



COMMUNITY & ECONOMIC DEVELOPMENT DIVISION



WEST COVINA **CV-SBL**

WEST COVINA COVID-19
SMALL BUSINESS LOAN

PROGRAM GUIDELINES



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PROGRAM GUIDELINES

OVERVIEW/BACKGROUND

The City of West Covina is offering financial assistance to small businesses impacted by the COVID-19 pandemic with the West Covina (COVID-19) Small Business Loan Program. The loan program offers a one-time \$10,000 interest-free loan to eligible West Covina small businesses to help them retain one (1) full time equivalent job and is forgiven after a one (1) year term of compliance.

Loan funds may be used for overhead expenses, rent, utilities, business services such as web site development to increase capacity, and necessary equipment to continue business operations, among others. Provided that a business meets all of the conditions of the Program, the loan may be forgiven by the City at the end of the loan period.

The program is funded through a loan from the U.S. Department of Housing and Urban Development as eligible under Sections 105(a)17 of the Housing and Community Development Act of 1974. The City of West Covina COVID-19 Small Business Loan Fund meets the following national objectives, depending on the business' eligibility:

- Benefiting persons of low to moderate income; AND
- Job retention

PROGRAM REQUIREMENT

The following are the requirements for applicants and use of funds:

- Use of funds towards eligible activities (see Eligible Use of Funds)
- Must retain one (1) full-time-equivalent (FTE) employee
 - Employee must be of low-to-moderate income
 - Part-time jobs must be converted to full-time equivalents
- Demonstrate financial need due to COVID-19 pandemic

FULL-TIME EQUIVALENT (FTE) DEFINED

For the purposes of this program, Full-Time Equivalent (FTE) is defined as forty (40) hours of paid full-time work in a seven-day period.

In the medical and dental fields, the industry practice defines full-time positions as 32 to 36 hours of work in a seven-day period. Therefore, the only exception to the forty-hour definition of FTE position requirement will be for positions created in the medical and dental fields, when the written personnel policy of the participating business states clearly the number of hours that constitutes full-time positions as 32 hours or more.



PARTICIPATION PERIOD REQUIRED

The required period of time for program compliance and fund forgiveness/repayment:

Amount of Loan	Forgiveness/Reporting Period
\$10,000	1 Year

BUSINESS ELIGIBILITY

Business must meet all requirements to be eligible for the program. Eligibility requirements are outlined below:

- Business must be physically located within West Covina city limits (storefront)
- Business must have a valid West Covina business license.
- Business must be a small business (employing up to 500 employees, including the owner(s))
- Business has been operational at least one (1) year prior to March 19, 2020
- Have or register for a DUNS Number (City Staff are available to assist)
- Submit all required application and documents (See *Required Documents* Section)
- Meet the national objective to retaining job benefitting persons of low to moderate-income in the City
- Be in good standing with the City (no liens or judges or outstanding code enforcement violations)

REQUIRED DOCUMENTATION

For an application to be considered complete, all listed documents must be submitted.

- Completed and signed application
- Copy of valid California Driver's license or identification card with your name and address
- Compliance with National Objective Form
- Authorization to Release Information
- Certification of Financial Need
- Copy of Valid Business License
- Copy of the Business tax return from the previous two (2) years
- Form 4506 – Request for Copy of Tax Return (OMB No. 1545-0429)
- Copy of business/site lease and other if applicable (ex. Mortgage statement)
- Proof of Loss and Reduction in Income due to COVID-19 (Monthly profit and loss statements (December 2019 – May 2020)
- Business Bank Statement (December 2019 – May 2020)
- List of Employees (Full and part-time, including owner)
- Copy of Payroll Ledger (December 2019 – May 2020)
- Employee Questionnaire (along with documentation confirming household income)
- Documentation of proposed used of funds (copy of statement for outstanding lease of mortgage payments, utility bills, equipment rental, etc.)
- Document which specifies what person(s) in a corporation or partnership is authorized to sign documents and assume debt on behalf of the business (i.e. – Corporate bylaws, operating



- agreement, and/or partnership agreement)
- Insurance

INELIGIBLE BUSINESSES

Due to federal funding restrictions, businesses that meet one (1) of the following criteria are not eligible for participation in the program.

- Business that do not currently employ LMI Person(s)
- Businesses that fall into the following categories:
 - Gaming
 - liquor or tobacco stores, marijuana dispensaries and manufacturing
 - any business or activity that does not comply with local, state or federal laws
- Any national chain that is not locally franchised.
- Businesses with active City of West Covina municipal code violations.

ELIGIBLE USE OF FUNDS

Funds under this program may ONLY be used to pay for expenses incurred after March 19, 2020, following declaration of the COVID-19 pandemic and the "Safer at Home" order. Eligible uses of funds for the WCCV-SBL must be directly related to areas impacted by to the COVID-19 pandemic:

- Overhead expenses
- Rent and utilities
- Business services (web site development, etc.) to increase capacity to carryout business activities
- Labor expense (excluding the owner)
- Business inventory and supplies
- Capital or equipment purchases necessary for the business operation, excluding vehicles

Businesses that have received/pending receipt of other federal funding will have to disclose to the City during the application process and will be subject to additional loan requirements.

Businesses are required to identify their intended use of funds during the application process. Businesses will be required to provide relevant documents to support appropriate use of loan funds.

INELIGIBLE USE OF FUNDS

Funds may not be used for the following activities:

- Personal property
- Personal expenses
- Repayment of refinance of existing debt or to pay operating deficits tax arrearages, governmental fines or penalties or general
- Government expenses
- Personal income or emergency situations
- Political or religious activities, lobbying or any activity prohibited in the CDBG regulations in 24 CFR 570



- Reimbursement of expenses incurred prior to the declaration of a COVID-19 pandemic

APPLICATION

All loans are subject to analysis to determine risk. Loans will be awarded only to businesses that demonstrate that the service provided is commensurate with the risks incurred.

SUBMITTAL

Applications will be accepted starting June 16, 2020 until funds have run out. Applications will be considered on a first-come-first-serve basis and application must be fully completed to be accepted. Applications must be submitted to:

City of West Covina
 Attn: Community and Economic Development Division
 1444 W. Garvey Avenue, South – Room 205
 West Covina, CA 91790

PROCESSING

Applications will be processed as they are submitted. Applications will be reviewed within 14 business days. An email/letter will be provided to the applicant regarding the eligibility status.

APPLICATION PROCESS

Business applicants may complete an application on the City of West Covina website at: www.westcovina.org/WCCVSBL

Applicants may also call the City of West Covina Economic Development Division during regular business hours to request an application by mail or to pick up an application. The City will receive applications beginning June 16, 2020. If funds are exhausted, the remaining applicants will be placed on a waitlist until additional funding becomes available.

PROCEDURES

1. Submit all required documents and forms (*refer to Required Documents*)
2. Complete and submit the Application Checklist (Exhibit B of Application)
3. Submit the application and copy of all required supporting documentation
4. Application Screening for Eligibility
5. Loan Approval
6. Completion of required forms and agreement(s)
7. Disbursement of Funds

TIMELINE

Process	Dates
Application Available	June 16, 2020
Eligibility Processing	14 Business Days



EXCEPTIONS / SPECIAL CIRCUMSTANCE

Exceptions are defined as any action, which would depart from policy and procedures stated in the guidelines. The City reserves the right to make exceptions but must comply with federal program requirements for business assistance.

LOAN APPROVAL AND DISBURSMENT OF FUNDS

Once applicants are determined eligible, the Program Administrator will contact the business for execution of required documents and subsequent disbursement of funds. No loan shall exceed \$10,000. CDBG funds will only be disbursed for eligible uses based on documented need.

PROGRAM CRITERIA

As applications will be reviewed based on a first-come first-serve basis, applications will be scored up to 100 points based solely on the criteria listed below. Applications will only be considered if applications receive a minimum of 75 points. Businesses that score higher will be awarded first. Depending on the available funding, applications may be put on the waitlist.

1. **Business Type:**
 - a. Independently owned retail, restaurants, cafés, and gastropubs (**15 points**)
 - b. Individual locally-owned franchises of retail, restaurants, cafes, and gastropubs (**10 points**)
 - c. All other eligible business types (**10 points**)
2. **Years in Business:** (Length of time business has been in continuous operation in the City)
 - a. More than 3 years (**15 points**)
 - b. Up to 3 years (**10 points**)
3. **Financial Need:** (Demonstrated financial need resulting from COVID-19 pandemic and consistency with CDBG requirement of maintaining at least one low-moderate income job) – *Refer to Loan Criteria/Demonstration of Financial Need on the Application*
 - a. Scoring per application questions (**5 points** per question, maximum of **25 points**)
4. **Financial Soundness** (Ability to Repay Loan if in Default) – **20 points**
5. **Documentation of Financial Need:** (Must be able to provide proof of loss and reduction income due to COVID-19 pandemic) – **10 points**
6. **Use of Funds:**
 - a. Rent/mortgage (**15 points**)
 - b. Labor/staff expenses (**10 points**)
 - c. Supplies/Capital or Equipment purchases (**10 points**)

AWARDING THE LOAN

Upon review of the application and verification of eligibility, the City will confirm with the business owner via letter/email the eligibility status. The City will then provide the business with the Participation Agreement, Grant Agreement, and Promissory Note and related documents outlining the terms and conditions of the award. Upon receipt of all required and executed documents, the City will disburse the one-time loan in the amount of \$10,000. Once the business is awarded the loan,



the business will be required to provide quarterly monitoring documents to ensure businesses is in compliance with the loan program.

MONITORING

The City is required to conduct on-going monitoring to ensure that loan funds are used in the manner approved.

The business will provide the City with documentation that loan funds were spent in the allowed use. If a business finds it necessary to change their intended use of the funds, they must notify the City in writing and obtain written approval from the City prior spending the funds for the new use. The business must provide the City the documentation and quarterly reporting documents for a year.

Although this list is not intended to be exhaustive, supporting documents may include:

- Lease agreement and rent receipts
- Invoices
- Payroll documents of individual that is low-to-moderate income

All collected documents will be placed in a business's program file.

REPORTING

Staff is required to compile and submit quarterly status reports to be included in the City's quarterly Performance reports.

Staff is required to submit their status reports no later than 10 days after the end of the reporting quarter. At that time staff is responsible for ensuring that all data in IDIS is also up to date.

The participating business is responsible for providing a quarterly report to the West Covina Community and Economic Development Division which documents jobs retained by employee includes name, job title, hours worked per week, and hourly rate, for qualifying employees. The Quarterly Report will be filed each quarter for the one year under the loan program.

The required reporting/monitoring documents/forms (Attachment No. 2) that will need to be submitted to the City include the following:

- Exhibit A: Employment Development Department (EDD) Quarterly Reporting Documents (*Needs to also be submitted to EDD on a quarterly basis*)
 - DE9
 - DE9 C
- Exhibit B: Employee Questionnaire (In addition to submitting this document with the application, when awarded the loan, business will also need to be submitted quarterly)
- Exhibit C: Job Tracking Form

IDIS

All program activities will be recorded in IDIS.

Staff is required to enter data into the IDIS once a fully executed agreement has been processed.



EVENT OF DEFAULT

At the event of a default, including if the participating business fails to meet the job retention requirements (including that of retaining an employee that is LMI) throughout the 1-year loan term, the business will be responsible for repayment of the loan in full within 30 days. At the City's sole discretion, it may elect to extend the loan term to implement the intent of the COVID-19 Small Business Loan to help businesses and retain job(s).

CONDITIONS OF PARTICIPATION

- Each applicant accepted for participation in the Economic Development Loan Program will be informed of the award via a letter and/or email from the City. The applicant will be required to execute a loan agreement and promissory note representing the applicant's responsibilities and the City's contribution to the project. The agreement will confirm the applicants understanding of the conditions and the agreement to comply with the requirements of the Program.
- At minimum, one LMI job must be retained or reinstated. Business must certify the job is in jeopardy of termination or has been terminated but will be reinstated if the application is approved. Retained job will be monitored for twelve full months or four full quarters.
- A quarterly report documenting the job(s) retained is required throughout the compliance period.
- Owner must maintain and provide commercial general liability insurance of at least one million dollars with an insurance company admitted to do business in California, rated "A," Class X, or better in the most recent Best's Key Insurance Rating Guide, that names the City as an additional insured with corresponding endorsement. Property taxes and business license must be kept current throughout the program and monitoring period.
- They City may require additional documentation and guarantees if the WCCV-SBL program administrator deems that submitted documentation is not sufficient to determine if the business is capable of repaying loan in the event of a default.



ATTACHMENT NO. 1: WCCV-SBL APPLICATION

ATTACHMENT 2: REPORTING/MONITORING DOCUMENTS/FORMS



**EXHIBIT A:
EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) QUARTERLY REPORTING DOCUMENTS**

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES



REMINDER: File your DE 9 and DE 9C together.

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090112

QUARTER ENDED

DUE

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

YR	QTR
<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYER ACCOUNT NUMBER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DEPT. USE ONLY	DO NOT ALTER THIS AREA							
	P1	P2	C	P	U	S	A	
	:	:	:	:	:	:	:	:
	:	:	:	:	:	:	:	:
T	:	:	:	:	:	:	:	
EFFECTIVE DATE						Mo.	Day	Yr.
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEIN **A. NO WAGES PAID THIS QUARTER** **B. OUT OF BUSINESS/NO EMPLOYEES**

ADDITIONAL FEINS **B1. OUT OF BUSINESS DATE**
M M D D Y Y Y Y

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ per employee per calendar year)
(D1) UI Rate % TIMES (D2) UI TAXABLE WAGES FOR THE QUARTER = (D3) UI CONTRIBUTIONS

E. EMPLOYMENT TRAINING TAX (ETT)
(E1) ETT Rate % TIMES UI Taxable Wages for the Quarter (D2) = (E2) ETT CONTRIBUTIONS

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ per employee per calendar year)
(F1) SDI Rate % TIMES (F2) SDI TAXABLE WAGES FOR THE QUARTER = (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD

H. SUBTOTAL (Add Items D3, E2, F3, and G)

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER
(DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS)

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I)

If amount due, prepare a *Payroll Tax Deposit*, DE 88, include the correct payment quarter, and mail to: Employment Development Department, PO Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and *Quarterly Contribution Return and Report of Wages (Continuation)*, DE 9C, as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature Required _____ Title _____ Phone (____) _____ Date _____
(Owner, Accountant, Preparer, etc.)

SIGN AND MAIL TO: State of California / Employment Development Department / P O Box 989071 / West Sacramento CA 95798-9071



INSTRUCTIONS FOR COMPLETING THE
QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES, DE 9

PLEASE TYPE ALL INFORMATION

You may be required to electronically file this form. Visit www.edd.ca.gov/EfileMandate for more information. You can file, pay, and manage your employer payroll tax account online with e-Services for Business at www.edd.ca.gov/e-Services_for_Business. Contact the Taxpayer Assistance Center at 888-745-3886 (voice) or TTY 800-547-9565 for additional forms or inquiries regarding reporting wages or the proper reporting status of employees. Refer to the *California Employer's Guide*, [DE 44](#), for additional information.

If this form is not preprinted, please include your business name and address, state employer payroll tax account number, the quarter ended date, and the year and quarter for which this form is being filed.

Verify/enter your Federal Employer Identification Number (FEIN): The number should be the same as your federal account number. If the number is not correct, line it out and enter the correct number. If you have more than one FEIN relating to your state number, enter the additional FEINs in the boxes provided.

ITEM A. No Wages Paid This Quarter - You must file a DE 9 even if you had no payroll for the quarter. If you had no payroll, check Item A and complete Item K. You must also file a DE 9C indicating no payroll for the quarter.

ITEM B. Out of Business/No Employees - Check this box if you are out of business (OB) or no longer have employees (NE) and this is your final return. You must complete B1 if you are out of business.

NOTE: If you select the Line B Out of Business/No Employees and have No Payroll for the quarter, you must complete Item C and Item O on the DE 9C.

ITEM B1. Enter the OB/NE date where indicated and complete Line K.

NOTE: If you closed the business this quarter, you must file the DE 9 and DE 9C within ten days of closing the business to avoid any penalties.

ITEM C. Total Subject Wages Paid This Quarter - Enter the total subject wages paid to all employees during the quarter.

ITEM D. Unemployment Insurance (UI)

D1. UI Rate - Enter the UI rate as a percentage if not already shown.

D2. UI Taxable Wages - Enter total UI taxable wages for the quarter. (Do not include exempt wages; refer to the DE 44 for details.)

D3. Employer's UI Contributions - Multiply D1 by the amount entered in D2 and enter this calculated amount in D3.

ITEM E. Employment Training Tax (ETT)

E1. ETT Rate - Enter the ETT rate as a percentage if not already shown.

E2. ETT - Multiply E1 by the amount entered in D2 and enter this calculated amount in E2.

ITEM F. State Disability Insurance (SDI)

F1. SDI Rate - Enter the SDI rate as a percentage if not already shown (includes Paid Family Leave percentage).

F2. SDI Taxable Wages - Enter the total SDI taxable wages for the quarter. (Do not include exempt wages; refer to the DE 44 for details.)

F3. Multiply F1 by the amount entered in F2 and enter this calculated amount in F3.

ITEM G. California Personal Income Tax (PIT) Withheld - Enter total California PIT withheld during the quarter.

NOTE: If over \$350 in PIT is withheld, it may be necessary to deposit more frequently. For more deposit requirement information, refer to the DE 44 on the Forms and Publications website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm.

ITEM H. Subtotal - Add Items D3, E2, F3, and G; enter the amount in the SUBTOTAL box.

ITEM I. Contributions and Withholdings Paid for the Quarter - Total of all deposits of UI, ETT, SDI, and PIT paid for the quarter.

NOTE: Do not include any payments made for prior quarters or for penalty and interest.

ITEM J. Total Taxes Due or Overpaid - Item H minus Item I. If an amount is due, submit a DE 88 with your payment and mail to PO Box 826276, Sacramento, CA 94230-6276.

NOTE: Mailing payments with the DE 9 form delays payment processing and may result in erroneous penalty and interest charges.

ITEM K. Signature of preparer or responsible individual, including title, phone number, and signature date.

THIRD-PARTY SICK PAY

Employers and Payers of Third-Party Sick Pay: Please refer to *Information Sheet: Third-Party Sick Pay*, [DE 231R](#), and *Information Sheet: Types of Payments*, [DE 231TP](#), for completing this form.

INFORMATION

FILING THIS RETURN/REPORT - California law requires employers to report all UI/SDI subject California wages paid and California PIT withheld during the quarter.

A PENALTY of 15% (10% for periods prior to the 3rd quarter 2014) plus interest will be charged for underpayment of contributions and California PIT withheld per Section 1112(a) of the California Unemployment Insurance Code (**CUIC**). In addition, a penalty of 15% (10% for periods prior to the 3rd quarter 2014) of the unpaid contributions and California PIT withheld will be charged for failure to file the return/report within 60 days of the due date pursuant to Section 1112.5 of the CUIC.

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)



009C0111

Page number _____ of _____

REMINDER: File your DE 9 and DE 9C together.
You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and O.

QUARTER ENDED

DUE

DELINQUENT IF NOT POSTMARKED OR RECEIVED BY

YR	OTR

EMPLOYER ACCOUNT NO.

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DO NOT ALTER THIS AREA

P1 C T S W A

EFFECTIVE DATE

Mo.	Day	Yr.			

WIC

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A. **EMPLOYEES** full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.	2nd Mo.	3rd Mo.

B. Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. NO PAYROLL

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER	E. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)

F. TOTAL SUBJECT WAGES	G. PIT WAGES	H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE	J. TOTAL PIT WAGES THIS PAGE	K. TOTAL PIT WITHHELD THIS PAGE

L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required* _____ Title _____ Phone () _____ Date _____
(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





**INSTRUCTIONS FOR COMPLETING THE
QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION) (DE 9C)**

PLEASE TYPE ALL INFORMATION

Did you know you can file this form online using the EDD's e-Services for Business?

For a faster, easier, and more convenient method of reporting your DE 9C information, visit the EDD's website at www.edd.ca.gov.
Contact the Taxpayer Assistance Center at (888) 745-3886 (voice) or TTY (800) 547-9565 (non-verbal) for additional forms or inquiries regarding reporting wages or the subject status of employees. Refer to the *California Employer's Guide* (DE 44) for additional information.

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown.
Do not use dollar signs, dashes, commas, or slashes (\$ - , /).

EMPLOYEE (FIRST NAME)	M.I. (LAST NAME)	TOTAL SUBJECT WAGES
IMOGENE	A SAMPLE	12345.67

If you must hand write this form, print each letter or number in a separate box as shown.

Do not use dollar signs, dashes, commas, decimal points, or slashes (\$ - , . /).

EMPLOYEE (FIRST NAME)	M.I. (LAST NAME)	TOTAL SUBJECT WAGES
I M O G E N E	A S A M P L E	1 2 3 4 5 6 7

Retain a copy of the DE 9C form(s) for your records. If you have more than seven employees, use additional pages or a format approved by the Employment Development Department (EDD). If using more than one page, number the pages consecutively at the top of the form. If the form is not preprinted, enter your account number, business name and address, the year and quarter, and the quarter ended date. For information, specifications, and approvals of alternate forms, contact the Alternate Forms Coordinator at (916) 255-0649.

- ITEM A. NUMBER OF EMPLOYEES: Page 1 only: Enter the number of full-time and part-time workers who worked during or received pay subject to Unemployment Insurance for the payroll period **which includes the 12th day of the month. Please provide a count for each of the three months. Blank fields will be identified as missing data.**
- ITEM B. Check this box ONLY if the employees reported are covered by an employer sponsored Voluntary Plan for the payment of disability benefits. If you also have employees covered under the State Plan for disability benefits, report their wages and withholdings separately on another page of the DE 9C.

WAGES AND WITHHOLDINGS TO REPORT ON A SEPARATE DE 9C

Prepare a DE 9C to report the types of exemptions listed below. All three exemptions can be reported on one DE 9C. Write the exemption title(s) at the top of the form (e.g., SOLE SHAREHOLDER), and report only those individuals under these categories. **Report all other employees or individuals without exemptions on a separate DE 9C.**

- **Religious Exemption:** Employees who file and are approved by the EDD for an exemption from State Disability Insurance (SDI) taxes under Section 2902 of the California Unemployment Insurance Code (CUIC).
- **Sole Shareholder:** An individual who elects and is approved by the EDD to be excluded from SDI coverage for benefits and taxes under Section 637.1 of the CUIC.
- **Third-Party Sick Pay:** Recipients exempt from SDI taxes under Section 931.5 of the CUIC. Refer to the *California Employer's Guide* (DE 44) for detailed instructions on how to report.

- ITEM C. NO PAYROLL: Check this box if you had no payroll this quarter. Please sign and complete the information in Item O.
- ITEM D. SOCIAL SECURITY NUMBER (SSN): Enter the SSN of each employee or individual to whom you paid wages in subject employment, paid Personal Income Tax (PIT) wages, and/or from whom you withheld PIT during the quarter. If someone does not have an SSN, report their name, wages, and/or withholdings without the SSN and TAKE IMMEDIATE STEPS TO SECURE ONE. Report the correct SSN to the EDD as soon as possible on a *Quarterly Contribution and Wage Adjustment Form* (DE 9ADJ).
- ITEM E. EMPLOYEE NAME: Enter the name of each employee or individual to whom you paid wages in subject employment, paid PIT wages, and/or from whom you withheld PIT during the quarter.
- ITEM F. TOTAL SUBJECT WAGES: Enter the total subject wages paid (including cents) to each employee during the quarter. Generally, most wages are considered "subject" wages. For special classes of employment and payments considered subject wages, refer to the *California Employer's Guide* (DE 44) under "Types of Employment" and "Types of Payments."
- ITEM G. PIT WAGES: Enter the amount of wages paid (including cents) that are subject to PIT, even if you do not withhold PIT from the wages. You must enter PIT wages even if they are the same as total subject wages. For additional information regarding PIT wages, refer to the Information Sheet: *Personal Income Tax Wages Reported on the Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C)* (DE 231PIT).
- ITEM H. PIT WITHHELD: Enter the amount of PIT withheld from each individual during the quarter.
- ITEM I. Enter the total subject wages paid (Item F) for each separate page. Do not carry this total forward from page to page.
- ITEM J. Enter the total amount of PIT wages (Item G) for each separate page. Do not carry this total forward from page to page.
- ITEM K. Enter the total PIT withheld (Item H) for each separate page. Do not carry this total forward from page to page.
- ITEM L. ON PAGE 1 or the last page, enter the grand total of total subject wages paid (Item I) for all pages for the quarter.*
- ITEM M. ON PAGE 1 or the last page, enter the grand total of PIT wages (Item J) for all pages for the quarter.*
- ITEM N. ON PAGE 1 or the last page, enter the grand total of PIT withheld (Item K) for all pages for the quarter.*

***NOTE: Provide separate grand totals for Voluntary Plan Disability Insurance reporting and special exemption reporting (Religious Exemption, Sole Shareholder, Third-Party Sick Pay).** Combine all other *Quarterly Contribution Return and Report of Wages (Continuation)* (DE 9C) pages to arrive at the grand totals for Items L, M, and N.

ITEM O. ON PAGE 1 ONLY, signature of preparer or responsible individual, including title, telephone number, and signature date.



EXHIBIT B: EMPLOYEE QUESTIONNAIRE



WEST COVINA COVID-19 SMALL BUSINESS LOAN

CITY OF WEST COVINA

Employee Questionnaire

1444 W. Garvey Avenue South | West Covina, CA 91790

Dear Applicant:

This company is applying for business recovery funds associated with COVID-19 pandemic from the Community Development Block Grant program. This form is required to be completed by all employees. Your cooperation is appreciated.

NAME: _____

ADDRESS: _____ TELEPHONE _____

JOB TITLE: _____

1. Number in Household: _____
2. Please list all income for the past 12 months for **each household member**. Include the following:

Household Members (Names – Including Applicant)	Age	Social Security Number	Gross Annual Income	Source of Income*
Job Applicant:				
TOTAL HOUSEHOLD GROSS INCOME =				

*If income is from wages list the name and address of the employer. Please indicate if applicant is unemployed currently. Please attach documentation confirming the income information listed above.

4. RACIAL BACKGROUND

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- American Indian or Alaska Native AND White
- American Indian or Alaska Native AND Black or African
- Asian AND White
- Black or African American AND White
- Other** – for individuals not identified above

5. ETHNIC BACKGROUND

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

6. HOUSEHOLD INFORMATION-Check One

- Applicant resides in a FEMALE-headed household.
- Applicant resides in a MALE-headed household

CERTIFICATION

I certify that the above information is true and accurate. I understand this information is subject to verification by authorized officials and that failure to report completely and accurately may result in criminal or civil penalties

 (Signature of Applicant) (Date)

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18, Section 1001, provides: "...Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully (1) falsifies...a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing document knowing the same to contain any materially false, fictitious or



fraudulent statement or entry: shall be fined under this title, imprisoned not more than 5 years... or both."

QUESTIONS BELOW TO BE ANSWERED BY EMPLOYER:

Maximum Allowable Annual Gross Household Income (2020 income limits)								
Number of Household	1	2	3	4	5	6	7	8
Income Limits	\$63,100	\$73,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

Eligibility Summary:

1. Extremely Low Income Low income Moderate income Not Eligible
2. The person signing the certification was interviewed for employment and not hired because _____

3. The person signing the certification was hired for the following position: _____

4. The employee start date was: _____
5. He/She works _____ hours per week. Permanent part-time jobs should be reported in full-time equivalent (FTE) positions, 40 hours per week in 1 FTE.
6. He/She earns \$____ per hour.
7. Without financial assistance, is employee's position in jeopardy of, or has there already been reduced hours or termination? Yes No
 - a. If yes, will assistance help retain to its status prior to March 19, 2020.
Yes No
8. Are employer healthcare benefits offered with this position? Yes No

CERTIFICATION

I certify that the above information is true and accurate. I understand that failure to report completely and accurately may result in criminal or civil penalties. I understand this information is subject to verification by authorized officials.

Signature of interviewer: _____

Date: _____

Print Name: _____



EXHIBIT C: JOB TRACKING FORM

[Name of Business]

Employee Name	Job Title	Job Category	Hrs. Worked Per Week	Hourly Rate	Available to Low-Mod	Are Employer Healthcare Benefits Provided?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Total jobs created/retained: xx

Total jobs required to retain: 1

Note 1: Positions will be filled from above list of possible job titles

Note 2: FTE = 40 hours per week

Note 3: See attached list of Economic Development Administration (EDA) Job Category Definitions

EDA JOB CATEGORY DEFINITIONS

Definitions of the job types listed on the jobs accomplishment screen are provided below.



EDA JOB CATEGORY DEFINITIONS

Definitions of the job types listed on the jobs accomplishment screen are provided below.

- **Officials and Managers**

Administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operation.

Includes: officials, executives, middle management, plant managers, department managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

- **Professional**

Occupations requiring either college graduation or experience of such kind and amount as to provide a background comparable to college education. Includes: accountants and auditors, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, personnel and labor relations specialists, physical scientists, physicians, social scientists, surveyors, teachers, and kindred workers. Technicians Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training.

Includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

- **Sales**

Occupations engaging wholly or primarily in direct selling.

Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks and cashier-checkers, and kindred workers.

- **Office and Clerical**

All clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included.

Includes bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

- **Craft Workers (skilled)**



Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. These workers exercise considerable independent judgment and usually receive an extensive period of training.

Includes: the building trades, hourly paid supervisors and lead operators who are not members of management, mechanics and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, arts occupations, hand painters, coaters, decorative workers, and kindred workers.

- **Operatives (semi-skilled)**

Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training.

Includes: apprentices (auto mechanics, plumbers, bricklayers, carpenters, electricians, machinists, mechanics, building trades, metalworking trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dressmakers and sewers (except factory), dryers, furnace workers, heaters (metal), laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, stationary firefighters, truck and tractor drivers, weavers (textile), welders and flamecutters, electrical and electronic equipment assemblers, butchers and meat cutters, inspectors, testers and graders, handpackers and packagers, and kindred workers.

- **Laborers (unskilled)**

Workers in manual occupations which generally require no special training to perform elementary duties that may be learned in a few days and require the application of little or no independent judgment.

Includes: garage laborers, car washers and greasers, gardeners (except farm) and grounds keepers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operations, and kindred workers.

- **Service Workers**

Workers in both protective and non-protective service occupations.

Includes: attendants (hospital and other institutions, professional and personal service, including nurses' aides and orderlies), barbers, charworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection workers, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, servers, amusement and recreation facilities attendants, guides, ushers, public transportation attendants, and kindred workers.