



## **FAÇADE IMPROVEMENT PROGRAM SUMMARY**

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The Lomita Façade Improvement Loan Program is designed to assist local businesses recover from the COVID-19 pandemic and revitalize commercial areas within Lomita. Using federal American Rescue Plan Act (ARPA) funds, the City of Lomita will make available façade improvement forgivable loans of up to \$25,000 to business sectors hit hard by the pandemic, which include restaurants, retail, brewery, bar, bakeries, coffee shops, salons, barbershops, gyms, fitness studios, child day care centers and nonprofit uses within buildings located in the City of Lomita’s commercial zones. Applicants found to be in compliance with all of the Program Guidelines during the two-year loan term will have the loan become 100% forgiven.

*Applications are now being accepted at Lomita City Hall, 24300 Narbonne Avenue, Lomita, CA.*

If there are any questions, please call Juan Ibarra, Administrative Analyst at 310-325-7110 ext. 107 or email [j.ibarra@lomitacity.com](mailto:j.ibarra@lomitacity.com).

**Please submit the following documents with this application:**

- Completed Façade Improvement Program Application with attachments
- A letter explaining how the business/nonprofit was negatively impacted by the effects of COVID-19. Negative impacts include full or partial closure of a business during the pandemic, change of location to a smaller tenant space, a reduction in size of an existing tenant space, loss of a tenant, or a reduction in work force or operating hours
- Documentation that the business experienced negative impacts because of the pandemic.
- Letter of introduction with request for funds, proposed improvements that the award would apply towards
- One photo displaying a closeup of the storefront in its current condition and one photo displaying the entire building façade with the adjacent buildings on either side
- One set of proposed elevation plans printed in color. The plans can be conceptual in nature.
- Internal Revenue Service Tax Return Verification Form (IRS Form 4506) year 2020
- Copy of Applicant(s) valid government-issued photo identification
- Copy of Fictitious Business Filing
- Copies of the Applicable Licenses and Permits, Articles of Incorporation or Partnership Agreement, Limited Liability Company Article of Incorporation N/A for sole proprietorship), Document which specifies what person/s in a corporation or partnership is authorized to sign documents and assume debt on behalf of the business (N/A for sole proprietorship)
- Copy of current/proposed lease on business premises indicating a minimum lease agreement term of two (2) years; or in the case of an agreement with term set to end within the subsequent year, written commitment to extend said agreement, or property ownership documentation.

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## CITY OF LOMITA



LOCATION of FAÇADE IMPROVEMENT	
Address	Assessor's Parcel No.

APPLICANT'S INFORMATION		
Applicant's Name	<i>Applicant's name must be the same as the Borrower(s) name(s) and must be consistent throughout the loan package and exactly as filed on the Fictitious Trade Style or as filed on the Articles of Incorporation.</i>	
Individual's Name, if different	Mobile Phone No.	
Street Address	City, State	Zip
Borrower's Mailing Address	City, State	Zip
Tax ID Number or SSN	UEI No:	
Email Address		
How did you learn about this program?		

(CHECK ALL THAT APPLY)			
Property Owner	Partnership	Sole Business Owner	Business Partner
Corporation	LLC	Sole Property Owner	Subchapter "S" Corp.

COMPANY OWNERSHIP (list below all owners, principals, and officers)		
Name	Title	% of ownership

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<b>MISCELLANEOUS</b>	
If answered "yes", provide detail. Attach separate sheet if necessary	
Has your business ever filed bankruptcy or defaulted on any debts?	Yes    No
Is the business a part to any claim or lawsuit?	Yes    No
Does the Business owe any taxes for years prior to the current year?	Yes    No
Did the business previously receive the City's Job Create & Business Incentive Program or the CDBG grant administered by LA County in 2022?	Yes    No
If required by the Loan Review Committee, what will be used collateral to secure the forgivable loan award?	

<b>AFFILIATES</b>		
(List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership. Attach current financial statements.)		
Company name	Owner (applicant company or individuals)	% of ownership

<b>PROPERTY OWNER INFORMATION</b>	
Property Owner's Name (as it appears on deed):	Email
Address	Mobile Phone No.
Is the property/unit leased? Y or N	Years Remaining on the lease? _____
Monthly Rent \$ _____	Is there an option for renewal?    Yes    No
Note: Property owner approval is required for all program-related designs, and construction activities, and materials.	

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### PROPOSED EXTERIOR IMPROVEMENTS

Check all that apply

Awnings	Doors	Tuckpointing	Lighting	Paint	Signs
Tile or other decorative material	Windows	Historic restoration	Mural (requires Planning Comm. approval)	Other:	
Project Description (if more space is needed, please include a separate attachment):					

My signature on this application certifies the statements and information submitted are true and complete. I authorize the City of Lomita to verify or check any of the information given, including credit references and employment and to obtain credit reports (including my spouse's if I live in a community property state). I authorize the City of Lomita to provide credit information about me and my account to others.

I understand that in administering the federally-funded ARPA Loan Program, the City of Lomita has the authority, based on reasonable grounds, to request additional information/documentation that is relevant to my/our eligibility to receive funding.

I also agree to reimburse the City for its expenses incurred in connection with any credit commitment. These expenses include without limitation the City of Lomita's appraisal, environmental services and legal costs and are payable even though the extension of credit may not be consummated.

**Note: If borrower is different from the property owner both parties must sign.**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Borrower Signature Social Security Number/Tax ID

\_\_\_\_\_  
Print Name Date

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**Fair Credit Notice:**

The Federal Equal Opportunity Act prohibits creditors from discriminating against applications on the basis of race, color, religion, national origin, sex, marital, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

<b>FOR STAFF USE ONLY</b>	
Received Date/Time:	Is the Application Signed?
	Is the Application Complete?
By:	Are the Attachments Included?
	Are Copies of Requested Documents Included?
Applicant’s City Business License # (not required for a property owner applicant if the property contains less than four units)	
Notes	

# Facade Improvement Program Application Packet

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### APPLICATION ATTACHMENTS

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1. Compliance with National Objective
2. Unique Entity Identifier (UEI)
3. Cost Table Worksheet
4. Project Financing
5. Business Financial Statement Form
6. Business Data History
7. Year-to-Year Projection
8. Personal Financial Statement (for Each Owner)
9. Personal Resume (for Each Owner/Manager)
10. Property Owner's Authorization, Rent Cap, and Acknowledgement

# Facade Improvement Program Application Packet

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### 1. COMPLIANCE WITH NATIONAL OBJECTIVE

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1. How will the funds be used to improve the neighborhood?

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2. Have any costs been incurred prior to such approval?      Yes       No

If yes, please describe:

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### 2. UNIQUE ENTITY IDENTIFIER (UEI)

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On April 4, 2022, the federal government will stop using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (UEI) created in SAM.gov. Businesses will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government.

Visit <https://sam.gov/content/home> to apply for the Unique Entity Identifier (UEI)

Business Name: \_\_\_\_\_

UEI Number: \_\_\_\_\_

Is business new or existing? \_\_\_\_\_

If the business is existing, is it relocating? \_\_\_\_\_



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### 3. COST TABLE WORKSHEET

The Façade Rebate Improvement Program is designed to loan applicants for architectural services, materials, and labor costs up to \$25,000. Complete the necessary tables below to provide an accurate estimate of material cost versus labor cost for your project. **Most labor services are subject to the State of California's prevailing wage requirements.** For more information <https://www.dir.ca.gov/public-works/prevailing-wage.html> Attach additional sheets if necessary

<b>EXAMPLE</b>	
<b>Improvement</b>	New Windows
Material Cost	\$7,500.00
Labor Cost	\$5,000.00
Total Cost	\$12,500.00

<b>Improvement</b>	
Material Cost	\$
Labor Cost	\$
Total Cost	\$

<b>Improvement</b>	
Material Cost	\$
Labor Cost	\$
Total Cost	\$

<b>Improvement</b>	
Material Cost	\$
Labor Cost	\$
Total Cost	\$

<b>Government Fees</b>	
Building Permits Est.	\$
Planning Fees <sup>1</sup>	\$
Total Cost	\$

<b>Plans/Design Fee</b>	\$
Total Cost	\$

	SUM OF ALL PROJECT COSTS
<b>Total Project Cost</b>	\$

<sup>1</sup>Cost varies depending on project. Please email [l.macmorran@lomitacity.com](mailto:l.macmorran@lomitacity.com) for the cost.

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### 4a. PROJECT FINANCING IDENTIFICATION AND USE OF LOAN PROCEEDS

Project cost \$ \_\_\_\_\_

Please provide documentation of the application and award of funding reported below.

Project Financing	Amount	Percent Project Costs	Annual Debt Service	Maturity/Term	Interest Rate
1. ARPA share of project cost			None if the requirements are met	2 years	None if the requirements are met
2. Private Sector Financial institution					
Other (Identify) If you are an existing business, input any existing loan information here. Attach additional sheets if necessary.					
Total Private Sector Financing*					
3. Equity Injection					
4. TOTAL PROJECT FINANCING					

\* Include with application packet proof of project funds and 3 months bank statements, if in excess of award.

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### 4b. IDENTIFY ALL ENTITIES PARTICIPATING WITH THE FINANCING OF THE PROJECT (OTHER THAN THE AWARD OFFERED BY THE CITY OF LOMITA)

#### A. Financial Institution (s)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

#### B. Other Local, State or Federal Funding Sources:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

#### C. Sources of Equity/Investment Capital

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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### 5. BUSINESS FINANCIAL STATEMENT FORM

Financial Statement of			
LEGAL NAME OF BUSINESS			
ADDRESS	CITY	STATE	ZIP
TAX TO NUMBER	TYPE OF BUSINESS		
TELEPHONE	DATE SUBMITTED		

Balance Sheet as of \_\_\_\_ 20 \_\_\_\_  
 Month Year

ASSETS		LIABILITIES	
Cash	\$	Accounts Payable	\$
Marketable Securities		Notes Payable	
Accounts Receivable		Current Portion Long Term Debt	
Inventory		Accruals	
Prepaid Expenses		Taxes Payable	
Other Current Assets		Other Current Liabilities	
Total Current Assets		Total Current Liabilities	
Land and Building		Long Term Debt	
Machinery and Equipment		Other Liabilities	
Leasehold Improvements		Total Liabilities	
Other Fixed Assets		Capital Stock	
Less Accumulated Depreciation		Paid in Capital	
Net Fixed Assets		Retained Earnings	
Other Assets		Total Equity	
TOTAL ASSETS			

Income Statement for the Period from \_\_\_\_\_ to \_\_\_\_\_  
 Attach Month/Yr Month/Yr

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### 6. BUSINESS DATA AND HISTORY

(Use separate attachments to answer questions if necessary)

Company Name \_\_\_\_\_

Nature of business \_\_\_\_\_  
\_\_\_\_\_

Types of products/services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer profile

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Supplies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographical Sales Area

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Future plans growth/expansion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this forgivable loan benefit your business?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 7.YEAR-TO-YEAR PROJECTIONS

Company Name: \_\_\_\_\_

For the Years of _____	Current Applicable to Existing Businesses	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	TOTALS
To _____				
Gross Sales or				
ARPA Loan Amount				
Less Cost of Goods				
Gross Profit				
Expenses				
Advertising				
Rent or Mortgage Payment				
Utilities				
Insurance				
Taxes & Licenses				
Accounting & Legal				
Travel & Auto				
Repairs &				
Salaries Paid to				
Salaries Paid to				
Supplies				
Interest Expense				
Depreciation				
Other				
Other				
Other				
Total Expenses				
Net Profit (Sub Total)				
Less Debt Service				
Less Owner				
Net Profit				

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### 8. PERSONAL FINANCIAL STATEMENT FOR EACH OWNER

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan. Information should be not later than March 1, 2022.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		MONTHLY LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts and Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	(List on separate sheet)	
Real Estate	\$ _____	Loan on Life Insurance	\$ _____
Other Personal Property and Assets	\$ _____	Mo. Rent or Mortgages on Real Estate	\$ _____
Please describe on a separate sheet of paper		(List properties on separate sheet)	
		Unpaid Taxes	\$ _____
		(Attach sheet)	
Total	\$ _____	Other Liabilities	\$ _____
		(Attach sheet)	
		Total Liabilities	\$ _____
		Net Worth	\$ _____
		Total	\$ _____

SECTION 1. Source of Income -Monthly		Contingent Liabilities Monthly	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (Describe below)*	\$ _____	Other Special Debt	\$ _____

**DESCRIPTION OF OTHER INCOME IN SECTION 1**


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**SECTION 2. Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be labeled as part of this statement and signed

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

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### 9. PERSONAL RESUME FOR EACH OWNER/MANAGER

Name: \_\_\_\_\_

#### PERSONAL DATA:

Residence:		Telephone:
City:	State:	Zip Code:

#### 7-YEAR EMPLOYMENT HISTORY: (List Current or Last Employment First)

Company:		Address:	
Start:	End:	City/State:	
Position & Description of Duties:			
Company:		Address:	
Start:	End:	City/State:	
Position & Description of Duties:			
Company:		Address:	
Start:	End:	City/State:	
Position & Description of Duties:			

#### OTHER PERTINENT INFORMATION:

Please attach



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### 10. PROPERTY OWNER'S AUTHORIZATION, RENT CAP AND ACKNOWLEDGMENT

I, \_\_\_\_\_ understand that a leaseholder of my property, located at \_\_\_\_\_ is applying for a Façade Improvement Program Loan through the City of Lomita.

I understand and agree that the City of Lomita assumes no responsibility or liability to me or any other party for any action or failure of the applicant/participant, of any contractor or other third party, and that the City will in no way guarantee any work to be done or material to be supplied.

I assure the City that the leaseholder(s) may continue to rent and occupy my property for at least 24 months after the date of application for this program, or through project completion, whichever is greater, assuming all rents are paid and all other terms of the Applicants Lease Agreement with me are met. I am aware of and understand that my leasehold will be a requirement to stay in business at the location for a fixed period of time according to the Guidelines.

I also assure the City that the leaseholder's year-over-year rent shall not increase more than the Consumer Price Index average annual rate for a period of two years.

I have received and reviewed the application submitted by my tenant. I agree to permit the proposed improvements to my property. I understand that I am not financially responsible to complete these improvements. (If applicable, please initial: \_\_\_\_\_ )

### ACKNOWLEDGMENT AND AGREEMENT

**I/we have read the above statements and acknowledge that they are true and complete to the best of my knowledge. I/we have no objection to- the applicant pursuing the proposed improvement project and I/we agree to be bound to the terms of this agreement and the Program Guidelines.**

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Property Owner Name Printed

Signature

Date

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Property Owner Name Printed

Signature

Date

(if more than one):

*This page must be notarized, and the Acknowledgement attached*