL THERMOMETER	2	4	6	10	10	10
COVID-19 SOCIAL DISTANCING POSTER	2	4	8	10	10	10

5. Approved grant applicants will be directed to a City-owned facility to pick up the grant-awarded PPE. The date and time that the applicant can pick up the PPE will be determined once the grant application is approved.

## ELIGIBILITY

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Please carefully review the eligibility requirements below.

- For a grant award, applicants must be a business that operates in the City of McFarland.
- Applicants must operate out of a physical commercial storefront, or a residence that is open to the public for normal business operations, within the boundaries of the City of McFarland
- This requirement does not apply to independent health-care providers and health-care clinicians. Independent health-care providers and health-care clinicians must have a primary residence in the City to qualify.
- Applicants must have an active Business License in the City of McFarland.
- Applicants must be in good standing with the City and any associated city within the County.
- Applicants who are involved, or have been involved, in legal or financial issues may not qualify.



# PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

## TO BE COMPLETED BY APPLICANT

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Please note - Any section of the application not completed will deem the application as incomplete and the grant application will not be considered.

**Name of Business:**

**Name of Business Owner(s):**

**Business Address:**

**Contact Person Name and Title:**

**Contact Person E-mail:**

**Contact Person Phone:**

**Business Type (select one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Entity |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Nonprofit Corporation    |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Cooperative Corporation  |
| <input type="checkbox"/> Corporation         |   |

*If the business is a non-profit, please attach proof of non-profit status to this application.*

**Please mark what type of PPE you are seeking:**

\_\_Masks (not N 95 rated)

\_\_Gloves

\_\_Gel Hand Sanitizer (1 gallon)

\_\_Thermometer

\_\_Distancing Floor Decal

\_\_Distancing Poster

## ELIGIBILITY VERIFICATION

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1. What type of business do you operate?

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## PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

2. Do you operate out of a physical commercial storefront within the limits of the City of McFarland?

Yes  No

Please list the address of the location:

3. If you do not operate out of a physical commercial storefront, do you operate out of a residence that is open to the public during normal business hours?

Yes  No

Please list the address of the location:

4. Do you have an active Business License in the City of McFarland and have you enclosed a copy?

Yes  No  Business License No. \_\_\_\_\_

License Issued By: \_\_\_\_\_

5. How long has the business been in operation in the boundaries of the City of McFarland?

Time in business in the City of McFarland: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

6. How many workers (full-time, part-time, contract, etc.) does your business currently employ at your operation(s) in the City of McFarland?

Number of workers: \_\_\_\_\_



## PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

### DESCRIPTION OF HOW THE PPE PROVIDED BY THIS GRANT WILL BE USED

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Describe in detail how the PPE provided by this grant will be used and how it will help your business. For example, the masks provided by this PPE grant program will be provided to employees.

Describe what other forms of assistance you have sought or are seeking.

### GRANT APPLICATION PROCESS AND TERMS

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1. Grant applications must be emailed directly to [dgarcia@mcfarlandcity.org](mailto:dgarcia@mcfarlandcity.org). Businesses must complete and include the following with this application:
  - Current copy of business license
  - Proof of non-profit status (if applicable)
2. If application is found complete, application will be reviewed for eligibility and applicants will receive a notice of award within approximately two weeks following submission.
  - a. In all cases, the City reserves the right to reject any or all applications in the event the City identifies a potential conflict of interest or the appearance of a conflict of interest.
  - b. Submission of an application in no way obligates the City to award a grant and the City reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.



## PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

3. Awards will be made on a first-come, first-served basis to qualified applicants.
4. If awarded, this application becomes a binding contract between the entity named above and City of McFarland.
5. PPE provided to the grant recipient cannot be sold.
6. Businesses receiving funding are expected to:
  - a. Adopt Federal, State, and County guidance for operating their businesses (social distancing, clean down procedures, limiting in-store occupancy, etc.).
  - b. If applicable, prioritize delivery of food and services to seniors and economically vulnerable populations.

Please direct any questions to [dgarcia@mcfarlandcity.org](mailto:dgarcia@mcfarlandcity.org).

**By my signature below, I have read and understand the Personal Protective Equipment Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:**

- Upon approval of this application, as evidenced by the signature of the City representative below, this application becomes a binding contract between the entity named above and the City of McFarland (Agreement).
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If PPE is provided by the City, the PPE will be used for the purposes set forth above and will in no case be sold.
- In no event shall the City's responsibility exceed the approved amount of PPE.
- I bear full responsibility for any and all tax consequences of receiving the PPE grant.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City does not endorse the specific business.



## PERSONAL PROTECTIVE EQUIPMENT GRANT APPLICATION

- Applicant shall defend and indemnify the City and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with Personal Protective Equipment Grant Program. The City may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Personal Protective Equipment Grant Program has been violated.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

### TO BE COMPLETED BY CITY STAFF

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**Grant Application Approved?** Yes  No

**If yes, list PPE authorized:** \_\_\_\_\_

**If no, provide reason for denial:** \_\_\_\_\_

**Grant Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grant Payment Date:** \_\_\_\_\_

**If no, has notification been sent to applicant?** Yes  No

**City Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Post-award Audit Completion Date:** \_\_\_\_\_

**Signature of Person Completing the Post-award Audit:** \_\_\_\_\_