



City of El Centro

Coronavirus Microenterprise Loan Application

Community Development Block Grant – COVID-19 Funds (CDBG-CV)

To help businesses be resilient amid the economic challenges of the COVID-19 global pandemic, the City of El Centro has established a Coronavirus Microenterprise Loan Program to provide loans to businesses located in the City of El Centro. This fund is designed to provide economic relief and support job retention. This application will assist the Economic Development Division staff in assessing the needs of your business, determining eligibility for the program, and processing a loan if eligible.

This program is funded in whole with Community Development Block Grant – Coronavirus (CDBG-CV) funds provided to the City of El Centro by the U.S. Department of Housing and Urban Development (HUD).

Before you begin the application, we'd like to offer a few tips and quickly review some of the eligibility criteria.

Helpful Tips

- Complete all fields. This will help us process your application more quickly.
- If you have questions about the application, please email the Economic Development Division at MicroLoanProgram@cityofelcentro.org.
- If you would like one-on-one business counseling or assistance completing this application, please register for free services with the Small Business Development Center (SBDC). They are located at 2415 Imperial Business Parkway, Suite A, Imperial, CA and their phone number is (760) 312-9800.

Eligibility Restrictions

Microenterprises are defined by the CDBG Program as commercial businesses that have five or fewer employees, one or more of whom owns the business. Qualifying businesses must be located in the City of El Centro and possess a valid City of El Centro Business License.

Businesses **not eligible** to receive Micro Loan Program financial assistance loans include, but are not limited to:

- Lending and investment institutions and insurance companies
- Golf courses
- Gambling facilities
- Nonprofit entities
- Businesses engaged in any illegal activity per local, state or federal regulations with federal regulations taking precedence over local or state regulations.
- Chain stores and franchises

- Businesses with more than five (5) employees as of March 17, 2020
- Businesses who have received CARES Act Funding from another source.

Owners who work or have a spouse or member of the household who works for the City of El Centro will not be eligible.

See Program Guidelines for additional restrictions and information.

Application Submittal

Submit your application and required documentation to the City of El Centro by e-mail at MicroLoanProgram@cityofelcentro.org, or deliver to the Economic Development Division at 1249 Main St, El Centro, CA.

Completed applications will be processed on a first-come, first served basis. Incomplete application packets will not be placed into the queue until all completed documents have been received.

Required Documentation

- Microenterprise Loan Application
- Copy of the applicant business's current City of El Centro Business License
- Internal Revenue Service (IRS) Form W-9
- Business Quarterly Federal Tax Return dated December 31, 2019
- Business Quarterly Federal Tax Return dated March 31, 2020
- Bank Statements
- Current Balance Sheet

SECTION 1: BUSINESS PROFILE	
Legal Business Name *	
Type of Business * Please briefly explain the goods/services your business provides	
Business Address *	
Is this a home-based business? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is location owned or leased? *	<input type="checkbox"/> Owned <input type="checkbox"/> Leased Property Owner (if Leased)

Business License Information	
Does your business have a valid City of El Centro Business License? *	<input type="checkbox"/> Yes <input type="checkbox"/> No City of El Centro Business License Number
Business Organization Information	
Organization Type *	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Entity
How many years has this company been in business? * Please provide number of years (Enter, for example, "2 years". If less than one year, enter the number of months)	
Since when has the business been under the current management? *	Month Year

SECTION 2: APPLICANT AND CONTACT INFORMATION	
Applicant's Legal First and Last Name *	
Federal EIN (if applicable)	
Trade Name (if different from legal name)	
Phone * ###-###-####	
E-mail * name@example.com	
Additional Contact Information Alternate business phone, business e-mail, mobile phone etc.	
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other

Mailing Address		
Street Address *		
Number, Street and/or Post Office Box		
City *	State *	Zip *
Address Type	<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Temporary <input type="checkbox"/> Other	

SECTION 3: ESTIMATED ADVERSE ECONOMIC IMPACT TO BUSINESS	
<p>Provide a brief explanation of what adverse economic effects the COVID-19 (Coronavirus) pandemic has had on your business. Please address impact on revenues, number of employees, modified business hours, etc. (verification may be required) *</p>	
When did the impact start? *	When do you expect the impact to end? *
Month Year	Month Year
<p>Provide a narrative on how you intend to utilize the CDBG-CV funds to prevent, prepare for, or respond to COVID-19. *</p>	

Jobs Affected	
<p>The calculation of full-time equivalent (FTE) is the total employee scheduled hours divided by 40 for the 40-hour full-time workweek. <i>Example: if you have three employees who work 20 hours, 20 hours, and 40 hours respectively (or a combined 80 hours), you have 2 FTEs</i></p>	
Number of FTE employees BEFORE impact *	Number of (FTE) employees CURRENTLY (at time of application submission) *
Monetary Impact	
What were your business's revenues during the affected period? * Please enter a dollar amount. \$	What were your business's revenues during the SAME period in 2019? * Please enter a dollar amount. \$
What amount of business interruption insurance did you receive or anticipate, if any? * Please enter a dollar amount. \$	What have been the estimated monetary value of your losses? * Please enter a dollar amount. \$

Insurance Coverage (if any)	
Name of Insurance Company	Name of Insurance Agent
Coverage Type	Policy Number
Additional Economic Relief (if any)	
<p>Please detail whether you have applied for (or already received) any other relief funding. *</p> <p>List name(s) of each organization providing funding and the funding amount your business has sought from each organization.</p>	

SECTION 4: BUSINESS OWNER(S) INFORMATION AND ELIGIBILITY

Please list any individuals or other businesses that have ownership. Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.

Owner 1 Information

Legal Last Name *	Legal First Name *
Title/Office *	% Ownership *
Marital Status *	SSN (Last 4 digits only) *
Phone *	E-mail *
United States Citizen * <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth * (Format mm/dd/yyyy)

Owner 1 Home Address

Street Address * Number, Street and/or Post Office Box		
City *	State *	Zip *

Owner 1 Income Information

The 2020 HUD Low Income (80%) limits for Imperial County are as follows:

Family Size	Annual Income Limits
1	\$39,150
2	\$44,750
3	\$50,350
4	\$55,900
5	\$60,400
6	\$64,850
7	\$69,350
8	\$73,800

Does your household income fall below the income limits in the table above? *

Yes No

Owner 1 Questionnaire

For the applicant business and each owner listed in Section 4, please respond to the following questions.

A. Has the business or the listed Owner 1 ever been involved in a bankruptcy or insolvency proceeding? *

Yes No

B. Does the business or the listed Owner 1 have any outstanding judgments, tax liens, or pending lawsuits against them? *

Yes No

C. In the past year, has the business or the listed Owner 1 been convicted of a criminal offense 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

D. Has the business or the listed Owner 1 ever had or guaranteed a federal loan or a federally guaranteed loan? *

Yes No

E. Is the business or the listed Owner 1 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts, or federal grants? *

Yes No

F. Does the listed Owner 1, owner's spouse, or household member work for the City of El Centro? *

Yes No

G. Is the applicant or the listed Owner 1 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans? *

Yes No

H. Is the listed Owner 1 presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense – other than a minor vehicle violate – 1)

been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)? *

Yes No

Owner 2 information (if applicable) *		
Legal Last Name	Legal First Name	
Title/Office	% Ownership	
Marital Status	SSN (Last 4 digits only)	
Phone	E-mail	
United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (Format mm/dd/yyyy)	
Owner 2 Home Address		
Street Address Number, Street and/or Post Office Box		
City	State	Zip
Owner 2 Income Information		

The 2020 HUD Low Income (80%) limits for Imperial County are as follows:

Family Size	Annual Income Limits
1	\$39,150
2	\$44,750
3	\$50,350
4	\$55,900
5	\$60,400
6	\$64,850
7	\$69,350
8	\$73,800

Does your household income fall below the income limits in the table above?

Yes No

Owner 2 Questionnaire

For the applicant business and each owner listed in Section 4, please respond to the following questions.

A. Has the business or the listed Owner 2 ever been involved in a bankruptcy or insolvency proceeding?

Yes No

B. Does the business or the listed Owner 2 have any outstanding judgments, tax liens, or pending lawsuits against them?

Yes No

C. In the past year, has the business or the listed Owner 2 been convicted of a criminal offense 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

D. Has the business or the listed Owner 2 ever had or guaranteed a federal loan or a federally guaranteed loan?

Yes No

E. Is the business or the listed Owner 2 delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts, or federal grants?

Yes No

F. Does the listed Owner 2, owner's spouse, or household member work for the City of El Centro?

Yes No

G. Is the applicant or the listed Owner 2 currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?

Yes No

H. Is the listed Owner 2 presently a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) been arrested in the past six months for any criminal offense; c) or for any criminal offense – other than a minor vehicle violate – 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on

pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

Yes

No

AGREEMENTS

I/We understand that this application will be used by City of El Centro to assess which resources might be appropriate and available for my/our business and that we are not guaranteed a loan or any form of financial assistance.

I/We understand that additional information and documentation may be required to assist the City of El Centro in assessing which resources might be appropriate and available for my/our business and/or in making a determination regarding Micro Loan financial assistance. I/we will be advised in writing as to such required information and documentation.

I/We authorize the City of El Centro to verify information provided in this application, and additional information or documentation submitted, as needed to process and service Micro Loan financial assistance. This includes authorization for my/our insurance company, bank, financial institution, or other creditors to release to City of El Centro all records and information necessary to process this application.

I/We understand that if Micro Loan financial assistance is provided for my/our business that I/We will be required to certify compliance with applicable federal, state and/or local regulations that may include but not be limited to:

- Project Assurances
- Debarment/Suspension Certification
- Environmental Certification
- Non-Discrimination Certification
- Person Completing Certifications
- Family Size and Income Limits

I/We authorize City of El Centro, 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, SBA Resource Partners) for the purpose of assisting me with my/our City of El Centro Micro Loan Fund application evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We understand that if Micro Loan financial assistance is approved, additional information and/or documentation may be required prior to closing and funds disbursement.

I/We understand that only one person may submit this application on behalf of a business and that only one form may be submitted per business.

Acceptance of Conditions *

By signing this intake form, I certify that all information submitted with this form is true and correct to the best of my knowledge, and that I will submit truthful information in the future. *

- Yes No

Name of Signer *

Signature *

Electronic Signature Agreement (if signing electronically)

- I agree to electronically sign and to create a legally binding request for Micro Loan Program funds between the City of El Centro and the business I am authorized to represent.

**CITY OF EL CENTRO
ECONOMIC DEVELOPMENT DIVISION
CORONAVIRUS MICROENTERPRISE LOAN PROGRAM APPLICATION
COVID-19 Impact & CDBG-CV Funding Utilization Confirmation**

BUSINESS NAME:

BUSINESS ADDRESS:

COVID-19 IMPACTS TO BUSINESS		Yes	No
1.	Business Currently Closed/Unable to Operate	<input type="checkbox"/>	<input type="checkbox"/>
2.	Business Currently Open for Customer Pick-Ups/Delivery Only	<input type="checkbox"/>	<input type="checkbox"/>
3.	Reduction in Operating Days and/or Hours	<input type="checkbox"/>	<input type="checkbox"/>
4.	Reduction in Consumer Demand	<input type="checkbox"/>	<input type="checkbox"/>
5.	Reduction in Production	<input type="checkbox"/>	<input type="checkbox"/>
6.	Reduction in Ability to Fulfill Product and Service Orders	<input type="checkbox"/>	<input type="checkbox"/>
7.	Employee Layoffs Required	<input type="checkbox"/>	<input type="checkbox"/>
8.	Reduction in Employees Forecasted/Imminent Reduction in Labor Force	<input type="checkbox"/>	<input type="checkbox"/>
9.	Reduction in Total Weekly Work Hours Assigned to Employees	<input type="checkbox"/>	<input type="checkbox"/>
10.	Employees Required to Work Remotely	<input type="checkbox"/>	<input type="checkbox"/>
11.	Increased Employee Paid Leave	<input type="checkbox"/>	<input type="checkbox"/>
12.	Ongoing Reduction in Business Revenue	<input type="checkbox"/>	<input type="checkbox"/>
13.	Increased Operating Costs	<input type="checkbox"/>	<input type="checkbox"/>
14.	Unable to Pay Rent/Lease Due	<input type="checkbox"/>	<input type="checkbox"/>
15.	Unable to Pay Utility Costs Due	<input type="checkbox"/>	<input type="checkbox"/>
16.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>
18.	Other (If Yes, List):	<input type="checkbox"/>	<input type="checkbox"/>

CDBG-CV FUNDING UTILIZATION CONFIRMATION

	BUDGET LINE ITEM	AMOUNT
1.	Salaries & Wages (Retained Job)	\$
2.	Fringe Benefits (Retained Job)	\$
3.	Rent	\$
4.	Utilities	\$
5.	Working Capital	\$
6.		\$
7.		\$
8.		\$
TOTAL		\$

RETAINED JOB TITLE (cannot be owner):

RETAINED JOB MONTHLY SALARY: \$

Business Owner Signature: _____

Print Name: _____

Date: _____

City of El Centro
CDBG-CV Coronavirus Microenterprise Loan Program
CARES Act Funding Self-Certification

The Department of Housing and Urban Development has provided direction that CDBG-CV funding is not to be awarded to any activity that has received, has been approved for, or plans on applying for CARES Act Funding from any other source.

As such, businesses that have received, been awarded, or plans on applying for CARES Act Funds from any other source (Examples: Payroll Protection Program and Economic Injury Disaster Loan) is NOT eligible for CDBG-CV funding.

Applicants are required to self-certify that they have not, and will not be, receiving CARES Act Funding from any other source. The duplication of benefit from CARES Act funds will cause the ineligibility of the applicant and require the immediate repayment of funding loaned and/or forgiven from the City of El Centro CDBG-CV Coronavirus Microenterprise Loan Program.

I certify under penalty of perjury that the above named business and owners of the business have not received, have not been awarded, and will not be applying for CARES Act Funds from any other source. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel as part of compliance monitoring.

Owner Name: _____

Owner Signature

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Moving into Stage 2 of the California Resilience Roadmap

The COVID-19 pandemic has been challenging for everyone in different ways. California is now in early Stage 2 of the California Resilience Roadmap, where retail (curbside and delivery only), related logistics and manufacturing, office workplaces, limited personal services, outdoor museums, child care, and essential businesses **can open with modifications**. As our community takes on Stage 2 of the Resilience Roadmap, we need to draw on the strength of our interconnectedness to ensure that every business is able to create an environment where workers and customers feel safe to conduct business and support our local economy. To do this, **before facilitates reopen, Stage 2 of the Resilience Roadmap requires all facilities to:**

1. Perform a detailed risk assessment and implement a site-specific protection plan. Templates and further details about this can be found below.
2. Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

The Site-Specific Protection Plan

A written, worksite-specific COVID-19 prevention plan needs to be developed for every facility based on a comprehensive risk assessment of all work areas, and each facility must designate a person to implement the plan.

Statewide guidance for business has been developed along with compliance checklists that can be found at the following link: <https://covid19.ca.gov/industry-guidance/>. Review the guidance that is relevant to your workplace, prepare a plan based on the guidance for your industry, and put it into action. **Please note that businesses may use effective alternative or innovative methods to build upon the guidelines.**

The following WORKSITE-SPECIFIC PROTECTION PLAN Template has been developed to assist Imperial County businesses perform a risk assessment and develop the required site-specific protection plan. Businesses are not required to obtain approval of their plan. However, businesses must select applicable measures listed on the template, provide specific details specific to their business, and be prepared to explain why any measure not implemented is not applicable to the business.

If properly completed, this Template can serve as the required Worksite-Specific Plan necessary to open per the Governor's and Imperial County Health Officer's order.



WORKSITE-SPECIFIC PROTECTION PLAN



BUSINESS NAME:

SITE ADDRESS:

A. SIGNAGE:

Signage of this Worksite-Specific Protection Plan is posted at each public entrance to the business and in employee break areas.

Signage is posted at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; must wear facial coverings, and, where possible, maintain a six-foot distance from one another.

B. MEASURES TO PROTECT EMPLOYEE HEALTH (*Check all that apply*):

All employees who can carry out their work duties from home have been directed to do so.

Hours of business operation have been altered based on the building size and number of employees so that there is sufficient time to clean and/or restock.

All employees have been informed not to come to work if sick.

Daily universal screening of all employees has been implemented for cough, shortness of breath, OR at least TWO of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.

All employees have been provided a cloth mask/face covering for mandatory use during working time or as otherwise specified in the State's Industry Guidance documents.

Employees have been provided with adequate physical distancing/barrier protections whenever possible, including six feet physical distancing and shields/barriers at registers and check-out areas to separate cashiers and customers. Adequate measures have been implemented in the following manner:

Meetings and/or trainings are conducted virtually (phone, internet, zoom, etc.,) as much as possible. If a meeting or training must be held in person, the meeting is limited to the fewest number of employees possible to ensure social distancing. When needed, multiple meetings are scheduled to cover all necessary employees.

Work start and stop times for employees have been staggered when practical to prevent gatherings of large groups entering/leaving the premises at the same time.

Employee break times are staggered to reduce the number of employees on break at any given time so that social distancing requirements are followed.



WORKSITE-SPECIFIC PROTECTION PLAN



Hand washing is required for employees at least every hour. Additional hand washing will be required as deemed necessary including hand washing before and after employee breaks.

Soap and running water for hand washing are available to all employees at the following location(s):

Hand sanitizer is available to employees in the following areas:

Disinfectant and related supplies are available to all employees at the following location(s):

Customers who bring their own bags will be required to bag their own items/groceries; employees are required use new bags when bagging customer items/groceries.

Optional (Describe other measures):

C. MEASURES TO PROTECT CUSTOMER SAFETY (Check all that apply):

Employee(s) assigned at public entrance(s) to ensure that the maximum number of people in the facility set forth below is not exceeded.

Maximum occupancy has been reduced from _____ to _____ which will always allow customers and employees to easily maintain social distancing.

Visitors and customers are required to wear a cloth mask/covering. Individuals not wearing a cloth mask/face covering will be denied entry.

Touch-free payment devices have been implemented.

All payment portals, pens, and styluses will be disinfected after each use.

All high-contact surfaces will be disinfected frequently (e.g., door handles, counters touched by customers).

Hand sanitizer or disinfecting wipes are located at all entrances and exits.



WORKSITE-SPECIFIC PROTECTION PLAN



Employees shall wipe down all carts and baskets with disinfectant between usage.

Dedicated hour(s) of operation for senior and high-risk customers have been established on the following days _____ and times _____.

Optional (Describe other measures):

D. MEASURES TO KEEP PEOPLE AT LEAST 6 FEET APART (Check all that apply):

Signs have been placed outside of the business reminding people to be at least 6 feet apart, including when in line.

Social distancing is ensured through clearly marked one-way aisles and clearly marked check-out lines with at least 6 feet in between customers.

Tape/markings have been placed at least 6 feet apart in customer line areas inside of the facility and on sidewalks at public entrances with signs directing customers to use the markings to maintain a 6-foot distance from other individuals.

Customer order areas have been separated from pick-up/delivery areas to prevent customer gathering.

Per person limits will be placed on goods that are selling out quickly to reduce crowds and lines.

Multiple check-out lines are present; therefore, a maximum of every other register will be in use at any point in time. After every hour customers and employees will rotate to the previously closed registers. The previously open registers and the surrounding area will be cleaned, including payment machines (unless touch-free) following each rotation.

Multiple check-out lines are not present.

Copies of the Worksite-Specific Protection Plan have been distributed to all employees.

Optional (Describe other measures):

E. FOOD-RELATED MEASURES TO PREVENT UNNECESSARY CONTACT (Check all that apply):

No food-related products are available at this facility.

Self-serving of food-related items will not be permitted.



WORKSITE-SPECIFIC PROTECTION PLAN



Lids for cups and food or drink items (drink dispensers, buffets, salad bars, single service condiments, utensils, etc.) are provided by staff directly, and not for customer self-service.

Bulk-item food bins are not available for customer self-service use.

Condiment bars, salad bars, salsa bars, and buffets are not available for customer self-service.

Customer refillable containers or mugs for food or drinks will not be used.

F. MEASURES TO INCREASE SANITATION (Check all that apply):

In addition to maintain pre-existing cleaning protocols established in this business, high through areas will be cleaned and disinfected routinely in accordance with guidelines issued by the Centers for Disease Control and Prevention (CDC) in spaces that are accessible to customers, tenants, or other individuals.

Breakrooms, restrooms, and other common areas are being disinfected frequently, and on the following schedule:

Breakrooms:

Restrooms:

Other:

The following protocols have been established for execution upon discovery that the business has been exposed to a person who is a probable or confirmed case of Covid-19.

Optional (Describe other measures):

G. ADDITIONAL MEASURES BY JURISDICTION OF AUTHORITY (Check all that apply):



WORKSITE-SPECIFIC PROTECTION PLAN



NOTE: Additional pages supporting this Worksite-Specific Protection Plan have been attached to describe any additional measures.

You may contact the person listed below with any questions or comments about the Worksite-Specific Protection Plan:

Name:

Phone Number (Required):

Title:

Date Form Completed:

E-mail (Optional):

CDBG Coronavirus Microenterprise Loan Program

Technical Assistance -

Cleaning and Disinfecting Summary

Definitions

Cleaning is the process of removing unwanted substances such as dirt, infectious agents and other impurities.

Disinfecting is to clean something with a chemical in order to destroy bacteria/fungi on inanimate objects.

Porous

Soft good such as carpets, towels, clothing, sofas and chairs, stuffed animals and other objects covered in fabric.

Non-Porous

Hard surfaces such as Stainless steel, floors, kitchen countertops, tables and chairs, sinks, light switches, doorknobs, railings, restroom surfaces...

Cleaning Procedure

Porous

Launder smaller objects such as clothing, towels and table clothes. Prior to washing place materials in a sealed plastic bag. Launder using hot water and detergent, preferably containing color-safe bleach. Dry on high heat.

Larger objects should be vacuumed to reduce any dust from spreading into the air. Spot-clean any areas promptly that have been soiled with bodily fluids. Deep clean carpets as much as possible avoiding splashing. The use of steam cleaners whenever possible is recommended.

Non-Porous

Clean surfaces with soap and water to remove all visible debris and stains. Rinse surface with clean water and wipe with a clean towel.

Disinfecting Procedure

Apply a thin layer of disinfectant to the clean objects/surfaces and allow to set for 10 minutes. When applying to porous materials use caution with products that may alter the color or damage the fabric. Non-porous surfaces should be wiped with a clean towel after allowing to soak and rinsed with clean water on surfaces in food preparation areas.

Wash hands thoroughly with soap and water after cleaning and disinfecting procedures.

Helpful Hints

Whenever possible the use of disposable items such as forks, spoons, knives and paper plates.

Schedule cleanings to be done at set times to maintain high levels of cleanliness.

Keep plenty of supplies on hand.

Conduct routine trainings on COVID-19 safety and cleaning/disinfecting procedures.

Disinfecting Solutions

Currently the EPA has 428 different products listed on the website as sufficient in combatting COVID-19. The web address is <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.

Some of the more common products sold at typical retail stores are on the list such as

Scrubbing Bubbles Bathroom Cleaner

Soft Scrub with Bleach

Arm and Hammer Essentials Wipes

Windex Disinfectant Cleaner

Comet Disinfecting Bathroom Cleaner

Lysol Disinfecting Wipes

Lysol Disinfecting Spray

Clorox Disinfecting Wipes

It is important to note that a solution of bleach and water is just as effective at disinfecting which can be made by adding 1/3 of a cup of bleach to 1 gallon of water. This solution should be placed in a generic spray bottle and labelled.

Health and Safety

Never mix solutions. This can create toxic fumes that are harmful if inhaled.

Ensure ventilation is adequate while cleaning to allow for sufficient fresh air. Use bathroom fans and other resources to assist as needed.

CERTIFICATION:

I certify that I have read the CDBG Coronavirus Microenterprise Loan Program Technical Assistance - Cleaning and Disinfecting Summary provided.

Name: _____
(Printed)

Signature:

**AUTHORIZATION AND RELEASE
EL CENTRO CDBG-CV CORONAVIRUS MICROENTERPRISE LOAN
PROGRAM**

I hereby acknowledge and agree that my application (“Application”) for the Microenterprise Loan Program may be given to the Finance Department of the City of El Centro (“City”) in the event my name and/or the name of my business are submitted to the City for evaluation; and that all or portions of my Application or the information contained therein may be given to and shared with the City and other individuals who have been asked by the City’s Economic Development Division to assist in the evaluation of loan applicants. I further acknowledge and agree that for the purpose of aiding the City in evaluating my credit worthiness and qualifications for the Microenterprise Loan Program, the foregoing organizations and individuals working on their behalf will be entitled to seek and obtain information and documents concerning me from third parties having knowledge of my credit history and qualifications.

I hereby authorize any national credit reporting organization (collectively “agencies”) to release to the City’s Economic Development Division any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the City’s Economic Development Division and/ or the City’s program underwriter in evaluating my background and qualifications for funding from the Microenterprise Loan Program. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies except that I am entitled to receive a copy of any credit report from those agencies.

I hereby release and discharge all such agencies, their agents and representatives, and any person furnishing information to the City’s Economic Development Division from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Date

Signature of Applicant

(Type or print name)