

**Contact Information**

\*First Name

\*Last Name

\*Position or Title

\*Email Address



\*Phone Number

Name of primary business owner (if different than the person filling out the application)

\*Business Name

\*Business Address

\*Business City

\*Business State

\*Business Zip

\*Business County

Business Website (if available)

\*Link to your business' Yelp or Google page. You are not judged on your number of stars. This is used for by our reviewers to confirm that your restaurant is open.

\*STOP! Please double check your mailing address. If you are selected, this is where we will send the check. Check street address, zip, unit number, etc. Is this address co

Yes

**Business Information**

Save your work as you go!

\*Tax ID Number

\*How many units/concepts do you have?

- 1  2  3  
 4  5

\*Name of your restaurant, catering company, or food truck

\*Name of 2nd location or concept

\*Name of 3rd location or concept

\*Name of 4th location or concept

\*Name of 5th location or concept

\*How many years have you been in business?

\*Number of full-time employees

\*Number of part-time employees

\*Is your business woman-owned?\*

- Yes  No



\*Is your business minority/person of color-owned?\*

- Yes  No



\*Please select

- African American/Black       Asian       Native American or Alaska Native
- Native Hawaiian or Pacific Islander     LatinX/Hispanic     Middle Eastern/North African

\*Business Type

- Food Truck     Catering business     Restaurant

\*Have you ever received a Restaurants Care Resilience Fund grant (2021-2023)?

- Yes     No

\*What was the percentage of revenue decline in your business from May-August 2023 compared to May-August 2022?

- Decline of 10%     Decline of 10-20%     Greater than 20% decline

**Tell Us Your Story**

Tell us a bit about yourself. If you are selected for a grant, we may use your photo and bits about your business on our website and in marketing.

\*How did the Hollywood Shutdown affect your business?

\*

How will this make your business more resilient?

\*What's one thing you want people to know about your business or story?

\*Please upload a picture that captures your business – your crew at work, your business, owners, etc. The photo may be used for marketing purposes. Cell phone photos if they're clear.

Additional photo (optional)

\*If selected, would you be willing to be featured in media and photo opportunities? This does not affect your eligibility.

- Yes     No

\*Would you be comfortable being interviewed on tv?

- Yes     No

\*Do you speak any other languages? If yes, please list out other languages spoken.

\* Is there anything else that we should know/clarify that would help our reviewers in the selection process?

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**Attachments**

Save your work as you go!

\* Government Issued Photo ID of primary owner: Such as a Driver's License or Passport

[Empty text input box]

\* W-9 Form. You can download a blank form at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

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\* A report or statement able to demonstrate a minimum of a 10% year-over-year decline in revenue during the period of May-August 2023 vs May- August 2022.

\*If you have more than one unit and separate reports for each unit, please merge into one document. You can do this by saving the documents as PDFs. This website allows : free: [www.ilovepdf.com/merge\\_pdf](http://www.ilovepdf.com/merge_pdf)

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\* A report or statement for 2022 showing gross reve

\*If you have more than one unit and separate reports for each unit, please merge into one document. You can do this by saving the documents as PDFs. This website allow free: [www](http://www).

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**Certification**

I certify that the information provided in this application is true and correct to the best of my knowledge, and that any money received from the California Restaurant Founde used for employee payroll and retention. I also understand that money received from this program is a one-time award. Any intentional misrepresentation of information cor application or shared during its review will result in forfeiting this and any future application for assistance, possible legal action, and a potential demand for repayment of fu

By submitting this application, I am giving permission to the California Restaurant Foundation to use my photograph and elements of my story for marketing purposes.

Electronic Signature

[Empty text input box]

\*Signature  
Enter your name as "Kiara Jimenez" to Confirm your Electronic Signature.