



Commercial Improvement Grant Program

PROGRAM SUMMARY OVERVIEW/APPLICATION

PROGRAM SUMMARY

The Commercial Improvement Grant Program is designed to assist new and existing businesses through the provision of financial assistance for exterior improvements and enhancing the physical security of the business. Financial assistance in the form of a grant of up to \$25,000 for qualified improvements is available for Rosemead businesses that meet the following requirements.

NATIONAL OBJECTIVE REQUIREMENT

The business must meet one of the two federal HUD National Objectives:

1. **Low- and Moderate-Income Area Benefit (LMA)** – The business must have clients/patrons that live primarily in the residential areas immediately surrounding the business and the residential area is considered low- and moderate-income. **(Note:** Typically, only local, small, non-franchise restaurants and retail stores meet the federal criteria for this objective. Low- and moderate-income areas are shown in the pink areas of the map on page 6; **OR**
2. **Low- and Moderate-Income Business Owner (LMJ)** – Each separate business owner must have a total household income that is considered low- and moderate-income. The maximum gross annual income for **EACH** business owner's **entire household** cannot exceed the gross income shown in the table below. Example, if Business Owner #1 has 4 people in the household, the maximum this business owner household income is \$100,900. If the Second business owner has 2 people in the household, the maximum income for this business owner is \$80,750. If any business owner's household income exceeds the limits below, the business is not eligible. **(NOTE:** Businesses that qualify as LMA, above, do not need to qualify under LMJ).

Maximum Business Owner Gross Annual Household Income (2023)			
Household Size (No. of persons)	Maximum Income	Household Size (No. of persons)	Maximum Income
1	\$70,650	5	\$109,000
2	\$80,750	6	\$117,050
3	\$90,850	7	125,150
4	\$100,900	8	\$133,200

These incomes are subject to change annually.

PRIORITY OF GRANT FUNDING

The City will process applications on a first-come, first-serve basis with priority for funding being given to restaurant and retail store businesses whose primary clientele are the residents of the Rosemead community.

ELIGIBLE BUSINESSES	INELIGIBLE BUSINESSES
<p>To be eligible for the Program assistance, the business must meet the following requirements:</p> <ol style="list-style-type: none"> 1. Has an active City of Rosemead business license. 2. Be located on a commercial property, properly zoned. 3. Be permitted or conditionally permitted use within the zone. 4. Be current with property taxes and have no liens with the City. 5. Have No outstanding code violations. 6. Meet all State and local building and zoning code. 7. Has a store front that is visible to a public street. 	<p>Businesses that fall into any of the following categories are not eligible to apply (additional categories may apply that are not listed)</p> <ol style="list-style-type: none"> 1. Any business that does not have store front that is visible from a public street. 2. Warehouse business. 3. Manufacturing business. 4. Industrial business.



Commercial Improvement Grant Program APPLICATION

BUSINESS DESCRIPTION	
Applicant/Business Legal Name:	DBA:
Business Address:	City: State: Zip:
Nature of Business:	B/L #:
Federal Unique Entity ID (UEI) #:	
To receive a grant, the business must have a federal Unique Entity ID. To obtain a number please go to https://sam.gov/content/entity-registration	
Does your business have any code violations pending with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list violations: _____	

APPLICANT CONTACT INFORMATION	
Name of Contact Person:	
Contact Address:	City: State: Zip:
Contact Phone Number:	
Cell:	Cell:
Email:	

COMPANY OWNERSHIP (LIST BELOW ALL OWNERS, PRINCIPALS AND OFFICERS)		
Name:	Title:	% Ownership:
Name:	Title:	% Ownership:
Name:	Title:	% Ownership:

PROPERTY OWNER /PROPERTY MANAGEMENT CONTACT INFORMATION	
Name:	Contact Person Name:
Address:	City: State: Zip:
Phone Number:	Email:

LEASE INFORMATION	
Do you have a lease for the property your business now occupies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lease Begin Date:	Years Remaining on Lease: Renewal Option <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS OWNER - Please check what applies to you.

Race Categories	Check only ONE Race Category	Check if also Hispanic
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	
American Indian or Alaska Native and White	<input type="checkbox"/>	
Asian and White	<input type="checkbox"/>	
Black or African American and White	<input type="checkbox"/>	
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	
Balance/Other	<input type="checkbox"/>	

PROPOSED FACADE IMPROVEMENTS

Please check all Items for which you are applying:

Purchase and Installation Items:

- Signage repair or replacement
- Permanent signage
- Security Window Film
- Security Cameras
- Outdoor Dining – Tables, Chairs, Heaters, Portable Patio Cover, Umbrella, etc.

ELIGIBLE ITEMS THAT HAVE MORE RESTRICTIONS: The following is a list of improvements that are eligible under the program but will require (1) a construction contract, (2) workers must be paid a minimum wage equivalent to union wages which will increase the overall cost of the project, (3) City oversight of the construction work.

- Storefront restoration or renovation
- Professional cleaning or repairing of exterior surfaces
- Exterior door and window repair or replacement
- Exterior façade treatments (paint, stucco, brick, repair, removal, etc.)
- Exterior lighting to enhance the building appearance and/or safety
- Mechanical equipment screening visible from public right-of-way

Other: _____

The City may consider additional improvements not listed as “eligible improvements” that contribute to the overall character of the commercial corridor on a case-by-case basis.

LOW- AND MODERATE-INCOME OBJECTIVE

Please **check one (1)** of the following which National Objective you are applying under. The City will determine based on federal regulations if your business meets the National Objective requirement:

- Low- and Moderate-Income Area Benefit (LMA) – Complete Attachment 1 – pages 5 & 6** – Must provide a service to the residential areas surrounding the business that are considered low- and moderate-income (Refer to Attachment 1 of the application) **Note:** Typically, only local small, non-franchise restaurants and retail stores meet the federal criteria for this objective; **OR**
- Low- and Moderate-Income Business Owner (LMJ) – Complete Attachment 2 – pages 7 - 11** – The owner must be considered a low- and moderate-income household. The maximum gross annual income for the business owner’s **entire household** cannot exceed the gross income shown in the table on the following page. (**NOTE:** Businesses that qualify as LMA, above, do not need to qualify under LMJ). **REFER TO NEXT PAGE FOR HOUSEHOLD INCOME LIMITS.**

Maximum Business Owner Gross Annual Household Income (2023)			
Household Size (No. of persons)	Maximum Income	Household Size (No. of persons)	Maximum Income
1	\$70,650	5	\$109,000
2	\$80,750	6	\$117,050
3	\$90,850	7	125,150
4	\$100,900	8	\$133,200

These incomes are subject to change annually.

By signing below, I/We acknowledge that the City or its agents will use the information on this application for the purpose of determining program eligibility. Inquiries may be made to verify statements herein. I/We understand that false statements or omissions are grounds for disqualification and/or penalties. I/We acknowledge that penalty for false or fraudulent statement U.S.C Title 18, Section 1001, provides: “Whoever, in any manner, within the jurisdiction of any department or agency of the United States knowingly and willfully testifies... or makes any false, fictitious, or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both”.

By signing below, I/We declare under penalty of perjury that the statements on this application are true and correct and certify that the City of Rosemead shall not be liable for damages that may arise out of or in connection with the improvements undertaken under this program.

Applicant Signature

Print Name

Title

Date

Applicant Signature

Print Name

Title

Date

INCLUDE THE FOLLOWING SUPPORT DOCUMENTS WITH THE APPLICATION:

_____ Low- and Moderate-Income Area (LMA) Benefit (Attachment 1 - page 5 & 6 – Refer to Map), If applicable. *(Note: If you apply under this category, evidence of your clients showing their addresses may be required.)*

_____ Low- and Moderate-Income Business Owner (Attachment 2 – pages 7 -11), If applicable.

_____ Copy of Active/Current City of Rosemead Business License.

_____ Copy of Business Lease and Any Extensions.

_____ Fictitious Business Name (filing and proof of publication), if applicable.

_____ Articles of Incorporation **OR** Partnership Agreement, Limited Liability Company Article of Organization, if applicable.

_____ Business federal tax returns for the most recent tax year including all supporting schedules and statements **OR** 1040 personal federal income tax return for sole proprietors.

_____ Most recent month bank statement.

_____ If already obtained, copies of estimates (not receipts) for items requested to be approved. Items that are purchased prior to the approval date of the City grant cannot be reimbursed.



City of Rosemead
Commercial Improvement Grant Program

LOW- AND MODERATE-INCOME AREA (LMA) CERTIFICATION

This form is being provided to document your qualification as a business located in a U.S. Department of Housing and Urban Development (HUD) identified low- and moderate-income area and your primary service area is where your business is physically located. Please complete the following to assist the City in determining if your business qualify under this category.

To qualify under these criteria, the business:

1. Must be located within a low- and moderate-income area shown in the attached map; and
2. The primary service area of the business is the area/neighborhood where it is located. **Evidence that your clients are located within Rosemead may be requested.**

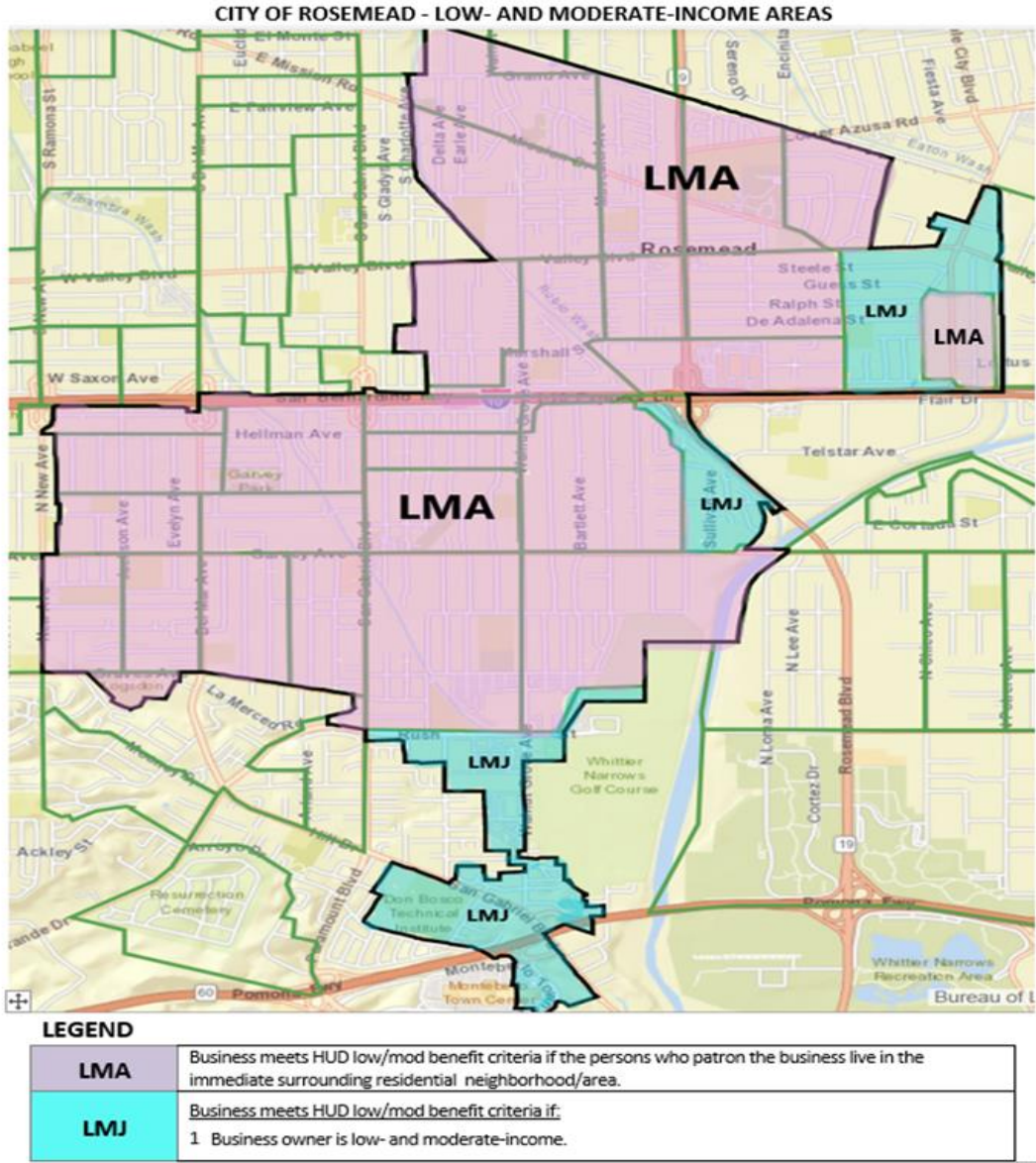
CHECK THE <u>ONE</u> (1) THAT APPLIES TO YOUR BUSINESS.		Choose One
A	The majority (51% or more) of my customers/clients are people who benefit from my business that live in the immediate surrounding residential area/neighborhood? OR	<input type="checkbox"/>
B	The majority (51% or more) of my customers/clients are people who benefit from my business that DO NOT live in the immediate surrounding residential area/neighborhood where my business is located?	<input type="checkbox"/>

BUSINESS INFORMATION	
Business Name:	_____
Address:	_____
Type of Business:	_____
Description of the Business:	_____
CERTIFICATION	

I/we understand that it will be the City's determination based on the nature of my/our business and/or documentation provided whether selection A or selection B, above, applies to my/our business. I/we certify that this information contained on this certification is complete and accurate. I/we agree to provide, upon request, documentation on related to our customers/clients including customer/client name, address and telephone number to the City of Rosemead (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City to **contact** the business' clients/customers regarding the services provided by the business and their physical location in proximity to the business.

SIGNATURES (ALL BUSINESS OWNERS)		
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.



NOTES:

- LMJ businesses may be located in the pink shaded area but must meet the Low- and Moderate-Income Household requirement.
- Businesses must have a store front that is visible to a public street.
- Ineligible businesses include, but are not limited to, warehouses, industrial and manufacturing businesses.



ATTACHMENT 2

(5 pages)

City of Rosemead

Commercial Improvement Grant Program

BUSINESS OWNER ANNUAL HOUSEHOLD INCOME (LMJ) CERTIFICATION

Each separate business owner must have a total household income that is considered low- and moderate-income. The maximum gross annual income for EACH business owner's entire household cannot exceed the gross income shown in the table below. Example, if Business Owner #1 has 4 people in the household, the maximum this business owner household income is \$100,900. If the Second business owner has 2 people in the household, the maximum income for this business owner is \$80,750. If any business owner's household income exceeds the limits below, the business is not eligible.

Business	
Business Name:	
Business Location/Address:	Rosemead, California 91770
Business Owner	
Business Owner Name(s):	
Number of Business Owners: _____	NOTE: Each business owner must complete this form if they are not part of the same household.

INSTRUCTIONS: This is a written statement from the business owner seeking assistance through the City of Rosemead Commercial Improvement Program documenting: (1) the **business owner's household** annual (**Gross**) Income where gross income is **before** any taxes or other deductions are taken out; (2) the number of members in the business owner's household; (3) relevant characteristics of each member of the business owner's household for the purposes of income determination; and (4) the income determination method used by the City for qualification purposes. The City has selected the HUD 24 CFR Part 5 definition of income to be used. The maximum gross household income chart is shown on the next page.

Each separate business owner is to complete this certification statement for his/her household. Fill in the blank fields below and check only the boxes that apply to each household member. **All** adult household members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

BUSINESS OWNER - HEAD OF HOUSEHOLD INFORMATION	
Name:	_____
Home Address:	_____
Phone #:	_____ Email: _____

This form must be completed and returned with the following documents (Additional documents may be requested.):

- Evidence of income for all household members 18 years of age and older including but not limited to:
 - Wages
 - Self-employment income – profit and loss statement & 12 months business bank statements
 - Unemployment documentation, if any.
- Most recent federal income tax return (All pages and schedules, W-2s, 1099s, etc.).
- Most recent 6 months, consecutive personal bank statements.
- Most recent Asset statements (annuities, savings, CDs, stocks, bonds, etc.)
- Two months' paycheck stubs for all working adult(s).

MEMBERS OF HOUSEHOLD (All Persons Living in Residence)

R = Retired

DIS = Person with disabilities

S≥18 = Full-time student age 18 or over

	Name of Household Member(s):	Age	R	DIS	S≥18
1					
2					
3					
4					
5					
6					
7					
8					

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

Race Categories	Check only ONE Race Category	Check if also Hispanic
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	
American Indian or Alaska Native and White	<input type="checkbox"/>	
Asian and White	<input type="checkbox"/>	
Black or African American and White	<input type="checkbox"/>	
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	
Balance/Other	<input type="checkbox"/>	

HEAD OF HOUSEHOLD ONLY - Please check what applies to you.

62 years or older?	<input type="checkbox"/>
Disabled?	<input type="checkbox"/>
Veteran?	<input type="checkbox"/>
Female head of household?	<input type="checkbox"/>

Section A: Household Income Sources. For each household member below, enter annual income anticipated for the next 12 months. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

Income Sources	Person # 1	Person # 2	Person # 3	Person # 4	Person # 5	Person # 6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (do not include Federal Pandemic Unemployment)	\$	\$	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$	\$	\$
Other (please describe): _____	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

Section B: Income from Assets. Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Current Balance/Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

Maximum Household - GROSS Income Limits as of April 1, 2023							
<i>(The combined gross income of all adults in the household cannot be higher than shown below.)</i>							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$70,650	\$80,750	\$90,850	\$100,900	\$109,000	\$117,050	\$125,150	\$133,200
<u>Gross income defined:</u> All income before any deductions such as taxes, retirement contributions, union dues, etc.							
<u>Gross income includes:</u> All gross income (before any deductions) for persons 18 years of age and older including, but not limited to, unemployment, wages, bonuses, social security, pensions, disability, child support, alimony, asset income from retirement accounts, checking accounts, savings account, CDs, stocks, bonds, etc.							

CERTIFICATION – All Household Members 18 Years of Age and Older Must Sign

I/we certify that this information contained on this two-page form is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Rosemead (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form **authorizes** the City to **verify all** sources of incomes and/or **including**, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any **unemployment benefits** currently being received and verification of taxes.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER HOUSEHOLD ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Rosemead does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.

