

Local Love for Manhattan Beach, CA

Local Love for Manhattan Beach is looking to support local small business owners who are suffering under the mandated COVID-19 lockdown. LLMB will focus on the owners of small, independent, street level, brick-and-mortar, or “mom and pop” shops. Excluded will be owners of financial service firms, banks, real estate agencies, office building businesses, more than one franchise/chain and other similar establishments.

* Required

1. Mandatory Grant Requirements (all must be checked) *

Check all that apply.

- I am the owner of a business with no more than 30 full-time employees
- My business is located within and has been licensed to do business for over one year in either: (1) Downtown Manhattan Beach Business and Professional Association; or (2) North Manhattan Beach Business Improvement District
- My business has been significantly impacted by COVID-19
- Yes, I AM a United States citizen or Green Card holder
- To the best of my knowledge I am NOT related to or employed by a Donor to the Program
- To the best of my knowledge, I am NOT related to any officer, director or employee of one2one USA Foundation

Skip to question 2

Biographical Information

2. Name of Applicant: *

3. Date of Birth: *

Example: January 7, 2019

4. Current Street Address: *

5. City: *

6. State: *

7. Zip Code: *

8. Permanent Mailing Address (if different from above):

9. Home Phone:

10. Cell Phone:

11. Email: *

12. Preferred Method of Contact:

Financial Need

Personal Financial Need Statement

13. Describe your need for financial assistance at this time due to the COVID-19 pandemic. Include how it has impacted your personal expenses as well as your business. Please include any specific amounts needed for personal expenses at this time. (Up to 250 words – you can submit a separate document to LLMBapps@one2oneusa.org if needed) *

14. Your most recent annual (2019) household gross income: *

Mark only one oval.

- Under \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- Above \$100,000

15. Please describe below any source of funds for the Applicant or for the “household” that is not included in the gross annual household income as stated above (include amounts of any scholarships, gifts, inheritance, stipend, child support, alimony, etc.): *

16. Do you have any dependents (persons for whom you are financially responsible)? If so, please list names and ages: *

17. How many total people are residing in your “household”? *

18. Have you personally or has your business received financial assistance from other organizations including the federal government as a result of the COVID-19 pandemic? (i.e., CARES Act) *

Mark only one oval.

Yes

No

19. If you answered YES to the above question, what is the total amount of financial assistance your business has received?

20. Have you or has your business raised funds as a result of a fundraiser during the COVID-19 pandemic? (i.e. GoFundMe)? *

Mark only one oval.

Yes

No

21. If you answered YES to the above question, what is the total amount of financial assistance your business has received?

**Business
Information**

Please answer for each business that is owned by you.

NOTE: Only owners of businesses located within the Downtown Manhattan Beach Business and Professional Association or the North Manhattan Beach Business Improvement District are eligible for this grant.

22. Name of Business #1: *

23. Address of Business #1: *

24. Date business was established: *

Example: January 7, 2019

25. Business License Number: *

26. Business Website URL: *

27. Estimated percentage of household income derived from this business: *

28. When fully open, how much time do you spend working at your business: *

Mark only one oval.

Full-time

Part-time more than 20 hours per week

Part-time less than 20 hours per week

29. This business is currently closed as of (date):

Example: January 7, 2019

30. If business remained open or partially open during COVID-19, please explain:

31. Estimated percentage of revenue lost since the mandated lockdown: *

32. What percentage of the business do you and your family own: *

33. Please provide any additional information the review committee should understand about your business situation:

34. Please explain your plans/expectations for reopening your business at the conclusion (as determined by the state or local authorities) of the mandated lockdown: *

35. Name of Business #2:

36. Address of Business #2:

37. Date business was established:

Example: January 7, 2019

38. Business License Number:

39. Business Website URL:

40. Estimated percentage of household income derived from this business:

41. When fully open, how much time do you spend working at your business:

Mark only one oval.

- Full-time
- Part-time more than 20 hours per week
- Part-time less than 20 hours per week

42. This business is currently closed as of (date):

Example: January 7, 2019

43. If business remained open or partially open during COVID-19, please explain:

44. Estimated percentage of revenue lost since the mandated lockdown:

45. What percentage of the business do you and your family own:

46. Please provide any additional information the review committee should understand about your business situation:

47. Please explain your plans/expectations for reopening your business at the conclusion (as determined by the state or local authorities) of the mandated lockdown:

Other Disclosures

48. Have you ever been convicted of or pled guilty or no contest to a crime or crimes, other than a minor traffic violation? (Do not include arrest records) *

Mark only one oval.

Yes

No

49. If “Yes”, please use this space to provide any details: Note that a “yes” response above will not automatically preclude one2one USA’s consideration of you for this grant. Receipt of a grant may require subsequent disclosures.

Optional
Reference

We encourage you to provide one (1) letter of reference with your application. If included, we suggest any reference speak to the applicant's integrity, love for Manhattan Beach, and desire to reopen their business. Please email or have it emailed to apps@one2oneusa.org

50. Name of Reference:

51. Email:

52. Relation to Applicant:

53. Phone Number:

Other
Application
Materials

one2one USA may request other application materials depending upon the donee's particular circumstances. one2one USA may opt to conduct an interview with the donee in lieu of or in addition to the personal statement.

Certifications

I certify that I have included all the requested information and that I am submitting a full and complete application. I also acknowledge that one2one USA Foundation, in its discretion, may request that I provide information in addition to the materials requested hereunder, and further may request to consult with my reference(s) as part of the application process. I recognize that any grant that is disbursed by one2one USA on my behalf may or may not be tax-deductible as permitted by law.

I certify that if I am awarded this grant, I will use it solely for the purpose of reimbursing or paying reasonable and necessary personal, family, living, or funeral expenses incurred as a result of the COVID-19 pandemic, a qualified disaster under Section 139 of the Internal Revenue Code.

I hereby permit one2one USA to use, in whole or in part, photographs, videos, projects, written extractions, and voice recordings of me for the purpose of illustrations, publications, and websites. Further, I hereby permit one2one USA to use my name and likeness in any one2one USA social media, websites or publications.

I further certify that I meet all of the mandatory requirements for this grant as stated above in the Application Checklist, and all of the information I have provided in this application is true to the best of my knowledge, and I agree to promptly contact one2one USA in the event that any of the information herein is or becomes factually inaccurate.

54. I consent to the use of electronic records and signatures (please initial): *

55. Signature of Applicant (please type your name as this will act as your official signature): *

56. Date: *

Example: January 7, 2019

Please Note: * Your application will not be complete until we receive a copy of your business license and your most recent (2019) personal tax forms (plus any other information relating to income) *

