



Job Creation Program Application Packet CITY OF LOMITA

JOB CREATION PROGRAM SUMMARY

The Lomita Job Creation Program is designed to assist local businesses recover from the negative impacts caused by the COVID-19 pandemic and create jobs to assist members of the community in obtaining employment that may have been lost during the pandemic. Using federal American Rescue Plan Act (ARPA) funds, the City of Lomita will make forgivable loans of \$10,000 available to business sectors hit hard by the pandemic located in the City of Lomita's commercial zones. The job must be permanent full-time employment opportunity or equivalent created for a from a household not exceeding the low-income limits (see p. 7). Two part-time positions may be converted to two full-time equivalents, or two part-time jobs may be created. The program would require that the new full-time employment position remain in effect for one year. While it is a loan program, if the applicant has maintained compliance with the Program Guidelines during the one-year loan term, the loan will be 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.

To complete the application, please also provide the following:

- Completed Job Creation Program Application with attachments
- A letter explaining how the business/nonprofit was negatively impacted by the effects of COVID. 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, or a reduction in work force or operating hours.
- Documentation that the business experienced negative impacts because of the pandemic.
- Letter describing your business, explaining the need for an additional employee(s), and how you plan to utilize the award money. Complete Business Plan for a proposed business (if new business).
- Internal Revenue Service Tax Return Verification Form (IRS Form 4506) for year 2020
- Copy of Applicant(s) valid government-issued photo identification
- Copy of Fictitious Business Filing
- Copies of the Applicable Licenses and Permits (Fictitious Name Certification (filing and proof of publication), 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)
- Proof of operation
- Copy of property lease agreement or property ownership documentation
- Proof of last year's payroll (redact confidential individual information)



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APPLICANT INFORMATION *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.*

FULL LEGAL NAME OF COMPANY BORROWER:	TAX ID NUMBER OR SSN _____	TELEPHONE	
	UEI No: _____	BUSINESS: _____	
	City Business License No: _____	CELL: _____	
		HOME: _ _____	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	STATE:	ZIP CODE:
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:			
NATURE OF BUSINESS:			
NUMBER OF EMPLOYEES, INCLUDING OWNER:			
TYPE OF ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> SUBCHAPTER "S"			

COMPANY OWNERSHIP (list below all owners, principals, and officers)

NAME	TITLE	% OF OWNERSHIP

AFFILIATES (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



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EXISTING PAYROLL WITHOUT NEW EMPLOYEE(S) (Attach more sheets if necessary)

	Employee's Name, Job Title	Last 4 Digits of Social Security Number	Full-Time/Part-Time
1..			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

PROPOSED PAYROLL WITH PROPOSED NEW EMPLOYEE(S) (Attach more sheets if necessary)

	Employee's Name, Job Title	Last 4 Digits of Social Security Number	Full-Time/Part-Time
1..			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



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LEASE INFORMATION

Do you have a lease for the property your business now occupies?		Yes	No
Monthly rent	Years remaining on lease	Renewal option	yes no

MISCELLANEOUS — If answered “yes”, provide detail. Attach separate sheet if necessary.

Has your business ever filed bankruptcy or defaulted on any debts?	—
Does your business use or store any hazardous materials, produce toxic waste? (if a new business, is there intent for the aforementioned?)	—
Is the business a party to any claim or lawsuit?	
Does the business owe any taxes for years prior to the current year?	
Did the business previously receive funding from the City’s Job Creation & Business Incentive program in 2021, or the Community Development Block Grant (CDGB) administered via LA County in 2022?	
If required by the Loan Review Committee, what will be used collateral to secure the forgivable loan award?	

My signature on this application certifies the above 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 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.

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.

Authorized signature

Authorized signature

Print Name, Title

Print Name, Title

Soc Sec or Tax ID No. Date

Soc Sec or Tax ID No. 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.

<i>FOR STAFF USE ONLY</i>
Is the Application Signed?
Is the Application Complete?
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



APPLICATION ATTACHMENTS

1. Compliance with National Objective
2. Unique Entity Identifier (UEI) Info
3. Breakdown of Employment Costs
4. Financing Sources
5. Financial Statement Form
6. Business Data History
7. Year-to-Year Projection
8. Personal Resume (for Each Owner/Manager)
9. Personal Financial Statement (for Each Owner)



1. COMPLIANCE WITH NATIONAL OBJECTIVE

1. Compliance with National Objective

Project must meet the national objective of benefitting low-income persons.

Los Angeles County Area Income Limits 2021								
Number of Persons in Household	1	2	3	4	5	6	7	8
Acutely Low	\$ 8,400	\$9,600	\$10,800	\$12,000	\$12,950	\$13,900	\$14,900	\$15,850
Extremely Low	\$24,850	\$28,400	\$31,950	\$35,450	\$38,300	\$41,150	\$44,000	\$46,800
Very Low Income	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
Low Income	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900
Moderate- Income	\$67,200	\$76,800	\$86,400	\$96,000	\$103,700	\$111,350	\$119,050	\$126,700

Documentation will be required once employee(s) is(are) hired.

2. Description of Public Benefits

Permanent, new full-time job(s) to be created by project: _____, or

Permanent, new part-time jobs created by the project (min. two): _____, or

Existing jobs converted from part-time: ____ to full-time: _____

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

If yes, please describe: _____



2. UNIQUE ENTITY IDENTIFIER (UEI)

On April 4th, 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. They 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? _____

Business Name: _____

UEI Number: _____

Is business new or existing? New Existing

If business is existing, is it relocating? Yes No



3. BREAKDOWN OF EMPLOYMENT COSTS

Components of Compensation	Annual Amount
New Position's Annual Salary:	\$
Social Security Tax:	\$
Unemployment Insurance:	\$
Worker's Compensation:	
Health Insurance:	
Other:	
Total Employment Costs:	

ARPA's Percentage of Costs= \$10,000/Total Employee Costs	
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State the project's overall objective, including a brief history of operations to date:



4. IDENTIFY ALL ENTITIES PARTICIPATING WITH THE FINANCING OF THE PROJECT

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:



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 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	\$		

Attach Income Statement for the Period from _____ to _____
 Month/Yr Month/Yr



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 growth/expansion

How will this loan benefit your company?



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7. YEAR-TO-YEAR PROJECTIONS

Company Name: _____

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



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8. PERSONAL RESUME FOR EACH OWNER/MANAGER

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.

Name: _____

PERSONAL DATA:		
Residential Address:		City:
State:	Zip:	Telephone:

7-YEAR EMPLOYMENT HISTORY (List current to Last Employer) or Attach Resume		
From:	To:	Company:
Address:		City/State
Position & Description of Duties:		
From:	To:	Company:
Address:		City/State
Position & Description of Duties:		

OTHER PERTINENT INFORMATION please attach



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9. PERSONAL FINANCIAL STATEMENT FOR EACH OWNER AS OF _____, 20____

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. Please fill in the date of the financial information

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 \$ _____ (Describe in Section 2)
IRA or Other Retirement Account \$ _____	Installment Account (Auto) \$ _____
Accounts and Notes Receivable \$ _____	Installment Account (Other) \$ _____ (List on separate sheet)
Life Insurance-Cash Surrender Value Only \$ _____	Loan on Life Insurance \$ _____
Stocks and Bonds \$ _____	Rent or Mortgages on Real Estate \$ _____ (List properties on separate sheet)
Real Estate \$ _____	Unpaid Taxes (Attach Sheet) \$ _____
Other Personal Property and Assets \$ _____ Please describe on a separate sheet of paper	Other Liabilities (Attach Sheet) \$ _____
Total \$ _____	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**

SECTION 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified 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