



BOARD OF SUPERVISORS

DAVID HAUBERT
SUPERVISOR, FIRST DISTRICT

June 28, 2022

Honorable Board of Supervisors
County Administration Building
1221 Oak Street
Oakland, California 94612

Dear Board Members:

**Subject: APPROVE THE USE OF DISTRICT 1 AMERICAN RESCUE PLAN ACT
(ARPA) SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID**

RECOMMENDATIONS:

- A. Approve the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants listed in Attachment A to support local organizations and businesses due to the negative economic impact experienced from COVID-19.

DISCUSSION/SUMMARY:

The Dublin Chamber of Commerce convenes leaders and influencers to foster innovation, champions a strong and vibrant business community, and is a catalyst for economic growth. They serve the business community of Dublin, CA and the greater Tri-Valley Region. The Dublin Chamber of Commerce suffered from not being able to hold its annual events due to COVID-19. These events provide a major source of income for the chamber. While they were not able to operate events to sustain the chamber, their workload increased since the businesses more than ever needed the information and resources that the chamber provides. Additionally, many of their businesses were unable to pay their membership dues due to being partially or completely closed.

The Mission of the Fremont Chamber of Commerce is to promote, support, and enhance a positive business environment. This is accomplished by providing a wide range of supportive and services including, but not limited to, assistance in accessing business resources, small business counseling, guidance in navigating governmental permits and compliance issues,

educational opportunities addressing critical business topics, promotion of the business community and individual member businesses. The Chamber develops and produces a multitude of programs and events to assist in creating awareness in the community, leadership development and advocacy. They work to build a strong community by supporting their educational institutions and non-profits in serving their constituents as well as producing events to develop a sense of place and community. As a result of COVID, the Chamber was unable to host their community events and lost the corresponding funds. Additionally, as a 501c6, they were initially ineligible for some relief programs such as the PPP fund and were forced to furlough staff for a time. During that time, Chamber staff continued to serve members by volunteering time to assist their members in accessing resources to continue to operate their businesses. Although they have been able to welcome back a portion of their staff, they have been unable to fully staff their office again.

One Nation Dream Makers is a “last mile” delivery nonprofit organization based in Livermore, California. They currently recover and bring nutritious food to those in need in Alameda County. The groceries consist of both food boxes and food recovery from food partners like: Costco, Safeway, Smart and Final and Grocery Outlet. Their operations have suffered economically because many of their former clients have closed their business operations.

Tri-Valley Haven is local 501(c)3 non-profit organization, established in 1977, that serves adults and children who have experienced domestic violence, sexual assault, homelessness and/ or poverty. Nearly 100% of their clientele identifies as extremely low income per state and federal guidelines. In addition, over 50% of the clients they serve identify as people of color. Ultimately, their goal is to end domestic and sexual violence in the community through prevention, education, and service. During the pandemic, Tri-Valley Haven's Thrift Store was closed due to Public Health Orders from March 16, 2020 to June 30th 2020. When the Thrift Store did reopen it only had outside “sidewalk” sales three days a week from July 1, 2020 through Saturday, November 7, 2020. The outside retail sales space, at approximately 375 square feet, was only about 12.5% of the available retail space of inside the store. Tri-Valley Haven lost approximately \$180,000 in Thrift Store revenue from March 16, 2020 - November 7, 2020. In addition to this loss, Tri-Valley Haven had to cancel or scale down several fundraising events, such as the Haven's 5K/10K Annual Walk/ Run Fundraiser in October 2020. Many of TVH's older volunteers had to stay home during the pandemic, as it was not safe for them to donate their time. This caused the Haven to incur increased staff wage expenses. The agency also spent thousands of dollars on cleaning supplies and personal protective equipment to keep staff, volunteers, and clients safe.

Elliston Vineyards is a historic vineyard for weddings, events, and wine tastings in the hills of Sunol. Like other restaurants, due to COVID-19, Elliston was shut down for business in 2019-2020, and business has since been slow due to CDC and County's orders during 2019-2021. Due to COVID-19, Elliston Vineyards had to purchase and add outdoor equipment/furniture in order to meet County and CDC requirements.

Empire Montessori Preschool is a well-established Montessori-based daycare and preschool with bilingual (English/Chinese) programs that was founded in 2009. Their mission is to empower

children during their early development to reach even-greater independence and achieve their full potential. Their job as caretakers and educators is to understand and nurture the child's discovery of the world through their own curiosity and autonomy. They are here to support them while their budding personalities light the way. Because of the lockdown and quarantine, many kids and parents had to stay home. When things started reopening, they only saw a fraction of the families return, as many parents were still working from home or were concerned about COVID-19 exposure. It has not only been very difficult to bring enrollment up, but it has also been increasingly difficult to find preschool teachers for their school.

Black Tie has been in business in Alameda County for over 30 years. Their client base is primarily within Alameda County. Black Tie provides services for individuals, companies, schools, and charitable organizations. Their mission is to provide outstanding, safe, reliable, and dependable transportation service for all their clients in Alameda County. Black Tie also serves Seniors in Pleasanton, as they are performing a transportation contract for the City. Their Pleasanton Rides program has enrolled over 600 Seniors. Prior to the pandemic, Black Tie employed 110 people. Their average monthly revenue was \$1 Million / \$12 Million annually. On average, Black Tie would perform 120 rides per day. In March 2020, business went to zero. The government shutdowns and quarantines put a stop to all transportation needs. For nearly 4 months their revenue was zero. This resulted in a loss of nearly \$4 Million dollars in 2020. In the process, Black Tie furloughed all employees except for 8 people. Black Tie maintained a presence in Alameda County just in case their clients needed service. Black Tie also paid all their employees' healthcare costs up to September of 2020. Black Tie continued to pay creditors to the best of their ability and negotiated payment deferrals with finance companies that would extend their credit. Black Tie also took on additional debt to fund payroll, healthcare, and essential resources. For most of 2020, Black Tie struggled financially, physically, and monetarily to save their company. Black Tie had an obligation to their 110 employees, many of which had been at Black Tie for 20 years, to preserve Black Tie and to persevere. As of today, Black Tie is still in a fight to regain the business they once had and earn the revenue and profits necessary to rebuild their company.

Strizzi's mission is to provide the best meal and dining experience for all their guests. It is also their mission to provide a safe work environment for all employees. This entails competitive pay, medical & dental insurance, as well as a 401(k). Strizzi's is one of Alameda County's longest surviving employers and hopes to continue to be for many years to come. Of the 137 employees they had on payroll on March 15, 2020, 51 of them were furloughed on March 31, 2020. On the same date, Strizzi's reduced the scheduled hours of an additional 42 employees. In addition, they were forced to permanently close 1 location (Rigatoni's Red Smoke Grill in Pleasanton) due to its proximity in the Hacienda Business Park. Many of Strizzi's customers worked near this location. Even today, Strizzi's sales are down 12.69% YTD as compared to pre-Covid sales. In addition, Strizzi's has seen dramatic supply cost increases as well as the increased cost of third-party delivery companies. Those costs amount to almost 5% of net sales. Their costs for labor have also drastically increased with the continued increases of minimum wage and its effects on the pay scales of all employees.

Tri-Valley Nonprofit Alliance's (TVNPA) mission is to provide local nonprofit organizations with opportunities to meet, collaborate, share resources, and strengthen each other as they work to raise community awareness and strive to achieve their missions. TVNPA's in-person meetings were the cornerstone of their organization, providing nonprofit employees, board members, volunteers, donors, etc. to connect, build relationships, collaborate, and learn from each other. When the pandemic began, it took away their ability to continue their planned programs, as well as their personal connections to nonprofit communities. They are often referred to as the chamber of commerce for nonprofits. Just like many chambers, the TVNPA's membership dropped, and they lost that revenue along with revenue for paid programming, sponsorships for their free monthly programs and their Stronger Together Festival. The TVNPA pivoted and raised funds for six safety net organizations identified by the cities, however, they took none of the \$183,000 they raised.

The Livermore Rodeo Foundation (LRF) has been very active since established in late 2008 as a non-profit 501(c)3 organization with the goal of giving back to the community and keeping the spirit, heritage, and tradition of agriculture, ranching and rodeo alive. The Livermore Stockmen's Rodeo Association (LSRA) will celebrate its 101st Rodeo this year. During World War I, the Rodeo was initially formed to raise money to support the efforts of the Red Cross in helping soldiers and veterans. The determination and hard work of LSRA and LRF has created a unique partnership that is committed to encouraging and preserving the sport of rodeo here in the Livermore community. LRF has held an annual Dinner Fundraiser in conjunction with the Rodeo Queen Contest with remarkable success. Along with other fundraising efforts, LRF has granted over \$152,000 to the local Livermore Community. They support programs such as the Livermore Future Farmers of America, Livermore Junior Rodeo, Livermore High School Agriculture Program, LARPD, and Valley Care Ryan Comer Breast Cancer Library. As a result of COVID-19, Livermore Rodeo Foundation was unable to give out student scholarships, donations to the local VFW, or their Breast Cancer donation to the local Valley Care project.

For 44 years, NAMI Alameda County has supported peers and caregivers who confront diseases right here in District 1. With 1,100 chapters, NAMI advocates for the mentally ill and their caregivers on a local and national level. NAMI offers weekly support groups for people diagnosed with mental illness and for caregivers (mostly parents) of people diagnosed with serious mental illness. In their eight-week educational program, NAMI presents a curated set of evidence-based, practical, and theoretical information as well as local resources and personal support for each crisis as it appears. The NAMI national group keeps abreast with current developments in treatment and management of mental illness as curriculum for their local program. When implemented, these best practices benefit both families as well as the public. In response to the pandemic and mental health problems it has aggravated, NAMI has spent beyond their budget, specifically \$20,000 thousand dollars.

The Mission of the Purple Orchid Wine Country Resort and Spa is to provide a world class experience to those in the community along with travelers visiting Livermore Valley Wine Country. After COVID-19, Purple Orchid closed their entire property for six months, and their day spa for one year. Weddings and events are not projected to recover until 2022.

McGrail Vineyards and Winery are a boutique winery in the Livermore Valley that strives to create the finest wine and wine country experience for those in our community and those visiting our community. McGrail had to shut down their tasting room operations which led to a huge negative economic impact. They lost over 1,000 club members due to the pandemic and lost revenue from their normal tasting room traffic as well as their quarterly wine club shipments.

Founded in Oakland in 1972, Family Paths was started for parents by parents as a volunteer-run hotline providing stressed caregivers with someone to talk to when they needed support to prevent child abuse. For the past 50 years, Family Paths have expanded to become a multi-pronged mental health and family support agency, serving extremely low-income families, foster families, and in the past several years, increasing their focus on serving fathers. Their services include Parent Education classes, CalWORKs case management, therapeutic and employment services, and mental health services to children and their families who are victims of abuse, at risk of child abuse or have experienced trauma. Their mission is to build the skills, knowledge, and support for stronger families in the Bay Area with respect, integrity, compassion and hope. Beginning March 1, 2020, Family Paths incurred \$553,00 in lost revenue from Families in Transition (FIT) and CalWORKs. Year 2021 entailed a \$2 Million loss of revenue from FIT contract totaling \$3.354M, of which they only earned \$1.34M. In year 2022, Family Paths saw another \$1.958 Million in revenue loss from FIT contract totaling \$4.289M of which they expect to earn \$2.331M. Loss of revenue is also due to Covid-19 related low referrals and cancellations, reduction in client services directly related to the pandemic's shelter in place, the telehealth transition, and remote schooling.

EduCare Daycare's mission is to offer the care, comfort, fun and safety the children under their care deserve. EduCare provides parents the peace of mind that comes from knowing their child is in the best of hands. EduCare are completely transparent in their programs, and they make communication with parents a paramount part of the childcare environment. The childcare system as a whole is at risk of collapse due to the economic impact of COVID-19. EduCare has lost clients due to the loss of jobs, and has three employees who depend on EduCare to provide for their families. Enrollment has decreased by 55%, so EduCare needs emergency aid to pay employees and make up for lost wages.

Good Nails is a Dublin-based salon that, like all salons, was forced to close for much for the pandemic. While the business is now reopened, customers are not returning, and income has dropped significantly. Good Nails struggles to pay monthly rent.

Glamour Nail Spa is a small nail salon that provides personal care services to all members of the community. When COVID-19 started in March 2020, the salon was forced to close due to the shelter-in-place orders. Since nail salons were considered high-risk, Glamour Nail Spa was closed longer than most other kinds of businesses. During the closure, the business had no income, causing Glamour Nail Spa to fall behind on rent payments. What's more, the prolonged closure made it difficult to rebuild their clientele.

Amalfi restaurant provides an upscale Middle Eastern dining experience for the Tri-Valley area. Amalfi are the first fully halal fine dining restaurant in the Bay Area and takes pride in serving their community. When Covid began, Amalfi experienced a steep decline in sales and had to offer strictly take-out. Still, sales were the bare minimum and Amalfi had to let employees go.

Hunter Joseph Salon's mission is to provide the best customer service, quality produce, and a well-educated staff. Hunter Joseph Salon has lost 4 stylists since the beginning of the pandemic and is struggling to hire new employees. Rent for the salons are increasing as of April 2022, and the owner is struggling to pay expenses to keep the business running.

Nurturekids Montessori (NKM), a woman-owned organization has been in business since 2015 and contributed to the early childhood education sphere immensely. Their focus has been on the all-around development of the child through academics and extracurricular activities that give them exposure and prepare them for the world. In their endeavor to constantly improve, Nurturekids Montessori also introduced the Smart-board style of teaching that uses digital technology to impart lessons. Nurturekids' philosophy to balance the left and right side of the brain encourages them to implement different programs which are STEM-based and involves physical activities, like taekwondo, dance, soccer, art, science projects, and much more. From a revenue of \$420,000 (approx.) in 2019, Nurturekids' revenue fell to \$134,400.00 in 2020, \$121,000.00 in 2021, and \$77,000 in April 2022. Nurturekids Montessori has seen a sharp decline in the business. Their aggressive efforts to continue to grow were hampered by the pandemic in 2020 and stalled the progress of their endeavors. Due to almost no admissions and escalating costs to keep the school open during the pandemic, they have been on the backfoot to rejuvenate their premises.

Tucknott Electric Company has been in business for 50 years on June 1st, 2022. Robert A. Tucknott is the sole owner and started the business with one electrician in a rented building on 6/1/1972. Tucknott Electric are a full-service electrical maintenance and service company that specializes in design build electrical construction work. Of late, the company has worked on projects at the Livermore Airport servicing the community through the Alameda County Sheriff's Department, Angel Flight, Coast Guard Auxiliary and CalDart (California Disaster Air Relief Team). Our airport is an essential part of the supply line and emergency services needed to protect our population and community. Since the beginning of the pandemic, Tucknott lost their entire crew and have yet to get sufficient trained personnel re-employed. They are struggling and have used almost all their reserves to keep the business going.

Spices has served in Fremont for 8 years and are known to be a spot for gathering and building bonds. They actively participate in community service by providing free food to those in need, including homeless and children with special needs through religious organizations. As a result of COVID, Spices is on the verge of closing.

The mission of Dublin Nails is to give their customers a memorable experience. Dublin Nails are very passionate about nails, so they not only provide services, but also educate their customers

on new products and services. Due to Covid-19, their business struggled to pay for rent, supplies, payroll, and insurance.

Debut Salon's mission is to serve the seniors and the community by specializing in senior service. Due to Covid-19, the salon was closed for almost a year. Debut lost all its contractors and has amassed a large amount of debt due to the building lease.

Singh Sign's mission is to become the "Industry Leader" of custom signage encompassing design, fabrication, installation, and service, by establishing a cohesive organization that is committed to working together, dedicated to providing excellent service to its customers, and by recognizing that their relationship with their employees is the key to success. Since the pandemic, Fremont Sign Company has experienced very slow or no business for about two years.

iniBurger was founded based on serving clean, healthy, natural, burgers, chicken sandwiches, and popular side dishes to the communities it serves. This means the proteins are of high standards with many being hormone free, antibiotic free, free of animal by products and 100% halal. Prior to COVID, the restaurant was designed for a dine-in restaurant experience, all of which had to be thrown out the window and redesigned for an empty restaurant that could only provide food to go. This new paradigm required all new POS system, new kitchen systems, new packaging, all new products to hold up better for delivery, retraining of employees and more. For the last couple of years iniBurger has experienced expenses related to safety products which were unbudgeted including face mask, sanitizers, gloves, and other products to keep their staff and community safe. They lost several key employees because of their fear of COVID, resulting in their resignation from the company. This increased the cost of recruiting hiring, and training. Even today, iniBurger is not at the level of sales they originally forecasted.

The mission of AJ's Coffee is to provide a friendly and comfortable drive-thru coffee shop atmosphere for their employees where customers are offered quality and speedy service. COVID-19 caused a negative economic impact to the business and caused the shop to close a few days. The slow business hurt friends and families that were relying on their income from work to support themselves. Many of the employees are college students and need to work to support themselves.

Auto Pro Detailing's mission is to provide the highest level of auto detailing services using only high-quality premium products, meticulous attention to detail, and excellent customer service. Auto Pro Detailing is a family-owned and run business. Marvin first established Auto Pro Detailing in 1994 and his brothers Mynor and Bryon joined later to expand the business. In March of 2020, both locations for their business were closed. Because of the nature of their detailing business, they were unable to find a way to reopen with proper PPP standards. The business suffered drastic financial issues due to unemployment, which caused vehicle detailing demand to fall. The only source of income they received was gone until conditions changed.

Auto Pro Detailing suffered from shortage of supplies, increase of material prices and shortage of employees.

Bay Media Star's mission is to provide internet phone video security services to clients throughout the Bay Area. The business closed for a few months due to Covid, and experienced lack of equipment and labor issues as a result of reopening.

BoaVentura de Caires Winery is dedicated to creating delectable, approachable wines for every household. They strive for the same qualities in their hand-crafted, estate-grown vintages as they do in the art of winemaking: originality, integrity, and complexity. BoaVentura were closed for over year due to Covid, then suffered due to local wildfires. It's been an ongoing battle to get business back up and running. Because of the pandemic, they had to lay off all workers, which has resulted in a backlog of work. The business is nowhere near the level of income as it was pre-pandemic, so BoaVentura are unable to hire more workers.

QTea is a family-owned business that provides drinks & snack food to the community since 2016. QTea was unable to operate during lockdown in 2020. The COVID-19 pandemic continues to impact the business, as all supplies, utilities, and labor costs have increased. Business has declined by 40% since COVID-19.

360 Web Designs is a full-service web developing company with the mission of helping small to medium size business pivot after the lockdown to be more successful. At the end of 2019, 360 Web Designs hired additional programmers and web designers to expand their project volume. They started 2020 on track to earn around \$300,000. Unfortunately, the Covid-19 lockdowns stymied that plan. The company ended up grossing around \$170,000. 360 Web Designs managed to keep their entire team working, but at the expense of earning only around \$3,300 in profit. The owner had to stop taking a salary beginning in June of 2020 through March 2021. In 2021, their gross revenue dropped by \$10,000. This year has been tough as well, yet they have managed to keep their team employed.

The mission of Dublin Fitness is to provide access to fitness classes and personal training to members of the Dublin community, and to create an environment where community members interested in living a healthy lifestyle can come together and support and inspire each other. As a result of the COVID mandates, Dublin Fitness were forced to cancel all their fitness memberships. They were a new business at the time (started 3/14/2019), so this was a huge financial impact. They had just invested in the software required for memberships and redesigned the gym to better serve members. Dublin Fitness received no rent relief yet managed to pay rent and bills on time.

The Dublin United Soccer League (DUSL) is a non-profit youth soccer organization in the City of Dublin. They are one of the oldest soccer clubs in the Bay Area, having served the Dublin and Tri-Valley community since being established in 1967. They believe participation in team sports is a transformative experience which teaches lessons beyond the playing field. DUSL utilizes

modern approaches to player development in a curriculum that incorporates the technical, tactical, physical, and psychological aspects of the game. They are the only youth soccer program that incorporates a sports mental development coach to work directly with youth players as they transition from COVID-19 restrictions to a less restrictive environment. Since the pandemic, DUSL has lost 36% of their annual revenue from 2019 to 2021. They anticipate that this loss will continue into 2022, as their registration has reduced from 700 players to under 500 players for the same period. The largest pool of players not returning to soccer are the players that live in financially challenged households. What's more, their annual budget of \$35,000 has been reduced to under \$10,000 due to the loss of registration funding.

EverPro Kids offers art classes to kids in grades K-8 in the City of Dublin and San Ramon. Their mission is to bring art close to budding young artists and provide them a platform to explore the creative side of their mind in a fun and learning environment. Due to COVID, their enrollment, registration, and the way they run in-person classes were affected immensely. Kids were not able to join in-person classes. Their revenue dropped from \$75,000 in the year 2019 to \$29,000 in the year 2020 (a decline of 62%) and \$39,000 in year 2021 (a 48% decline). In addition to reduced revenue, the cost of rental facilities and supplies (paints, drawing pads, pencils, brushes, etc.) have increased dramatically.

Family Childcare is a home daycare provider that serves families in Dublin, Pleasanton, and Livermore. Since the beginning of the pandemic, many parents are now staying home, so demand has decreased significantly. Family Childcare is struggling to purchase cleaning/COVID safety supplies to continue with the business.

Mimosa Nails and Spa provides beauty services including complete nail care and waxing. Since the pandemic began in March of 2020, the business has been greatly affected, experiencing a 70% decline in income. Mimosa continues to suffer financially.

Livermore Barber Shop is a community-based barbershop that takes care of the community, gives back to schools, first responders, and gets involved in making Livermore a great city to live in. Like many salons and barber shops, the Livermore Barber Shop has struggled to regain the number of customers they had prior to the pandemic. In addition, they had to invest heavily in extra supplies, including barriers in between hair-cutting stations.

Liv Beauty is in the beauty industry and offers skincare, lashes, massage, and spray tan. During COVID, they were forced out of their location in Pleasanton after paying rent all of 2020. Liv Beauty relocated to Livermore and were able to reopen only to be forced to close again. Even when Liv Beauty was permitted to reopen, they were not allowed to offer all the services they usually offer. They lost over a year's worth of income.

People to People Foundation is a non-profit organization established to provide shelter, care, and education to poor and orphaned children in India, teaching them skills that will create a positive change in their lives and in their communities. People to People are currently supporting the

Infant Jesus Children's Home which cares for 105 HIV-positive children and 35 HIV-positive women, and the Jnana Mandira home for 42 girls and boys. Both homes are in the inner city of Bangalore, India. The HIV-positive children have been deserted by their parents and are outcasts in society. The orphans at Jnana Mandira have been left by their parents who cannot support their children's survival. Typically, People to People earn approximately \$30,000 during their annual fundraising efforts. They were able to have a fundraiser March 8, 2020. They received \$43,519 income for the year. They were not able to have an in-person fundraiser in 2021. Because most of their donors are elderly, People to People chose to send donation requests by email rather than an online zoom event, and thus earned \$15,547 (a shortfall of \$27,972).

The mission of Hop Devine is to serve craft beer and wine to their community, and to build lasting relationships. Negative impacts as a result of COVID include supply chain issues, staff shortages, and shifting from an indoor dining restaurant to outdoor with limited seating.

The BBQ Factory serves high-quality Chinese cuisine to the Fremont community. Since the beginning of the pandemic, their business has been reduced by 40%.

Khyber Pass Kabob has been serving the community with traditional Afghani food for the last few years. Khyber Pass, along with many other restaurants in the Bay Area, was forced to shut down and thus lost significant revenue.

KTV Interest is a small, local business that does birthday parties and celebrations for groups in Dublin. Due to COVID-19, their business needed to shut down over 1 year and 5 months and thus lost significant revenue.

Falafel Village believes in serving quality Halal food at reasonable prices. Their commitment is, first and foremost, to providing the community with the best experience possible. They inherited their recipes from generations of experienced chefs that mastered the rich flavors of authentic Mediterranean cuisine and kabob. Since Apr 2020, they have incurred losses of \$6,983.75 in 2020 and \$25,932.51 in 2021. In Feb 2021, \$5,103.55 of those losses were compensated for by the City of Dublin through its Recovery Boost Program, which leaves roughly \$27,800 of combined losses. Furthermore, around this time last year, Falafel Village applied to the RRF but unfortunately, funding ran out before they got to their application. As a result, they were unable to invest in employees or in the infrastructure of the business, with many plans scrapped to focus on staying afloat. They have had to put in extra uncompensated hours and to rely on the help of family and friends to get through ordinary business issues such as maintenance. Doing so has allowed them to not fall behind too much, and they have thus shown great determination to pay rent and bills on time, keep their employees' schedules instead of cutting hours, and absorb rising costs for as long as possible for the benefit of their customers as well.

New Amador Spa's mission is to provide a variety of massaging services in order to reduce muscle tension and stress, while increasing oxygen flow and range of motion. They started their business in Dublin in 2013. Over the past nine years, they have served 100,000 customers in

Dublin, San Ramon, Pleasanton and surrounding areas, creating more than 10 job opportunities. Since March 2020, New Amador Spa had to close their business for over 10 months, resulting in the business owing over \$20,000 in rent. Overall business has declined by 70%.

Pacific Chamber Orchestra, now in its 33rd season, is a regional professional ensemble dedicated to sustaining and extending the rich heritage of classical music for a chamber orchestra of 8 to 42 musicians through inspiring performances and engaging educational programs. In March 2020, performing arts organizations like Pacific Chamber Orchestra were mandated to close in response to the COVID-19 outbreak. While other sectors of the entertainment industry, including professional sports, were working to return to modified seasons, the performing arts industry remained largely shut down, unlikely to reopen in a conventional manner in the near future. In the aftermath of the pandemic, when Pacific Chamber Orchestra was finally able to resume holding live in-person concerts in July of 2021, the organization was highly responsive to a local community in need of recovery and healing. Now more than ever, after over two years of dealing with the restrictions, particular attention needs to be paid to transforming those communities which have emerged more vulnerable to and adversely affected by the global pandemic.

Three Sheets Craft Beer Bar is a local gathering place for the residents of Dublin and the Tri-Valley. They've been in business in Dublin since 2014 and love supporting the local community through events, charitable giving, and providing a space where everyone is welcome to come together. On March 17, 2020, they were required to close their business completely due to the mandates. This complete closure lasted approximately 2 months. At such time, they were permitted to operate again on an extremely limited basis on and off for the next two years. Gross sales were down (+70% 2020 vs 2019), (+60% 2021 vs 2019), (+50% 2022 YTD vs 2019). Despite the massive loss of income, they worked hard to be able to retain their staff and remain current on debts. It continues to be a struggle as the cost of operations and staffing continue to increase and they are still actively working to get back to the level of business they achieved before COVID closures in 2020.

Rahma Mediterranean Grill provides high quality Mediterranean cuisine to the Dublin community. COVID has led to a significant decline in sales, an increase in prices, and a staffing shortage.

Sarika Rathi, owner of Garden Playhouse Daycare, offers a Waldorf-inspired licensed family childcare located near Fremont BART. Their mission is to foster creativity and imagination among children by storytelling, providing natural and handmade toys and practical life activities in a safe and nurturing environment, which helps in whole child development. They nurture children to have a lifelong love for learning. When the pandemic began, many parents withdrew enrollment and few parents who stayed paid a nominal tuition rate. The childcare business has been substantially hit due to COVID-19, which resulted in lower enrollment and loss in income in the amount of \$17,836.

Silk Nail Design is a nail salon located in Dublin that experienced significant revenue loss as a result of COVID-19 lockdowns and investment in PPE.

Luxor Nails & Spa offers manicures, pedicures, and facial and body waxing. They service the local Dublin, Pleasanton, Livermore, San Leandro, and San Ramon communities and try to support the local community by purchasing goods and services from local vendors and businesses. In addition, they have supported local schools by providing donations for events. The business' annual ordinary income was as high as \$90,583 in 2017 and \$47,171 in 2018. However, they experienced losses in 2020 and 2021 equaling \$103,051. This year, they project they may still lose around \$8,000 to \$13,000 but are hopeful that this amount is lower if recovery improves at a better pace. In addition to these losses, they still owe money in rent and goods and services.

Wow Wow Hawaiian Lemonade Livermore has a mission to inspire and uplift their customers with a craft lemonade stand experience by serving fresh pressed lemonades, craft acai bowls, and healthy bites, while leaving a reduced environmental footprint for the next generation. At the beginning of the pandemic, Wow Wow was in the middle of construction of their store. With difficulties finding contractors to work on the construction of the store and the supply chain crisis, projected opening of the store was pushed back nearly 6 months.

Terra Mia is a family restaurant supporting local businesses and community since 2006. Terra Mia used to be open 7 days a week, serving 5 lunches and 7 dinners. Now, they are serving only 6 dinners per week. Terra Mia once had 35+ employees, but now has 25% less. They used to do more special events with local wineries but can now barely operate 6 Dinners. Expenses are also much higher now than pre-COVID.

FINANCING:

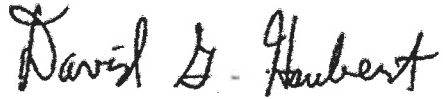
Funds are included in the FY 2021-22 ARPA Fund District 1 Budget. There is no increase in net County cost.

VISION 2026:

Support of the Dublin Chamber of Commerce, Fremont Chamber of Commerce, One Nation Dream Makers, Tri-Valley Haven for Women, Empire Montessori Preschool, Black Tie Transportation, Strizzi's Restaurants Inc, Tri-Valley Non-Profit Alliance, Livermore Rodeo Foundation, NAMI Alameda County, The Purple Orchid Wine Country Resort and Spa, McGrail Vineyards and Winery, Family Paths Inc, Educare Daycare, Good Nails, Glamour Nail Spa, Amalfi Mediterranean Fusion, Hunter Joseph Salon, Nuturekids Inc, Tucknott Electric Co., Spices Fremont, Dublin Nails Corporation, Debut Salon, Singh Signs, iniBurger Fremont LLC, iniBurger Pleasanton LLC, AJ's Coffee, Auto Pro Detailing Inc, BoaVentura de Caires Inc, QTea, 360 Web Designs, Dublin Fitness LLC, Dublin United Soccer League Inc, Everpro Kids, Family Childcare, Mimosa Nails & Spa, Livermore Barber Shop, Liv Beauty, People to People, Hop Devine, BBQ Factory, Khyber Pass, KTV Interest Inc, Falafel Village, New Amador Spa LLC, Pacific Chamber Orchestra, Three Sheets Craft Beer Bar, Rahma Mediterranean Grill, Sarika Rathi, Silk Nail Design, Luxor Nails and Spa, Wow Wow Hawaiian Lemonade

Livermore, and Terra Mia meets the **10X Goal of Fiscal Stewardship** in our shared vision of a **Thriving and Resilient Population**.

Very truly yours,

A handwritten signature in black ink that reads "David G. Haubert". The signature is written in a cursive style with a large, stylized 'D' and 'H'.

David Haubert
Alameda County Supervisor
District 1

Attachment A: District 1 ARPA Grant Recipients 06/28/2022

Name	Grant Amount	Principal	Location
Dublin Chamber of Commerce	\$50,000	Ingeborg Houston	Dublin
Fremont Chamber of Commerce	\$50,000	Cindy Bonior	Fremont
One Nation Dream Makers	\$25,000	Ronnie Forbes	Livermore
Tri-Valley Haven for Women	\$25,000	Christine Dillman	Livermore
Elliston Vineyards	\$20,000	Kenny Zhao	Sunol
Empire Montessori Preschool	\$20,000	Shixia Yang	Fremont
Black Tie Transportation	\$20,000	William Wheeler	Pleasanton
Strizzi's Restaurants, Inc	\$20,000	Tim Ludden	Pleasanton
Tri-Valley Non-Profit Alliance	\$15,000	Katherine Young	Livermore
Livermore Rodeo Foundation	\$15,000	Kathleen Minser	Livermore
NAMI Alameda County	\$15,000	George Black	Oakland
The Purple Orchid Wine Country Resort and Spa	\$15,000	Derek Eddy	Livermore
McGrail Vineyards and Winery	\$10,000	Ginger McGrail	Livermore
Family Paths, Inc	\$10,000	Barbra Silver	Oakland
Educare Daycare	\$10,000	Cristina Avila	Hayward
Good Nails	\$10,000	Hang Tran	Dublin
Glamour Nail Spa	\$10,000	Din Voong	Dublin
Amalfi Mediterranean Fusion	\$10,000	Khaled Aburahma	Dublin
Hunter Joseph Salon	\$10,000	Karen Nguyen-Louie	Dublin
Nurturekids Montessori	\$10,000	Shalini Shahani	Dublin
Tucknott Electric Co.	\$10,000	Robert A. Tucknott	Livermore
Spices Fremont	\$10,000	Jack Wang	Fremont
Dublin Nails Corporation	\$10,000	Tien Xuan Le	Dublin
Debut Salon	\$10,000	Theresa Helms	Dublin
Singh Signs	\$7,500	Rajinder Bhachu	Fremont
iniBurger Fremont, LLC	\$7,500	Abdullah Popal	Fremont
iniBurger Pleasanton, LLC	\$7,500	Abdullah Popal	Pleasanton
AJ's Coffee	\$5,000	Ahmad Aljaafreh	Dublin
Auto Pro Detailing, Inc.	\$5,000	Marvin Marroquin Santiago	Dublin
Bay Media Star, Inc.	\$5,000	Della Ou	Fremont

Boa Ventura de Caires, Inc.	\$5,000	Brett Caires	Livermore
QTea	\$5,000	Cindy Poon	Dublin
360 Web Designs	\$5,000	Charles Donaldson	Dublin
Dublin Fitness, LLC	\$5,000	Julie McCallson	Dublin
Dublin United Soccer League, Inc.	\$5,000	James Fulwiler	Dublin
Everpro Kids	\$5,000	Shweta Agrawal	Dublin
Family Childcare	\$5,000	Maria Gomez	Dublin
Mimosa Nails & Spa	\$5,000	Dung Lam	Livermore
Livermore Barber Shop	\$5,000	Jerome Fahnhorst	Livermore
Liv Beauty	\$5,000	Daniell Fahnhorst	Livermore
People to People Foundation	\$5,000	Lori Murphy	Pleasanton
Hop Devine	\$5,000	Rustin Skinner	Livermore
BBQ Factory	\$5,000	Jia Yin Zhan	Fremont
Khyber Pass	\$5,000	Mawary Nasiri	Dublin
KTV Interest, Inc.	\$5,000	Joe Zheng	Dublin
Falafel Village	\$5,000	Yaseen Rahhal	Dublin
New Amador Spa, LLC	\$5,000	Ningyu Zhu	Dublin
Pacific Chamber Orchestra	\$5,000	Leslie Silberman	Livermore
Three Sheets Craft Beer Bar	\$5,000	Wendy Rather	Dublin
Rahma Mediterranean Grill	\$5,000	Tamer Mansure	Dublin
Sarika Rathi	\$5,000	Sarika Rathi	Fremont
Silk Nail Design	\$5,000	Viet Hua	Dublin
Luxor Nails and Spa	\$5,000	Tai Huynh	Dublin
Wow Wow Hawaiian Lemonade Livermore	\$5,000	Anthony Corpuz	Livermore
Terra Mia	\$5,000	Francesco Fucilla	Livermore
Total	\$572,500.00		

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/7/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 50,000Beneficiary's Name: Dublin Chamber of CommerceExecutive Director: Ingeborg HoustonStreet Address: 6300 Village Parkway, Suite 100City/State/Zip: Dublin CA 94568Grantee Contact: Ingeborg Houston Phone: (925) 828-6200

Comments:

Board Member Signature: David L. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 50,000
Total								\$ 50,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30425Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Dublin Chamber of Commerce

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 6300 Village Parkway, Suite 100

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 828-6200

6. Organization's General Administration Email Address -REQUIRED-

ceo@dublinchamberofcommerce.org

7. Organization's Website URL

www.dublinchamberofcommerce.org

8. Contact Person regarding this application -REQUIRED-

First Name: Ingeborg

Last Name: Houston

Title: President and CEO

Telephone: (925)828-6200

Mobile Phone: 925-895-6899

Email Address: ceo@dublinchamberofcommerce.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Ingeborg

Last Name: Houston

Title: President and CEO

Telephone: (925)828-6200

Mobile Phone: 925-895-6899

Email Address: ceo@dublinchamberofcommerce.org

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 13

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☒ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

The Dublin Chamber of Commerce convenes leaders and influencers to foster innovation, champions a strong and vibrant business community, and is a catalyst for economic growth.

We serve the business community of Dublin, CA and the greater Tri-Valley Region.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The Dublin Chamber of Commerce suffered from not being able to hold it's annual events due to COVID-19. These events provide a major source of income for the chamber. while we were not able to operate events to sustain the chamber, our workload increased since the businesses more than ever needed the information and resources that the chamber provides. Additionally, many of our businesses were unable to pay their membership dues due to being partially or completely closed.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 1450.00
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

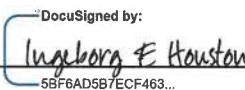
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 50000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Ingeborg E Houston

Applicant Signature:  _____
DocuSigned by:
Ingeborg E Houston
5BF6AD5B7ECF463...

Signed Date: 5/20/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/7/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 50,000Beneficiary's Name: Fremont Chamber of CommerceExecutive Director: Cindy BoniorStreet Address: 39488 Stevenson Pl., Ste. 100City/State/Zip: Fremont CA 94539Grantee Contact: Cindy Bonior Phone: (408) 921-8484

Comments:

Board Member Signature: _____

Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 50,000
Total								\$ 50,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31997Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Fremont Chamber of Commerce

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 39488 Stevenson Pl., Ste. 100

City: Fremont

Zip: 94539

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(510)795-2244

6. Organization's General Administration Email Address **-REQUIRED-**

cbonior@fremontbusiness.com

7. Organization's Website URL

www.fremontbusiness.com

8. Contact Person regarding this application *-REQUIRED-*

First Name: Cindy

Last Name: Bonior

Title: President/CEO

Telephone: (510)795-2244

Mobile Phone: 408-921-8484

Email Address: cbonior@fremontbusiness.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Cindy

Last Name: Bonior

Title: President/CEO

Telephone: (510)795-2244

Mobile Phone: 408-921-8484

Email Address: cbonior@fremontbusiness.com

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 18

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|--|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☒ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

The Mission of the Fremont Chamber of Commerce is to promote, support, and enhance a positive business environment. This is accomplished by providing a wide range of supportive and services including, but not limited to, assistance in accessing business resources, small business counseling, guidance in navigating governmental permits and compliance issues, educational opportunities addressing critical business topics, promotion of the business community and individual member businesses. We develop and produce a multitude of programs and events to assist in creating awareness in the community, leadership development and advocacy. We work to build a strong community by supporting our educational institutions and non-profits in serving their constituents as well as producing events to develop a sense of place and community.

We serve the Fremont business community, both small and large businesses, as well as the community at large. The current population of Fremont is over 230,000 people and nearly 20,000 businesses, many of which are small businesses which require support to achieve success.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The funding model for our organization relies heavily on the fundraising from community events. We do this in order to keep our dues low and affordable to all businesses. As a result of COVID, we were unable to host our community events and lost the corresponding funds. Additionally, as a 501c6, we were initially ineligible for some relief programs such as the PPP fund and were forced to furlough staff for a time. During that time, Chamber staff continued to serve members by volunteering time to assist our members in accessing resources to continue to operate their businesses. Although we have been able to welcome back a portion of our staff, we have been unable to fully staff our office again.

Our Chamber provides critical guidance and services to our community businesses and due to COVID, we have been unable to provide the level of service owed our community. With additional funding from this grant, we can apply funds to increase our outreach to members and provide them with the critical support required to continue their recovery following COVID.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 700
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 25,000
No ☐

If Yes Name of Funding Source:

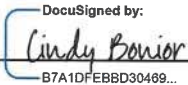
State of California

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Cindy Bonior

Applicant Signature:  B7A1DFEBBD30469...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ ~~10000~~ 25,000Beneficiary's Name: One Nation Dream MakersExecutive Director: Ronnie ForbesStreet Address: 1617 College AvenueCity/State/Zip: Livermore CA 94550Grantee Contact: Ronnie Forbes Phone: (510)205-0484

Comments:

Board Member Signature: _____

Date: _____

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10000 25,000
Total								\$ 10,000.00 25,000

Invoice Type: BRDA Invoice #: ARPA-D1-30423Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

One Nation Dream Makers

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1617 College Avenue

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 1617 College Avenue

City: Livermore

Zip: 94550

5. Organization's Telephone Number -REQUIRED-

(510)205-0484

6. Organization's General Administration Email Address -REQUIRED-

ronnie@onenationdreammakers.org

7. Organization's Website URL

www.onenationdreammakers.org

8. Contact Person regarding this application -REQUIRED-

First Name: Ronnie

Last Name: Forbes

Title: Executive Director

Telephone: 510 205-0484

Mobile Phone: 510 205-0484

Email Address: ronnie@onenationdreammakers.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Ronnie

Last Name: Forbes

Title: Executive Director

Telephone: (510)205-0484

Mobile Phone: 510 205-0484

Email Address: ronnie@onenationdreammakers.org

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 5

Current number of Part-Time Employees and Other Consultants and Contractors: 8

Current number of Board Members: 3

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☒ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

One Nation Dream Maker's Mission is to bring nutritious food to all individuals and families in need.

One Nation Dream Makers is a "last mile" delivery nonprofit organization based in Livermore, California. We currently recover and bring nutritious food to those in need, in Alameda County. The groceries consist of both food boxes and food recovery from food partners like: Costco, Safeway, Smart and Final and Grocery Outlet; to name a few.

Our founder, Ronnie Forbes is a disabled US Army Veteran from foreign wars, who is serving God and the community with this program. The focus began with helping veterans in the Tri Valley, however Ronnie soon realized that the need for the "last mile delivery," was more substantial than this and so operational efforts were expanded to any low-income person mostly in the Alameda County.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The negative economic impact has adversely impacted business operations in and through out the entire Bay Area. Our operations have suffered economically, because many of our former clients, who were going to be supporters of our non profit organization, have closed their business operations. As a result of the many needs that have come forth within the community, due to the Covid-19 pandemic.

ONDM would like to continue to provide food distribution and meal delivery services that will help meet the growing food and nutritional needs of home-bound seniors, youth, medically vulnerable individuals, and individuals and families that are experiencing food insecurity and hunger as a result of the Coronavirus (COVID-19) pandemic; in short to assist anyone with food insecurity residing within Alameda County. Our Executive Director, Mr. Ronnie Forbes will coordinate his staff and volunteers, to pick up food from farmers, grocery stores and other nonprofit entities and will deliver to the designated population.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

Amount \$ 601,300.00

No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

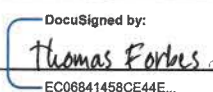
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Thomas Forbes

Applicant Signature:  _____
EC06841458CE44E...

Signed Date: 4/11/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 25,000Beneficiary's Name: Tri-Valley Haven for WomenExecutive Director: Christine DillmanStreet Address: 3663 Pacific AvenueCity/State/Zip: Livermore CA 94550Grantee Contact: Christine Dillman Phone: (925) 667-2707

Comments:

Board Member Signature: David G. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 25,000
Total								\$ 25,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32704Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Tri-Valley Haven for Women

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Tri-Valley Haven

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 3663 Pacific Avenue

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number **-REQUIRED-**

(925)449-5845

6. Organization's General Administration Email Address **-REQUIRED-**

Fay@trivalleyhaven.org

7. Organization's Website URL

www.trivalleyhaven.org

8. Contact Person regarding this application **-REQUIRED-**

First Name: Christine

Last Name: Dillman

Title: Interim Executive Director

Telephone: (925)449-5845

Mobile Phone: (925)231-5009

Email Address: christine@trivalleyhaven.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Christine

Last Name: Dillman

Title: Interim Executive Director

Telephone: (925)449-5845

Mobile Phone: (925)231-5009

Email Address: Christine@trivalleyhaven.org

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 41

Current number of Part-Time Employees and Other Consultants and Contractors: 7

Current number of Board Members: 9

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Tri-Valley Haven is local 501(c)3 non-profit organization, established in 1977, that serves adults and children who have experienced domestic violence, sexual assault, homelessness and/ or poverty. Nearly 100% of our clientele identifies as extremely low income per state and federal guidelines. In addition, over 50% of the clients we serve identify as people of color. Ultimately, our goal is to end domestic and sexual violence in our community through prevention, education, and service.

Tri-Valley Haven's services include a 24-hour crisis hotline, a domestic violence shelter, a homeless shelter, a transitional housing program, counseling, a rape crisis center, a busy food pantry, community education & prevention and more. All of Tri-Valley Haven's services are free of charge to our clients.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Tri-Valley Haven(TVH) runs a successful Thrift Store in Livermore, CA. The agency's shelter clients get to shop at the thrift store for free. The money the Thrift Store did and does make goes to help Tri-Valley Haven programs. On average the thrift store revenue is \$22,000 per month. The store is typically open seven days a week from 10 am - 6 pm. The store revenue primarily funds TVH's homeless services such as our food pantry and the homeless shelter.

During the pandemic, Tri-Valley Haven's Thrift Store was closed due to Public Health Orders from March 16, 2020 to June 30th 2020. When the Thrift Store did reopened it only had outside "sidewalk" sales three days a week from July 1, 2020 through Saturday, November 7, 2020. The outside retail sales space, at approximately 375 square feet, was only about 12.5% of the available retail space of inside the store. This severely limited what could be offered for sale.

Tri-Valley Haven lost approximately \$180,000 in Thrift Store revenue from March 16, 2020 - November 7, 2020. In addition to this loss, Tri-Valley Haven had to cancel or scale down several fundraising events, such as the Haven's 5K/10K Annual walk/ Run Fundraiser in October 2020. Many of TVH's older volunteers had to stay home during the pandemic, as it was not safe for them to donate their time. This caused the Haven to incur increased staff wage expenses. The agency also spent thousands of dollars on cleaning supplies and personal protective equipment to keep staff, volunteers and clients safe.

Despite all of this, Tri-Valley Haven kept all of its shelters and programs running during the pandemic, as the need for domestic violence and homeless services was high. The Haven did receive COVID-19 funds for client services such as motel stays, transportation, housing and food which was spent on urgent client needs.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒No ☐Amount \$ 62,782.33

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 402,214

If Yes Name of Funding Source:

Since March 2020 Tri-Valley Haven received grant funding for client needs due to COVID-19 from East Bay Community Foundation, Tri-Valley NonProfit Fund, Pinpoint Foundation, Sunlight Giving Foundation, Community Initiatives, Fremont Bank Foundation, Alameda County First Five, Tides Foundation, City of Dublin CARES, City of Livermore CARES, and the California Office of Emergency Services.

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Christine Dillman

Applicant Signature: 
864DAA72ED7B455...

Signed Date: 6/1/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 20,000Beneficiary's Name: Elliston IncExecutive Director: Kenny ZhaoStreet Address: 463 Kilcare Rd.City/State/Zip: Sunol CA 94586Grantee Contact: Kenny Zhao Phone: (925) 698-2680

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 20,000
Total								\$ 20,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-33186Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Elliston Inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Elliston Vineyards

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 463. Kilcare Rd.

City: Sunol

Zip: 94586

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(925) 698-2680

6. Organization's General Administration Email Address -REQUIRED-

kzhao@cmmervice.net

7. Organization's Website URL

www. Elliston.com

8. Contact Person regarding this application -REQUIRED-

First Name: Kenny

Last Name: Zhao

Title: CEO

Telephone: (925)698-2680

Mobile Phone: 9256982680

Email Address: kzhao@cmm-service.net

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Tammy

Last Name: Li

Title: GM

Telephone: (925)698-2680

Mobile Phone: 5109281331

Email Address: temmi@elliston.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 6

Current number of Part-Time Employees and Other Consultants and Contractors: 5

Current number of Board Members: 3

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Elliston vineyard is a historic vineyard for wedding and events, wine tastings, food/drink place in the hills of Sunol.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Elliston is a business providing the wine tasting, wedding, food/drink service. Like other restaurants, due to COVID-19, Elliston has been shut down for the business in 2019-2020, and the business has been slow down due to CDC and county's orders during 2019-2021. Due to COVID-19, we have to purchase and add the outdoor equipment/furniture in order to meet the county and CDC requirement to provide the outdoor service. We really need the fund to recover, hire employees and continue operations.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

No ☐

Amount \$ 5,000

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 177954

If Yes Name of Funding Source:

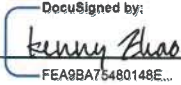
SBA PPP LOAN

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Kenny Zhao

Applicant Signature:  Kenny Zhao
FEA9BA75480148E...

Signed Date: 6/8/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 20,000Beneficiary's Name: Washington Five Investment Group LLCExecutive Director: Shimei YangStreet Address: 3765 Washington Blvd.City/State/Zip: Fremont CA 94538Grantee Contact: Shixia Yang Phone: (408)242-8898

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 20,000
Total								\$ 20,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31400Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Washington Five Investment Group LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Empire Montessori Preschool

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1350 Via Dondera

City: Santa Clara

Zip: 95051

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(510)979-1696

6. Organization's General Administration Email Address -REQUIRED-

empiremontessorifremont@gmail.com

7. Organization's Website URL

empiremontessoripreschool.com

8. Contact Person regarding this application -REQUIRED-

First Name: Shixia

Last Name: Yang

Title: owner

Telephone: 4082428898

Mobile Phone: 4082428898

Email Address: sharonyang8898@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Shimei

Last Name: Yang

Title: Executive Director

Telephone: 4088918730

Mobile Phone: 4088918730

Email Address: shimeiyang_y@hotmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 10

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Empire Montessori Preschool is a well-established Montessori-based daycare and preschool with bilingual (English/Chinese) programs that was founded in 2009. Our mission is to empower children during their early development to reach even-greater independence and achieve their full potential. Our job as caretakers and educators is to understand and nurture the child's discovery of the world through their own curiosity and autonomy. We are here to support them while their budding personalities light the way. Empire Montessori Preschool proudly does this with the Montessori Method, founded by Maria Montessori. Our population is of the Fremont families and communities, for families who have children ages 24 months to 6 years old.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

COVID-19 has impacted the school greatly. Many businesses including ours had to close our schools during the lockdown. Because of the lockdown and quarantine, many kids and parents had to stay home. When things started reopening, we only saw a fraction of the families return, as many parents were still working from home or were concerned about COVID-19 exposure. We take all the precautions to prevent the spread of disease, however enrollment has taken a huge toll. It has not only been very difficult to bring enrollment up, but it has also been increasingly difficult to find preschool teachers for our school. Our business has struggled immensely during this time and we are seeking relief.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 230700

If Yes Name of Funding Source:

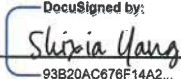
EIDL Loan

16. Amount of Cash Aid Grant Requested: \$ 100000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Shixia Yang

Applicant Signature:  Shixia Yang
DocuSigned by:
93B20AC676F14A2...

Signed Date: 4/28/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/9/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ ~~25,000~~ 20,000Beneficiary's Name: Black Tie Transportation LLCExecutive Director: William WheelerStreet Address: 7080 Commerce DriveCity/State/Zip: Pleasanton CA 94588Grantee Contact: William Wheeler Phone: (925) 989-0661

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 25,000 20,000
Total								\$ 25,000 20,000

Invoice Type: BRDA Invoice #: ARPA-D1-31932Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

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SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

Black Tie Transportation LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7080 Commerce Drive

City: Pleasanton

Zip: 94588

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 847-0747

6. Organization's General Administration Email Address -REQUIRED-

michael@blacktietrans.com

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: William

Last Name: Wheeler

Title: President / CEO

Telephone: (925)847-0747

Mobile Phone: 925-989-0661

Email Address: bill@blacktietrans.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Michael

Last Name: Rosa

Title: Chief Operating Officer

Telephone: (925)847-0747

Mobile Phone: 925-519-1075

Email Address: michael@blacktietrans.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 49

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Black Tie has been in business in Alameda County for over 30 years. Our client base is primarily within Alameda County. We provide services for individuals, companies, schools and charitable organizations.

Our mission is to provide outstanding, safe, reliable and dependable transportation service for all our clients in Alameda County.

We also serve the Seniors in Pleasanton as we are performing a transportation contract for the city. We have over 600 Seniors enrolled in our Pleasanton Rides program.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Prior to the Pandemic we employed 110 people. Our average monthly revenue was \$1 Million / \$12 Million annually. On average we would perform 120 rides per day. In March 2020 as the Pandemic hit our business went to zero. The mandated government shutdowns, quarantines and fear among us all, essentially put a stop to all transportation needs. For nearly 4 months our revenue was zero.

This resulted in a loss of nearly \$4 Million dollars in 2020.

In the process, we furloughed all employees with the exception of 8 people. We maintained a presence here just in case our clients needed our services. We also paid all of our employees healthcare costs up to September of 2020.

We continued to pay creditors to the best of our ability and negotiated payment deferrals with finance companies that would extend our credit. We also took on additional debt to fund payroll, healthcare and essential resources.

We were severely impacted by Covid-19. For most of 2020 we struggled financially, physically and monetarily to save our company. We had an obligation to our 110 employees, many of which had been with us for 20 years, to preserve Black Tie and to persevere.

As of today, we are still in a fight to regain the business we once had and earn the revenue and profits necessary to rebuild our great company.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 900,000

If Yes Name of Funding Source:

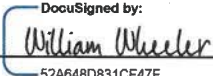
Payroll Protection Program

16. Amount of Cash Aid Grant Requested: \$ 100,000.00

17. Include the Organization-Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: william wheeler

Applicant Signature:  William Wheeler
52A648D831CF47F...

Signed Date: 5/9/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 20,000Beneficiary's Name: Strizzi's Restaurants IncExecutive Director: Ray Bartolomucci JrStreet Address: 649 Main StCity/State/Zip: Pleasanton CA 94566Grantee Contact: Tim Ludden Phone: (925) 989-1594

Comments:

Board Member Signature: David G. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 20,000
Total								\$ 20,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30995Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Strizzi's Restaurants Inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Strizzi's Restaurant & Rigatoni's Restaurant

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 3825 Hopyard Rd Ste 145

City: Pleasanton

Zip: 94588

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925) 551-3399

6. Organization's General Administration Email Address **-REQUIRED-**

tim@strizzis.com

7. Organization's Website URL

www.strizzis.com

8. Contact Person regarding this application -REQUIRED-

First Name: Tim

Last Name: Ludden

Title: vice President Operations

Telephone: (925)989-1594

Mobile Phone: (925)989-1594

Email Address: tim@strizzis.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Ray

Last Name: Bartolomucci Jr

Title: President

Telephone: (925)551-3399

Mobile Phone: (925)998-0210

Email Address: ray@strizzis.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 32

Current number of Part-Time Employees and Other Consultants and Contractors: 88

Current number of Board Members: 3

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We have 6 restaurant locations throughout Alameda County. They are located in the cities of Pleasanton, Livermore & Fremont (Strizzi's locations) and Castro Valley, Dublin & Hayward (Rigatoni's locations).

We have a diverse clientele as well as a diverse group of employees.

We serve the communities in which we operate via dine-in, take-out, delivery and catering.

Our mission/purpose is to provide the best meal and dining experience for all of our guests. It is also our mission to provide a safe work environment for all of our employees that includes competitive pay, medical & dental insurance as well as a 401(k). We have provided medical & dental since we first opened our doors in our original San Leandro location in 1986. We have provided our 401(k) plan since 2001.

We are one of Alameda County's longest surviving employers and hope to continue to be for many more years to come.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The negative economic effect of the shut downs imposed by both the County and the State have been devastating since March of 2020.

With the initial shut down orders we saw an immediate decline in our sales of 48.94%

Of the 137 employees we had on our payroll on March 15, 2020 we were forced to lay-off 51 of them on March 31, 2020 and reduce the scheduled hours of an additional 42 employees on that same date.

In addition we were forced to permanently close 1 location (Rigatoni's Red Smoke Grill in Pleasanton) due to its proximity in the Hacienda Business Park and the lack of people physically working each day in their offices whom we served.

Even today our sales are still down 12.69% YTD as compared to pre-Covid sales. In addition we have seen dramatic supply cost increase as well as the increased cost of third party delivery companies. Those costs amount to almost 5% of net sales.

Our costs for labor have also drastically increased with the continued increases of minimum wage and how that affects the pay scales of all of our employees.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐

No ☒

Amount \$ _____

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

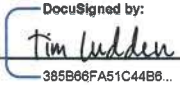
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Tim Ludden

Applicant Signature:  _____
385B06FA51C44B6...

Signed Date: 4/22/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ ~~XXXX~~ 15,000Beneficiary's Name: Tri-valley Nonprofit AllianceExecutive Director: KatherineStreet Address: 164 North L StreetCity/State/Zip: Livermore CA 94551Grantee Contact: Kathy Young Phone: (925) 699-7323

Comments:

Board Member Signature: David G. Harbert Date: 6/13/22

ACCOUNTING INFORMATION								
Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ XXXX 15,000
Total								\$ XX,XXX,XXX 15,000
Invoice Type: BRDA Invoice #: <u>ARPA-D1-31676</u> Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101 Pay Comments:								

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Tri-Valley Nonprofit Alliance

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: P.O. Box 2467

City: Livermore

Zip: 94551

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 164 North L Street

City: Livermore

Zip: 94551

5. Organization's Telephone Number -REQUIRED-

(925) 699-7323

6. Organization's General Administration Email Address -REQUIRED-

info@tvnpa.org

7. Organization's Website URL

tvnpa.org

8. Contact Person regarding this application -**REQUIRED**-

First Name: Katherine

Last Name: Young

Title: President/CEO

Telephone: (925) 699-7323

Mobile Phone: 925-699-7323

Email Address: kathy.tvnpa@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -**REQUIRED**-

First Name: Katherine

Last Name: Young

Title: President/CEO

Telephone: (925) 699-7323

Mobile Phone: 925-699-7323

Email Address: kathy.tvnpa@gmail.com

10. Information about Applicant Organization -**REQUIRED**-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 6

Current number of Board Members: 8

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Tri-Valley Nonprofit Alliance's mission is to provide local nonprofit organizations with opportunities to meet, collaborate, share resources, and strengthen each other as they work to raise community awareness and strive to achieve their missions.

We do this through monthly programming, the majority of which is free and open to anyone interested in attending. Many career development classes can be expensive and nonprofits generally operate on very small budgets. Keeping our programming free makes it possible for any nonprofit employee/board member/volunteer to participate, learn, and strength their organization.

As part of our mission to strengthen the nonprofit community, TVNPA opened the doors of CommonPoint Nonprofit Center in downtown Livermore on March 1, 2022. Located at 164 North L Street, CPNC is an affordable co-working office space for nonprofit organizations to establish themselves, share resources, collaborate, connect with their communities, and raise visibility. Our office space is ideal for smaller nonprofits in need of physical location or larger nonprofits in need of a satellite office. Centrally located in Livermore, CPNC offers a variety of affordable work spaces to suit a nonprofit's needs including private offices, individual cubicles, and shared desk plans. Our key starting tenants include Hively (supporting families), HERS Breast Cancer (breast cancer patients will be seen and fitted for protheses here), and Quest Science Center for a start.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

TVNPA's in person meetings were the cornerstone of our organization, providing nonprofit employees, board members, volunteers, donors, etc. to connect, build relationships, collaborate and learn from each other. When COVID-19 hit, it took away our ability to continue our planned programs, as well as our personal connections to our nonprofit communities. We are often referred to as the chamber of commerce for nonprofits. Just like many chambers, our membership dropped and we lost that revenue along with revenue for paid programming, sponsorships for our free monthly programs and our Stronger Together Festival. We pivoted and raised funds for six safety net organizations identified by the cities, however, we took none of the \$183,000 we raised. We are trying to go back to in person now but there is definitely a hesitancy to return by a lot of members and it is going much slower than we had anticipated.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

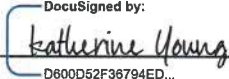
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 50,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Katherine Young

Applicant Signature:  _____
D600D52F36794ED...

Signed Date: 5/3/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/9/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 15,000Beneficiary's Name: Livermore Rodeo FoundationExecutive Director: Kathleen MinserStreet Address: PO Box 646City/State/Zip: Livermore CA 94550Grantee Contact: Kathleen Minser Phone: (925)858-6225

Comments:

Board Member Signature: David L. HubertDate: 05/09/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 15,000
Total								\$ 15,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31169Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Livermore Rodeo Foundation

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: PO Box 646

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 858-6225

6. Organization's General Administration Email Address -REQUIRED-

kathleenm@livermorerodeo.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: Kathleen

Last Name: Minser

Title: President

Telephone: (925)858-6225

Mobile Phone: 9258586225

Email Address: kminser@hotmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

~~If organization has no staff members, please list the Board Member in the main Leadership Position. -~~
REQUIRED-

First Name: Tiffany

Last Name: waller

Title: Secretary

Telephone: 9253210429

Mobile Phone: 9253210429

Email Address: tlbrown321@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 15

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

The Livermore Rodeo Foundation (LRF) has been very active since established in late 2008 as a non-profit 501(c)3 organization with the goal of giving back to the community and keeping the spirit, heritage, and tradition of agriculture, ranching and rodeo alive. The Livermore Stockmen's Rodeo Association (LSRA) will celebrate its 101st Rodeo this year. In the midst of World War I, the Rodeo was initially formed to raise money to support the efforts of the Red Cross in helping soldiers and veterans. As the foundation was created it was easy to follow the same desire, and continue to remind people of how it all really began. The determination and hard work of LSRA and LRF has created a unique partnership that is committed to encouraging and helping keep the sport of rodeo here in the Livermore community. LRF has held an annual Dinner Fundraiser in conjunction with the Rodeo Queen Contest with remarkable success. Along with other fundraising efforts, LRF has granted over \$152,000 to our local Livermore Community. We support programs such as the Livermore Future Farmers of America, Livermore Junior Rodeo, Livermore High School Agriculture Program, LARPD, and Valley Care Ryan Comer Breast Cancer Library.

As President of the Livermore Rodeo Foundation, I manage this foundation with integrity and forethought, and my belief is, success is not measured only by the money we raise, but instilling in others the passion for the preservation of America's Western Heritage, and carrying on the Rodeo tradition to be handed down to the many generations to come.

Because of the efforts of our Rodeo organizations it is my avid hope to benefit local c

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Livermore Rodeo Foundation was unable to give out student scholarships, donations to the local VFW and to our Breast Cancer donation to the local Valley Care project.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 15,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Kathleen Minser

Applicant Signature: _____

DocuSigned by:
Kathleen Minser
BC5FD126D586408...

Signed Date: 4/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/6/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 15,000Beneficiary's Name: NAMI Alameda CountyExecutive Director: Peggy RahmanStreet Address: 954 60TH STCity/State/Zip: Oakland CA 94608Grantee Contact: George Black Phone: (925)937-3497

Comments:

Board Member Signature: David L. HubertDate: 05/06/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 15,000
Total								\$ 15,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31005Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

NAMI Alameda County

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 954 60TH ST

City: Oakland

Zip: 94608

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 937-3497

6. Organization's General Administration Email Address -REQUIRED-

team@nami-alamedacounty.org

7. Organization's Website URL

https://www.nami-alamedacounty.org/

8. Contact Person regarding this application -REQUIRED-

First Name: Georgeq

Last Name: Black

Title: office of Development

Telephone: (925)937-3497

Mobile Phone: 9259373497

Email Address: geoblackgeo@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Peggy

Last Name: Rahmen

Title: President

Telephone: 510.825.1564

Mobile Phone: 510.825.1564

Email Address: peggy.rahmannamiac@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 8

Current number of Board Members: 6

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☒ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

who we are:

For 44 years NAMI Alameda County has supported peers and caregivers who confront the worst disease on earth, every single day, right here in District One. Both grassroots and national we are the mentally ill and their caregivers speaking with a national voice from 1100 local chapters.

what we do; Free, live, online and local in Alameda County District One:

Peer support -- Ongoing, weekly support groups for people diagnosed with mental illness.

Family support -- Ongoing, weekly support groups for caregivers (mostly parents) of people diagnosed with serious mental illness.

Family to Family Education -- In our eight-week educational program we present a curated set of evidence based, practical and theoretical information as well as local resources and personal support for each crisis as it appears. The NAMI national group keeps abreast with current developments in treatment and management of mental illness as curriculum for our local program. When implemented, these best practices benefit families specifically, but also benefit the safety of the general public.

Peer to Peer Education -- Even with effective treatment, a mental illness is a lifelo

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

what we need immediately:

Our (mostly volunteer) staff does a lot of good on very little money. In response to the pandemic and mental health problems it has aggravated, we have spent beyond our budget. We need to raise some money to continue. We are down about 20,000 thousand dollars and we have bills to pay. Current lack of funds prevents us from completing the Zoom training sessions for In Our Own Voice among other vital things.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐

No ☒

Amount \$ _____

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 15,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: George S. Black

Applicant Signature:  George S. Black
78C1B653AE4845C...

Signed Date: 4/22/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1QIC: 20101Request Prepared By: Lawson BellPhone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ ~~10,000~~ 15,000Beneficiary's Name: The Purple Orchid wine Country Resort And SpaExecutive Director: Rhiannon eddyStreet Address: 4549 cross roadCity/State/Zip: Livermore CA 94550Grantee Contact: Rhiannon eddyPhone: (925) 606-8855

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000 15,000
Total								\$ 10,000 15,000

Invoice Type: BRDA Invoice #: ARPA-D1-31513Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

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District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Big Eddy Ventures LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

The Purple Orchid wine Country Resort and Spa

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 4549 cross road

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 606-8855

6. Organization's General Administration Email Address -REQUIRED-

accounting@purpleorchid.com

7. Organization's Website URL

www.purpleorchid.com

8. Contact Person regarding this application -*REQUIRED*-

First Name: Rhiannon

Last Name: Eddy

Title: managing member

Telephone: (925)606-8855

Mobile Phone: 7024801105

Email Address: rhiannon@purpleorchid.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -*REQUIRED*-

First Name: Derek

Last Name: Eddy

Title: managing member

Telephone: (925)606-8855

Mobile Phone: 7023399724

Email Address: derek@purpleorchid.com

10. Information about Applicant Organization -*REQUIRED*-

Current number of Full-Time Employees: 8

Current number of Part-Time Employees and Other Consultants and Contractors: 17

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☒ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Mission to provide a world class experience to those in the community along with travelers visiting Livermore Valley Wine Country

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Closed entire property for six months, closed day spa for one year. Weddings and events not projected to recover until 2022.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☒
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 10000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 425000

If Yes Name of Funding Source:

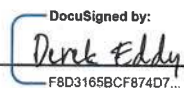
PPP

16. Amount of Cash Aid Grant Requested: \$ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Derek Eddy

Applicant Signature:  F8D3165BCF874D7...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10000Beneficiary's Name: McGrail Vineyards and WineryExecutive Director: Ginger McGrailStreet Address: 5600 Greenville RoadCity/State/Zip: Livermore CA 94550Grantee Contact: Ginger McGrail Phone: (925) 525-6875

Comments:

Board Member Signature: David L. HarbertDate: 5/10/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31098Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

McGrail Vineyards and winery

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 5600 Greenville Road

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925)215-0717

6. Organization's General Administration Email Address **-REQUIRED-**

info@mcgrailvineyards.com

7. Organization's Website URL

www.mcgrailvineyards.com

8. Contact Person regarding this application -REQUIRED-

First Name: Heather

Last Name: McGrail Lorier

Title: GM

Telephone: (925)215-0717

Mobile Phone: 9255491710

Email Address: heather@mcgrailvineyards.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Ginger

Last Name: McGrail

Title: Owner

Telephone: (925)215-0717

Mobile Phone: 9255256875

Email Address: ginger@mcgrailvineyards.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 9

Current number of Part-Time Employees and Other Consultants and Contractors: 41

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We are a boutique winery in the Livermore Valley that strives to create the finest wine and wine country experience for those in our community and those visiting our community. We serve all guests over the age of 21 from every background and demographic.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We had to shut down our tasting room operations which led to a huge Negative Economic Impact. We lost over 1,000 club members due to the pandemic and lost revenue from our normal tasting room traffic as well as our quarterly wine club shipments.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 10,000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 272132

If Yes Name of Funding Source:

PPL Loan 1 & 2 from Fremont Bank

16. Amount of Cash Aid Grant Requested: \$ 10,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Ginger McGrail

Applicant Signature:

DocuSigned by:

Ginger McGrail
88DA794488E2489...

Signed Date: 4/25/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Family Paths, Inc.Executive Director: Barbra SilverStreet Address: 1727 Martin Luther King, Jr. Way, Suite 109City/State/Zip: Oakland CA 94612Grantee Contact: Barbra Silver Phone: (510)866-3118

Comments:

Board Member Signature: David G. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31287Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

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District priorities

N/A

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Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Family Paths, Inc.

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Family Paths Inc

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1727 Martin Luther King, Jr. Way, Suite 109

City: Oakland

Zip: 94612

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510)893-9230

6. Organization's General Administration Email Address -REQUIRED-

info@familypaths.org

7. Organization's Website URL

www.familypaths.org

8. Contact Person regarding this application -REQUIRED-

First Name: Barbra

Last Name: Silver

Title: Executive Director

Telephone: (510)893-9230 x227

Mobile Phone: (510)866-3118

Email Address: bsilver@familypaths.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Barbra

Last Name: Silver

Title: Executive Director

Telephone: (510)893-9230 x227

Mobile Phone: (510)866-3118

Email Address: bsilver@familypaths.org

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 34

Current number of Part-Time Employees and Other Consultants and Contractors: 26

Current number of Board Members: 11

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☒ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Founded in Oakland in 1972, Family Paths was started for parents by parents as a volunteer-run hotline providing stressed caregivers with someone to talk to when they needed support to prevent child abuse. For the past 50 years, we have expanded to become a multi-pronged mental health and family support agency, serving extremely low-income families, foster families, and in the past several years, increasing our focus on serving fathers. Our services include Parent Education classes, CalWORKs case management, therapeutic and employment services, and mental health services to children and their families who are victims of abuse, at risk of child abuse or have experienced trauma. Our mission is to build the skills, knowledge and support for stronger families in the Bay Area with respect, integrity, compassion and hope.

We serve clients that reflect the diversity of the region, the majority located in Alameda County. Approximately 32% are Hispanic/Latinx, 30% are African American, 13% are Asian/Pacific Islander, 12% are White, 8% are multi-racial, and 5% are other ethnicities. Of our clients served, 85% are Low Income and 15% are Moderate Income. We expect to continue serving thousands of Bay Area children and families over the next year via Helpline calls, parent ed classes, CalWORKs support and counseling services. In 2021, we served 497 unduplicated clients with mental health services, parent education classes, and with our 24/7 Parenting Stress Helpline, which fielded 3,951 calls.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Year 2020 Loss from March 1, 2020

\$553,000 loss

Loss of revenue from Families in Transition (FIT) program and CalWORKs program

Year 2021 Loss

\$2 Million loss

Loss of revenue from FIT contract totaling \$3.354M of which we only earned \$1.34M

Year 2022 Loss

\$1.958 Million loss

Loss of revenue from FIT contract totaling \$4.289M of which we expect to earn \$2.331M

Loss of revenue is due to Covid-19 related low referrals and cancellations; reduction in client services directly related to the pandemic's shelter in place, the telehealth transition, and remote schooling. This brought client engagement and referrals down.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

Amount \$ 2,500

No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 1,180,222

If Yes Name of Funding Source:

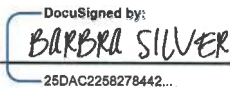
\$809,000 - Paycheck Protection Program Loan Forgiveness Program
\$297,468 - US Dept of Health and Human Services
\$73,754 - CALICO Emergency Response to Interpersonal Violence

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: BARBRA SILVER

Applicant Signature: 
25DAC2258278442...

Signed Date: 4/29/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Educare DaycareExecutive Director: Cristina AvilaStreet Address: 439 Custer rdCity/State/Zip: Hayward CA 94544Grantee Contact: Cristina Avila Phone: (659) 787-2176

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31529Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Educare Daycare

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 439 Custer rd

City: Hayward

Zip: 94544

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(650) 787-2176

6. Organization's General Administration Email Address -REQUIRED-

Educaredaycare11c@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: Cristina

Last Name: Avila

Title: Owner

Telephone: (650)787-2176

Mobile Phone: 650-787-2176

Email Address: Avilac77@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Cristina

Last Name: Avila

Title: Owner

Telephone: (650)787-2176

Mobile Phone: 650-787-2176

Email Address: Avilac77@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☒ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

The ultimate vision we have for our facility is twofold, and rooted in both the present and the future.

For the present, our goal is for parents to feel good about their childcare choice, and that the children are safe, engaged, educated, and smiling. And for the future, we want these children to warmly look back at their experience with us, and see it as a cherished part of their childhood.

Our philosophy is simple. Educare is here to offer i the care, comfort, fun and safety they deserve. And for parents the peace of mind that comes from knowing their child is in the best of hands. Each day promises an exciting new adventure, and we make sure each child experiences the joys of a truly caring loving and safe environment.

We also strive to be your partner. We are completely transparent in our programs and we make communication with you a paramount part of the childcare environment. This daycare welcomes all children from different ethnic gender and religious backgrounds along with a diverse socio economic statuses.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Despite the key role child care providers are playing in support of other essential industries during the COVID-19 crisis, the child care system as a whole is at risk of collapse due to the economic impact. am a small group home child care provider with 5 children in my care full time. I depend on the full time care I give to support my family. I have lost families due to the loss of jobs and that impacts how I can support my own family during this time. I have fears every day of how to keep my family safe from the outside virus coming into my home, but I need to continue so that I can still pay my bills and feed my own family. I have three other families that depend on me providing a job for them to support their families too. My enrollment has decreased by 55% we need emergency help to pay employees and make up for lost wages. And keep my business open and keep my employees employed. Please help me by approving me with your grant.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

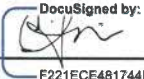
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 30,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Cristina Avila

Applicant Signature:  _____
F221ECE481744FC...

Signed Date: 4/29/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Good NailsExecutive Director: Hang TranStreet Address: 8947 san ramon rd Dublin, CACity/State/Zip: Dublin CA 94568Grantee Contact: Hang Tran Phone: (925)785-7416

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31893Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Good Nails

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 8947 san ramon rd Dublin, CA

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 551-7898

6. Organization's General Administration Email Address -REQUIRED-

Elinapham@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application *-REQUIRED-*

First Name: Hang

Last Name: Tran

Title: owner

Telephone: (925)551-7898

Mobile Phone: 925-785-7416

Email Address: Elinapham@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Hang

Last Name: Tran

Title: owner

Telephone: (925)551-7898

Mobile Phone: 925-785-7416

Email Address: Elinapham@gmail.com

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 10

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Everyone.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Covid caused business to closed and still have to maintain landlord's rent and expenses. Now business is open however, customers are not returning and income has dramatically down. Barely make end needs and rent.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

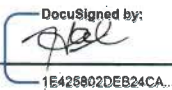
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Hang Tran

Applicant Signature: 

Signed Date: 5/7/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Glamour Nail SpaExecutive Director: Din Si VoongStreet Address: 4288 Dublin Blvd # 202City/State/Zip: Dublin CA 94568Grantee Contact: Din Si Voong Phone: (415)860-4267

Comments:

Board Member Signature: David G. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31750Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Glamour Nail Spa

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 4288 Dublin Blvd # 202

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number **-REQUIRED-**

(915) 828-2576

6. Organization's General Administration Email Address **-REQUIRED-**

Dinvoong88@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: Din

Last Name: Voong

Title: owner

Telephone: (915)828-2576

Mobile Phone: 415-860-4267

Email Address: Dinvoong88@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Din

Last Name: Voong

Title: owner

Telephone: (915)828-2576

Mobile Phone: 415-860-4267

Email Address: Dinvoong88@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 3

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

I am a small business owner of a nail salon. The people we serve consists of lower to middle class individuals seeking personal care services. We provide services to all members of the community.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

When COVID-19 started in March 2020, my nail salon was forced to close due to the shelter in place orders. Since nail salons were considered high risk settings for the spread of COVID, my business remained closed until the government allowed us to reopen. During the closure, my business had no income causing me to be behind on my rent payments. Due to the long closure, it was difficult to rebuild my clientele once the restrictions were lifted.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 30000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Din Si Voong

Applicant Signature:  _____
34D88AA3067245F...

Signed Date: 5/7/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: KALAMAL LLCExecutive Director: khaled AburahmaStreet Address: 7111 village PkwyCity/State/Zip: Dublin CA 94568Grantee Contact: khaled aburahma Phone: (415) 726-6788

Comments:

Board Member Signature: _____

Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct:	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30730Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

KALAMAL LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

DBA AMALFI MEDITERRANEAN FUSION

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7111 Village Pkwy

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: kaburahma61@gmail.com

City: kaburahma61@gmail.com

Zip: kaburahma61@gmail.com

5. Organization's Telephone Number -REQUIRED-

(925) 833-2715

6. Organization's General Administration Email Address -REQUIRED-

kaburahma61@gmail.com

7. Organization's Website URL

amalfifusion.com

8. Contact Person regarding this application -REQUIRED-

First Name: khaled

Last Name: aburahma

Title: owner

Telephone: 415-726-6788

Mobile Phone: 415-726-6788

Email Address: kaburahma61@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: khaled

Last Name: aburahma

Title: owner

Telephone: (925)833-2715

Mobile Phone: 415-726-6788

Email Address: kaburahma61@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 6

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☒ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Amalfi restaurant provides a upscale dining experience for the tri-valley area. Providing authentic Middle Eastern cuisine. Something that is rarely seen in this area. We are a family run business from the bottom we slowly built ourselves up to give the highest standards and culinary experience. We are the first fully halal fine dining restaurant in the Bay Area and we take pride to serve our community with a focus on a halal experience for all regardless of race or religion.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Opening up pre-Pandemic as a new business definitely had its ups and downs as once a business first opens it takes at least a year or two to watch it grow and succeed. When Covid hit our community we had a steep decline in sales and had to shut our doors to just be strictly take out. Even with that sales were the bare minimum and we had to let our employees go as we had to close our doors for take out too. The business struggled financially to stay afloat and notice was made that we would be closed indefinitely as of April 2021. We were able to reopen our doors just recently on March 1, 2022.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 5000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 10000
No ☐

If Yes Name of Funding Source:

City of Dublin

16. Amount of Cash Aid Grant Requested: \$ 100000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Khaled Aburahma

Applicant Signature:  6C946180DC704D5...

Signed Date: 4/18/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Hunter Joseph SalonExecutive Director: Karen Nguyen-LouieStreet Address: 7197 Village Pkwy, Suite CCity/State/Zip: Dublin CA 94568Grantee Contact: Karen NguyenLouie Phone: (925)803-7727

Comments:

Board Member Signature: David L. HubbardDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31864Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Hunter Joseph Salon

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7197 village Pkwy, Suite C

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(925)803-7727

6. Organization's General Administration Email Address -REQUIRED-

hunterjosephsalon@gmail.com

7. Organization's Website URL

www.hunterjosephsalon.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: Karen

Last Name: NguyenLouie

Title: owner

Telephone: (925)803-7727

Mobile Phone: 510-691-9229

Email Address: karennguyen@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Karen

Last Name: Nguyen

Title: owner

Telephone: (925)803-7727

Mobile Phone: 5106919229

Email Address: karennguyen71@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 4

Current number of Part-Time Employees and Other Consultants and Contractors: 4

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We strive to provide the best customer service, quality products and a well educated staff.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

I own 13 station hair salon. With the rent collected from my stylists just barely enough to make rent. Since Covid I lost 4 stylists. I am having a hard time get new stylists in. I am an Esthetician. Nor all clients are comfortable to come back to salon just yet. Every month I barely make enough to pay for all the expenses. My salon rent is going up as of April. I am trying my best to hold on to my salon. I am using my credit cards to get in products and trained for new services in hope to generate more income. I am passionately about my job , my salon and my people. I know we will one day we will get back to normalcy soon. We are one of the best salon in town. Dublin city is growing, we will be able to get more new clients into our salon. My part time stylists will be able to get back to work Full-Time. In the mean time I just need some help to help me pay for all the expenses at my salon.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

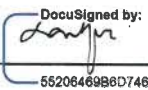
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 5000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Karen Nguyen-Louie

Applicant Signature:  _____
55206469B6D746C...

Signed Date: 5/6/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Nurturekids MontessoriExecutive Director: Shalini DewanStreet Address: 6837 AMADOR VALLEY BLVDCity/State/Zip: Dublin CA 94568Grantee Contact: Shalini Dewan Phone: (510) 364-9322

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30956Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

Nuturekids Inc.

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Nuturekids Montessori

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 6837 AMADOR VALLEY BLVD

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 160 Fremont Hub Courtyard

City: Fremont

Zip: 94538

5. Organization's Telephone Number -REQUIRED-

(925)803-5867

6. Organization's General Administration Email Address -REQUIRED-

info@wenuturekids.com

7. Organization's Website URL

www.wenurturekids.com

8. Contact Person regarding this application -REQUIRED-

First Name: Shalini

Last Name: Dewan

Title: Executive Director

Telephone: (925) 803-5867

Mobile Phone: 5103649322

Email Address: shalinidd@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Grace

Last Name: Sayo

Title: Director

Telephone: (925) 803-5867

Mobile Phone: 5106953682

Email Address: nk Dublin@wenurturekids.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 4

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 4

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Nurturekids Montessori(NKM), a woman-owned organization has been in business since 2015 and contributed to the early childhood education sphere immensely. The school has not only invested in learning for the children but the staff and management as well to be able to better provide for the children and create responsible citizens of tomorrow. Our focus has been on the all-around development of the child through academics and extracurricular activities that give them exposure and prepare them for the world. In our endeavor to constantly improve, we also introduced the Smart-board style of teaching that uses digital technology to impart lessons. Our philosophy to balance the left and right side of the brain encourages us to implement different programs which are STEM-based and involves physical activities, like taekwondo, dance, soccer, art, science projects, and much more.

Our Vision:

We believe that our children will be inspired by our dreams and ambitions. We offer the best art, science, learning pods, and taekwondo classes for toddlers and kids. Our aim is to become the pioneers in re-defining education and create an environment that encourages growth as well as enjoyment for the children. To become an internationally renowned and acclaimed educational institute by creating individualized and customized learning programs. "Our vision, as a community, is to inspire a passion for learning, for curiosity, the drive for change, and courage to dream big.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

From a revenue of \$420,000 (approx.) for 2019, declining to a revenue of \$134,400.00 in 2020 and \$121,000.00 in 2021 and \$77,000 till April 2022. Nurturekids Montessori has seen a sharp decline in the business.

Our aggressive efforts to continue to grow were hampered by the pandemic in 2020 and stalled the progress of our endeavors. Due to almost no admissions and escalating costs to keep the school open during the pandemic, we have been on the backfoot to rejuvenate our premises.

This grant will help our business get back on its feet and continue to provide an exemplary education to children in the community.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 85000
No ☐

If Yes Name of Funding Source:

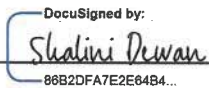
Community Care Licensing Division(\$5,000) and Federal Grant(SBA)(\$80,000)

16. Amount of Cash Aid Grant Requested: \$ 100000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Shalini Dewan

Applicant Signature:  86B2DFA7E2E64B4...

Signed Date: 4/21/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Robert A. Tucknott & Associates, Inc.Executive Director: Robert A. TucknottStreet Address: 186 Airway Blvd.City/State/Zip: Livermore CA 94551Grantee Contact: Robert A. Tucknott Phone: (925) 931-0800

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31153Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Robert A. Tucknott & Associates, Inc.

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Tucknott Electric Co.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 186 Airway Blvd.

City: Livermore

Zip: 94551

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)931-0800

6. Organization's General Administration Email Address -REQUIRED-

sue@tucknott.com

7. Organization's Website URL

www.tucknott.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: Robert

Last Name: Tucknott

Title: CEO

Telephone: (925)931-0800

Mobile Phone: 9259310800

Email Address: bob@tucknott.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Sue

Last Name: Schiller

Title: Office Manager

Telephone: (925)931-0800

Mobile Phone: 9259310800

Email Address: sue@tucknott.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 8

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☒ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Tucknott Electric Company has been in business for 50 years on June 1st, 2022. I, Robert A. Tucknott, am the sole owner and started it with one electrician in a rented building on 6/1/1972. We are a full service electrical maintenance and service company that specializes in design build electrical construction work. Of late to include projects at the Livermore Airport servicing the community through the Alameda County Sheriff's Department, Angel Flight, Coast Guard Auxiliary and CalDart (California Disaster Air Relief Team). Our airport is an essential part of the supply line and emergency services needed to protect our population and community. Tucknott Electric services all people without regard to their ethnic backgrounds and the many other sub groups under that. Currently we are working with Chabot and Las Positas College through the FBO at Livermore to develop training facilities at the airport for vocational training, mechanics, avionics mechanics and pilot training.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The negative impacts of COVID, we had our entire crew decimated through lock downs and have yet to get sufficient trained personnel re-employed. We could use some economic help to get through this hump. We are struggling and have used almost all of our reserves to keep the business going. We put the key in the door every morning, open it up and do the best we can all day, lock up at night and go home and rest for another day. Thank you for assisting us with this COVID-19 we inherited.

This form will not allow us to fill in the amount requested so Please note that for question 16, amount of aid being requested is \$100,000.00

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☒
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 5,000.00
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 76,834.00
No ☐

If Yes Name of Funding Source:

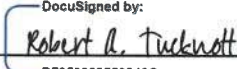
PPP draws 1 and 2

16. Amount of Cash Aid Grant Requested: \$ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Robert A. Tucknott

Applicant Signature: 
DocuSigned by:
D7369362553340C...

Signed Date: 4/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: SpicesExecutive Director: Linchi ChongStreet Address: 1616 Washington BlvdCity/State/Zip: Fremont CA 94539Grantee Contact: Spices.jack.wang@gmail.comPhone: (650) 504-1416

Comments:

Board Member Signature: _____

A handwritten signature in blue ink, reading "David G. Hubert".

Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31901Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

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District priorities

N/A

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Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Spices Fremont

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Tu Fei Hunan

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1616 Washington Blvd

City: Fremont

Zip: 94539

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510) 270-8828

6. Organization's General Administration Email Address -REQUIRED-

spices.jack.wang@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: JackLast Name: WangTitle: ManagerTelephone: (510)270-8828Mobile Phone: 650-504-1416Email Address: Spices.jack.wang@gmail.com9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-First Name: JackLast Name: ownerTitle: ManagerTelephone: (510)270-8828Mobile Phone: 6505041416Email Address: Spices.jack.wang@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 10Current number of Part-Time Employees and Other Consultants and Contractors: 4Current number of Board Members: 1**Please check the ONE that is most applicable****Business Ownership Ethnicity:**☐ African American or Black (>50%)☐ American Indian or Alaskan Native (>50%)☒ Asian (>50%)☐ Caucasian (>50%)☐ Filipino (>50%)☐ Hispanic or Latino (>50%)☐ Native Hawaiian or other Pacific Islander (>50%)☐ Multi-ethnic minority ownership (>50%)☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)☐ Decline to state**Business Ownership Gender Identity:**☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Spices restaurant has served in fremont for 8 years. We are known to be a spot for gathering , meeting, and building bonds. We actively participated community service by providing free food to those in needs, including homeless with City of Fremont, children with special needs through religious organizations

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We are at verge of closing

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Jack wang

Applicant Signature:

DocuSigned by:

CFA88E70C9814A0...

Signed Date: 5/8/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Dublin NailsExecutive Director: Tien Xuan LeStreet Address: 7131 Dublin BlvdCity/State/Zip: Dublin CA 94568Grantee Contact: 5103634830 Phone: (510) 363-4830

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32237Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

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District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Tien Xuan Le

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Dublin Nails Corporation

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7131 Dublin Blvd

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(925) 829-7522

6. Organization's General Administration Email Address -REQUIRED-

dublinnails20@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: Tien

Last Name: Le

Title: Mr.

Telephone: (925)829-7522

Mobile Phone: 5103634830

Email Address: kory.le100@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Tien

Last Name: Le

Title: Mr.

Telephone: (925)829-7522

Mobile Phone: 5103634830

Email Address: kory.le100@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 5

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Our mission at Dublin Nails is to give our customer a memorable experience. We strive to make our customers feel good and confident. We are very passionate about nails here, and that allows us to help teach and educate our customers on the new quality products and services.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Due to the economic crisis because of Covid-19, our business struggled to pay for rent, buying supplies, payroll and insurance.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

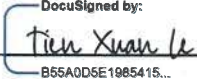
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 30,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Tien Xuan Le

Applicant Signature:  _____
DocuSigned by:
B55A0D5E1985415...

Signed Date: 5/15/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Debut SalonExecutive Director: Theresa HelmsStreet Address: 6766 Amador plaza roadCity/State/Zip: Dublin CA 94568Grantee Contact: Theresa Helms Phone: (925) 323-1044

Comments:

Board Member Signature: David G. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 10,000
Total								\$ 10,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31859Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

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District priorities

N/A

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Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Theresa Helms

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Debut Salon

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 6766 Amador plaza road

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925) 828-1401

6. Organization's General Administration Email Address **-REQUIRED-**

1debut@sbcglobal.net

7. Organization's Website URL

debutsalon.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: Theresa

Last Name: Helms

Title: Owner

Telephone: (925) 828-1401

Mobile Phone: 9253231044

Email Address: 1debut@sbcg1oba1.net

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Theresa

Last Name: Helms

Title: Owner

Telephone: (925) 828-1401

Mobile Phone: 9253231044

Email Address: 1debut@sbcg1oba1.net

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 4

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Our mission is to remain open and to serve the seniors and the community. We specialize in senior service.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Due to Covid-19 we were closed by the government for almost a year. Debut lost all its contractors and has amassed a large amount of debt due to the building lease.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 55,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Theresa Helms

Applicant Signature:  _____
3EEBBD19645642B...

Signed Date: 5/6/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 7,500Beneficiary's Name: Fremont Sign Company, Inc.Executive Director: Rajinder S. BhachuStreet Address: 44279 Fremont Blvd. Unit P., FremontCity/State/Zip: Fremont CA 94538Grantee Contact: Rajinder S. Bhachu Phone: (408) 250-5471

Comments:

Board Member Signature: David L. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 7,500
Total								\$ 7,500.00

Invoice Type: BRDA Invoice #: ARPA-D1-32170Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

Fremont Sign Company, Inc.

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

SINGH SIGNS

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 44279 Fremont Blvd. Unit P., Fremont

City: Fremont

Zip: 94538

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510) 573-3162

6. Organization's General Administration Email Address -REQUIRED-

fremontsigncompany@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: Rajinder

Last Name: Bhachu

Title: owner

Telephone: (510) 573-3162

Mobile Phone: 408-250-5471

Email Address: fremontsigncompany@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Rajinder

Last Name: Bhachu

Title: CEO

Telephone: (510) 573-3162

Mobile Phone: 408-250-5471

Email Address: fremontsigncompany@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

expand the business and hire more employee

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

The business was very slow or no business about two years

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 4200.00

If Yes Name of Funding Source:

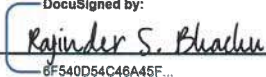
PPP Loan from SBA

16. Amount of Cash Aid Grant Requested: \$ 10000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Rajinder S. Bhachu

Applicant Signature:  Rajinder S. Bhachu
BF540D54C46A46F...

Signed Date: 5/12/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 7,500Beneficiary's Name: iniburger Fremont LLCExecutive Director: Abdullah PopalStreet Address: 44029 Osgood Rd. #140City/State/Zip: Fremont CA 94539Grantee Contact: abdullah popal Phone: (925) 207-4401

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 7,500
Total								\$ 7,500.00

Invoice Type: BRDA Invoice #: ARPA-D1-30571Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

iniburger Fremont LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

burgerim fremont LLC

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 44029 Osgood Rd. #140

City: Fremont

Zip: 94539

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510) 556-2556

6. Organization's General Administration Email Address -REQUIRED-

support@iniburger.com

7. Organization's Website URL

www.iniburger.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: abdu1lah

Last Name: popa1

Title: founder / owner

Telephone: (510)556-2556

Mobile Phone: 9252074401

Email Address: support@iniburger.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: abdu1lah

Last Name: popa1

Title: founder owner

Telephone: (510)556-2556

Mobile Phone: 9252074401

Email Address: support@iniburger.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 4

Current number of Part-Time Employees and Other Consultants and Contractors: 8

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☒ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

iniBurger was founded on the basis of serving clean, healthy, natural, burgers, chicken sandwiches, and popular side dishes to the communities it serves. This means the proteins are of high standards with many being hormone free, antibiotic free, free of animal by products and 100% halal.

With the entirely halal menu, we serve our gourmet burgers to the general population and more narrowly to the muslim population who may only consume halal food. The offshoot of serving the halal menu is everyone in the community wins by consuming a product that is better for them to consume.

iniBurger was also founded on the core principle and belief that business should not only come from the community it serves, but help support those communities through philanthropic efforts of giving back. To date, since the founding of iniBurger in July of 2020, we have donated over \$20,000 to local causes and charities including the American Red Cross, Alameda County Food Bank, Open Heart Kitchen, Rise Against Hunger, Tri City Volunteers Food Bank, Action Against Hunger, Bay Area Rescue Mission, HERS Breast Cancer foundation and many many more.

Our broader mission is to prove this model here at home, then make it available across the US through the process of franchising while keeping our core offices and founding right here in Alameda County.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We unfortunately started right in the heat of COVID. Everything was setup and designed for a dine-in restaurant experience, all of which had to be thrown out the window and redesigned for a empty restaurant that could only provide food to go. This new paradigm required all new POS system, new kitchen systems, new packaging, all new products to hold up better for delivery, retraining of employees and more.

For the last couple of years we have experienced expenses related to safety products which were unbudgeted including face mask, sanitizers, gloves and other products to keep our staff and community safe.

We lost several key employees because of their fear of COVID, resulting in their resignation from the company. This increased the cost of recruiting hiring, and training.

While we struggled with increased burden of COVID expenses, we also did not realize the forecasted sales we planned for as less consumers risked going to food establishments. Even today, we are not at the level of sales we originally forecasted.

However, while we experienced the extraordinary forces of COVID, we held true to our core principle of taking care of the community through the sale of quality food and giving back as originally intended.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 147763

If Yes Name of Funding Source:

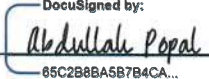
PPP1 and PPP2

16. Amount of Cash Aid Grant Requested: \$ 50000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Abdullah Popal

Applicant Signature:  Abdullah Popal
65C2B8BA5B7B4CA...

Signed Date: 4/14/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 7,500Beneficiary's Name: iniBurger PleasantonExecutive Director: Abdullah PopalStreet Address: 4233 Rosewood Drive #11City/State/Zip: Pleasanton CA 94588Grantee Contact: Abdullah Popal Phone: (925) 207-4401

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 7,500
Total								\$ 7,500.00

Invoice Type: BRDA Invoice #: ARPA-D1-30561Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

iniBurger Pleasanton LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Burgerim Pleasanton LLC

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 4233 Rosewood Drive #11

City: Pleasanton

Zip: 94588

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925) 523-0414

6. Organization's General Administration Email Address **-REQUIRED-**

iniburger33@gmail.com

7. Organization's Website URL

www.iniburger.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: abdu11ah

Last Name: popa1

Title: founder / owner

Telephone: (925) 523-0414

Mobile Phone: 9252074401

Email Address: iniburger33@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: abdu11ah

Last Name: popa1

Title: founder / owner

Telephone: (925) 523-0414

Mobile Phone: 9252074401

Email Address: iniburger33@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 4

Current number of Part-Time Employees and Other Consultants and Contractors: 11

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☒ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

iniBurger was founded on the basis of serving clean, healthy, natural, burgers, chicken sandwiches, and popular side dishes to the communities it serves. This means the proteins are of high standards with many being hormone free, antibiotic free, free of animal by products and 100% halal.

With the entirely halal menu, we serve our gourmet burgers to the general population and more narrowly to the muslim population who may only consume halal food. The offshoot of serving the halal menu is everyone in the community wins by consuming a product that is better for them to consume.

iniBurger was also founded on the core principle and belief that business should not only come from the community it serves, but help support those communities through philanthropic efforts of giving back. To date, since the founding of iniBurger in July of 2020, we have donated over \$20,000 to local causes and charities including the American Red Cross, Alameda County Food Bank, Open Heart Kitchen, Rise Against Hunger, Tri City Volunteers Food Bank, Action Against Hunger, Bay Area Rescue Mission, HERS Breast Cancer foundation and many many more.

Our broader mission is to prove this model here at home, then make it available across the US through the process of franchising while keep our core offices and founding right here in Alameda County.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We unfortunately started right in the heat of COVID. Everything was setup and designed for a dine-in restaurant experience, all of which had to be thrown out the window and redesigned for a empty restaurant that could only provide food to go. This new paradigm required all new POS system, new kitchen systems, new packaging, all new products to hold up better for delivery, retraining of employees and more.

For the last couple of years we have experienced expenses related to safety products which were unbudgeted including face mask, sanitizers, gloves and other products to keep our staff and community safe.

We lost several key employees because of their fear of COVID, resulting in their resignation from the company. This increased the cost of recruiting hiring, and training.

While we struggled with increased burden of COVID expenses, we also did not realize the forecasted sales we planned for as less consumers risked going to food establishments. Even today, we are not at the level of sales we originally forecasted.

However, while we experienced the extraordinary forces of COVID, we held true to our core principle of taking care of the community through the sale of quality food and giving back as originally intended.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 5000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 185382

If Yes Name of Funding Source:

PPP1 and PPP2

16. Amount of Cash Aid Grant Requested: \$ 50000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Abdullah Popal

Applicant Signature:  Abdullah Popal

Signed Date: 4/14/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: AJ's Coffee Dublin IncExecutive Director: David HaubertStreet Address: 7377 Amador Valley BlvdCity/State/Zip: Dublin CA 94568Grantee Contact: Ahmad Aljaafreh Phone: (650) 888-7655

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31904Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

AJ's Coffee Dublin Inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7377 Amador valley Blvd

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)230-8230

6. Organization's General Administration Email Address -REQUIRED-

ajscoffee.dublin@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: Ahmad

Last Name: Aljaafreh

Title: owner

Telephone: (925) 230-8230

Mobile Phone: 6508887655

Email Address: ajscoffee.dublin@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Noor

Last Name: Hasan

Title: manager

Telephone: (925) 230-8230

Mobile Phone: 4088322840

Email Address: noor_4776@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 3

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

To provide a friendly and comfortable drive-thru coffee shop atmosphere for our employees and where the customer can receive quality, speed, and smiles.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

COVID-19 caused a negative economic impact to the business and caused the shop to close down a few days, thus employees were asked not to work. The slow business hurt friends and families that were relying on their income from work to support themselves. Many of the employees are college students and need to work to support themselves.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 14,805

If Yes Name of Funding Source:

PPP forgiveness loan from SBA

16. Amount of Cash Aid Grant Requested: \$ 22,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Ahmad Aljaafreh

Applicant Signature:  BEABA017343A479...

Signed Date: 5/8/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Auto Pro DetailingExecutive Director: Marvin Marroquin SantiagoStreet Address: 7104 Village Pkwy Dublin, California,City/State/Zip: Dublin CA 94568Grantee Contact: Marvin Phone: (650)921-4793

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION								
Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32006

Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

Auto Pro Detailing INC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7104 village Pkwy

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(510)656-1280

6. Organization's General Administration Email Address -REQUIRED-

autoprodetailing510@gmail.com

7. Organization's Website URL

https://autoprodetailing.com/

8. Contact Person regarding this application -REQUIRED-

First Name: Maria

Last Name: Maciel

Title: Bookeeper

Telephone: (510)258-6003

Mobile Phone: 510-258-6003

Email Address: admin@mn1accounting.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Marvin

Last Name: Marroquin Santiago

Title: CEO

Telephone: (510)656-1280

Mobile Phone: 510-656-1280

Email Address: autoprodetailing510@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 4

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☒ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Auto Pro Detailing's mission is to provide the highest level of auto detailing services using only high quality premium products, meticulous attention to detail, and excellent customer service. Auto Pro Detailing is a family owned and run business. Marvin, first established Auto Pro Detailing in 1994 and his brothers Mynor and Bryon joined in over time to expand the business.

Located in Dublin & Fremont California, we serve the Livermore, Pleasanton, Dublin Tri-Valley, San Jose, the Tri-Cities (Fremont, Hayward & Milpitas) and entire East Bay community, we specialize in extensive detailing transformations through our multistep detailing process.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

In March of 2020, both locations for our business were closed to the public. We were closed for many months due to social mandates. Because of the nature of our detailing business we were unable to find a way to reopen with proper PPP standards. The business suffered drastic financial issues due to people losing their jobs and not leaving their home, detailing their vehicle was not much needed. This caused us to not be an essential business. The only source of income we received was gone till further notice. We suffered from shortage of supplies, increase of material prices and shortage of employees.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 28,508

If Yes Name of Funding Source:

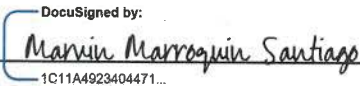
PPP loan

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Marvin Marroquin Santiago

Applicant Signature:  Marvin Marroquin Santiago
DocuSigned by:
1C11A4923404471...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Bay Media Star IncExecutive Director: Della OuStreet Address: 46292 Warm Springs Blvd #606City/State/Zip: Fremont CA 94539Grantee Contact: Della Ou Phone: (510) 585-8448

Comments:

Board Member Signature: _____

Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31395Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Bay Media Star Inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 46292 warm Springs Blvd #606

City: Fremont

Zip: 94539

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510)651-1888

6. Organization's General Administration Email Address -REQUIRED-

Mgmt@baymediastar.com

7. Organization's Website URL

8. Contact Person regarding this application *-REQUIRED-*

First Name: Della

Last Name: Ou

Title: President

Telephone: (510)651-1888

Mobile Phone: 5105858448

Email Address: Mgmt@baymediastar.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Eric

Last Name: Ou

Title: VP

Telephone: (510)651-1888

Mobile Phone: 5106767518

Email Address: baymediastarinc@gmail.com

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☒ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Alameda county, whole Bay Area clients for Internet Phone Video security system etc.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Business has to closed a few months because of Covid -19 . And we restarted business and experienced lack of equipment, labor etc issues.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ , Amount \$ _____
No ☒

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 5000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: De11a Ou

Applicant Signature: 

Signed Date: 4/28/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Boaventura de Caires IncExecutive Director: Brett CairesStreet Address: 9309 Tesla RoadCity/State/Zip: Livermore CA 94550Grantee Contact: Brett Caires Phone: (925) 519-3467

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31996Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

BoaVentura de Caires Inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 9309 Tesla Road

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 606-9672

6. Organization's General Administration Email Address -REQUIRED-

info@boaventuravineyard.com

7. Organization's Website URL

www.boaventuravineyard.com

8. Contact Person regarding this application -**REQUIRED**-

First Name: Brett

Last Name: Caires

Title: owner

Telephone: (925) 606-9672

Mobile Phone: 9255193467

Email Address: monique@divmg.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -**REQUIRED**-

First Name: Monique

Last Name: Caires

Title: VP

Telephone: (925) 606-9672

Mobile Phone: 9253360202

Email Address: monique@divmg.com

10. Information about Applicant Organization -**REQUIRED**-

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We would like to purchase a more environmentally friendly tractor that puts out less emissions. We also hope to use this money to replant some of our vineyards. We've been in business about 20 years with the same tractor. We feel we could get more work done, quicker and more efficiently and pollute less with a newer tractor. This would enable us to better maintain our crop and therefore produce better wine for our local consumers. We also need to replant some areas of the vineyard and replace wires and poles.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We are a small family owned and operated business, the COVID 19 pandemic has severely disrupt our business. We were closed for over year for Covid, then there were local fires in our area. The fires didn't directly impact our property but our road was closed several times to through-traffic which meant we had to close our winery as customers couldn't get out to us. Then there was several times the road was open but the direction of the smoke blew it right into our property and since all wine tasting was outdoors, due to Covid, we had to close again because it was too smoky to sit outside. Its been an ongoing battle to get our business back up and running. Because of the pandemic we had to lay off any workers we had, which means there is a backlog of work to be done. The business is no where near the level of income as it was pre-pandemic so we are unable to hire more workers and must do more work ourselves. We are hoping to get out of this cycle.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 5000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Brett Caires

Applicant Signature:  Brett Caires
DocuSigned by:
0D299F55C2D64B7...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: CADKS CorporationExecutive Director: Cindy PoonStreet Address: 4064 Grafton StreetCity/State/Zip: Dublin CA 94568Grantee Contact: Cindy Poon Phone: (510) 410-2767

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30694Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

CADKS Corporation

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

QTea

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 4064 Grafton Street

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 158 Elisha Lane

City: San Ramon

Zip: 94583

5. Organization's Telephone Number -REQUIRED-

(925)999-8172

6. Organization's General Administration Email Address -REQUIRED-

k123poon@hotmail.com

7. Organization's Website URL

8. Contact Person regarding this application -*REQUIRED*-

First Name: Cindy

Last Name: Poon

Title: CEO

Telephone: (925)999-8172

Mobile Phone: 5104102767

Email Address: k123poon@hotmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Cindy

Last Name: Poon

Title: CEO

Telephone: (925)999-8172

Mobile Phone: 5104102767

Email Address: k123poon@hotmail.com

10. Information about Applicant Organization -*REQUIRED*-

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

QTea is a family owned business. We provide refresh drinks & snack food to our community since 2016.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

We were unable to operate our business during lockdown in 2020. The COVID-19 impacts our business really hard, all supplies have increased, utilities & labor cost have increased as well. Business has gone down 40% since COVID-19 hit.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

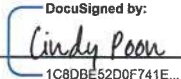
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Cindy Poon

Applicant Signature:  _____
1C8DBE52D0F741E...

Signed Date: 4/17/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: 360 web DesignsExecutive Director: Charles DonaldsonStreet Address: 5501 Applegate courtCity/State/Zip: Dublin CA 94568Grantee Contact: Charles Donaldson Phone: (925) 989-7737

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32087Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101**Pay Comments:**

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

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District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Charles A. Donaldson II

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

360 web Designs

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 5501 Applegate court

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: charles@360webdesigns.com

City: charles@360webdesigns.com

Zip: charles@360webdesigns.com

5. Organization's Telephone Number -REQUIRED-

(925)989-7737

6. Organization's General Administration Email Address -REQUIRED-

charles@360webdesigns.com

7. Organization's Website URL

360webdesigns.com

8. Contact Person regarding this application -REQUIRED-

First Name: Charles

Last Name: Donaldson

Title: owner

Telephone: (925)989-7737

Mobile Phone: (925)989-7737

Email Address: charles@360webdesigns.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Charles

Last Name: Donaldson

Title: owner

Telephone: (925)989-7737

Mobile Phone: (925)989-7737

Email Address: charles@360webdesigns.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 5

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

360 Web Designs is a full service web developing with the mission of helping small to medium size business pivot after the lock down to be more successful by having a powerful web presence.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

At the end of 2019 we hired additional programmers and web designers through the applications company we work with to allow us to expand our project volume. We started 2020 on track to earn around \$300,000. Unfortunately, the Covid-19 shut down crushed that plan. We ended up grossing around \$170,000. I managed to keep my entire team working but at the expense of earning around \$3,300 in profit. I had to stop taking a salary starting in June of 2020 through March 2021 and had to borrow money from my parents just to keep my personal bills paid. I didn't want to make any of my team jobless and by a miracle I was able to make payroll each month. In 2021, our gross revenue dropped by \$10,000. This year has been tough too, yet I have managed to keep my team employed.

If I could be rewarded with a grant, whatever amount that I would get will go towards keeping the business operating, employees working, and clients happy. It would also be personally appreciated by me.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☒
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 7814

If Yes Name of Funding Source:

PPP

16. Amount of Cash Aid Grant Requested: \$ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Charles Donaldson

Applicant Signature:  _____
52820FE087324CA...

Signed Date: 5/11/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Dublin Fitness LLCExecutive Director: Julie McCallsonStreet Address: 7100 Village PkwyCity/State/Zip: Dublin CA 94568Grantee Contact: Julie McCallsonPhone: (925) 307-9730

Comments:

Board Member Signature: David L. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30545Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

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District priorities

N/A

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Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Dublin Fitness LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7100 Village Pkwy

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 307-9730

6. Organization's General Administration Email Address -REQUIRED-

nptijulie@gmail.com

7. Organization's Website URL

www.dublinfitnessstraining.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: julie

Last Name: McCallson

Title: President

Telephone: (925) 307-9730

Mobile Phone: 9253079730

Email Address: nptijulie@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Norm

Last Name: McCallson

Title: Manager

Telephone: (925) 307-9730

Mobile Phone: 9253079730

Email Address: nmccalloson@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 4

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☒ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

To provide access to fitness classes and personal training to members of the Dublin community. To create an environment where community members interested in living a healthy lifestyle can come together and support and inspire each other.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Because of the mandates due to Covid we were forced to cancel all of our fitness memberships and close our doors during the shut down. We were a fairly new business at the time (started 3/14/2019)so this was a huge financial impact for us. We had just invested in all of the software required for memberships and redesigned the gym to better serve our members. We received no rent relief and paid our rent and bills on time. Health clubs were hit the hardest and we can attest we certainly were as well.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐

Amount \$ _____

No ☒

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Julie McCallson

Applicant Signature:  Julie McCallson

Signed Date: 4/14/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001



Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/22

Request from Board of Supervisors Name/District No: 1 QIC: 20101

Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000

Beneficiary's Name: Dublin United Soccer League, Inc.

Executive Director: James Fulwiler

Street Address: 6950 Village Parkway

City/State/Zip: Dublin, CA 94568

Grantee Contact: James Fulwiler Phone: (925) 989-2931

Comments:

Board Member Signature: David G. Haubert

Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199				\$ 5,000
Total								\$ 5,000

Invoice Type: BRDA Invoice #: ARPA-D1-Dublin United Soccer

Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Dublin United Soccer League Inc.

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: PO Box 2485

City: Dublin Ca.

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 6950 Village Parkway

City: Dublin Ca

Zip: 94568

5. Organization's Telephone Number -REQUIRED-

9255871538

6. Organization's General Administration Email Address -REQUIRED-

operations@dublinsoccer.org

7. Organization's Website URL

www.dublinsoccer.org

8. Contact Person regarding this application -REQUIRED-

First Name: James

Last Name: Fulwiler

Title: Executive Director

Telephone: 925.989.2931

Mobile Phone: 925.989.2931

Email Address: exec@dublinsoccer.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: James

Last Name: Fulwiler

Title: Executive Director

Telephone: 925.989.2931

Mobile Phone: 925.989.2931

Email Address: exec@dublinsoccer.org

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 27

Current number of Board Members: 5

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Dublin United Soccer League is a non-profit youth soccer organization in the city of Dublin, California. We are one of the oldest soccer clubs in the Bay Area, having served the Dublin and tri-valley community since being established in 1967. In 2022, we celebrate our 55th anniversary. Today, we continue as a small club with the support of our community and membership.

Our Vision is to inspire growth through the sport of soccer by developing life skills in a challenging and enjoyable club environment.

Our Mission is to serve the evolving needs of soccer players of all genders, ethnicities, social and financial classes. We believe participation in team sports is a transformative experience which teaches lessons beyond the playing field. DUSL utilizes modern approaches to player development in a curriculum that incorporates the technical, tactical, physical and psychological aspects of the game. We are the only youth soccer program that incorporates a sports mental development coach to work directly with all of our youth players as they transition from COVID19 restrictions to a less restrictive non-COVID

environment



12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Parents and players are slow to return to soccer for the 2022/2023 season post COVID. As a non-profit organization we have lost 36% of our annual revenue from 2019 to 2021. We anticipate that this loss will continue into 2022. Our registration has reduced from 700 players to under 500 players for the same period. The largest pool of players not returning to soccer are the players that live in financially challenged households.

Additionally, with higher inflation, gas prices and interest rates, families have less disposable income to send kids to youth sports programs. These are the same kids who were unable to participate in youth sports due to COVID. Data shows children need youth sports and outdoor activity more than ever before. Not participating in youth sports creates an obstacle in the mental and emotional development of our children and unfortunately some of this children are not participating due to financial constraints.

Field costs and admin costs stay the same regardless if a team has 11 players or 16 players we still need to have fields and coaches. Scholarship money to families have been dramatically reduced due to low registration for 2 consecutive years. Our annual budget of \$35,000 has been reduced to under \$10,000 due to the loss of registration funding. ARPA

funding would allow us to increase the amount of scholarships given to families in district



13. Was the Organizations Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 113,000
No ☐

If Yes Name of Funding Source:

2020 SBA PPP loan

16. Amount of Cash Aid Grant Requested: \$ 35,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: James Fulwiler

Applicant Signature: 

Signed Date: 5-1-22

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5000Beneficiary's Name: EverPro KidsExecutive Director: Shweta AgrawalStreet Address: 5720 Old Westbury WayCity/State/Zip: Dublin CA 94568Grantee Contact: Shweta AgrawalPhone: (510) 449-3969

Comments:

Board Member Signature: David L. LambertDate: 5/10/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31883Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

EverPro Kids

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

EverPro Inc

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 5720 old westbury way

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 557-1465

6. Organization's General Administration Email Address -REQUIRED-

info@everprokids.com

7. Organization's Website URL

https://www.everprokids.com

8. Contact Person regarding this application -REQUIRED-

First Name: Shweta

Last Name: Agrawal

Title: Founder/CEO

Telephone: (925)557-1465

Mobile Phone: 5104493969

Email Address: agrawal.shweta@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Shweta

Last Name: Agrawal

Title: CEO

Telephone: (925)557-1465

Mobile Phone: 5104493969

Email Address: agrawal.shweta@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We offer art classes to kids in grades K-8 in the City of Dublin and San Ramon. Our mission is to bring art close to budding young artists and provide them a platform to explore the creative side of their mind, in a fun and learning environment.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Due to COVID and our art program catering to k-8 students, our enrollment, registration and the way we run in person classes were affected immensely. Kids were not able to join in-person classes.

Our revenue dropped from \$75000 in the year 2019 to \$29000 in the year 2020 (a decline of 62%) and \$39000 in year 2021(a 48% decline).

In addition to reduced revenue - the cost of rental facilities and supplies(paints, drawing pads, pencils, brushes, etc) have gone up the roof.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐

No ☒

Amount \$ _____

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 2730
No ☐

If Yes Name of Funding Source:

Paycheck Protection Program (PPP)

16. Amount of Cash Aid Grant Requested: \$ 80000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Shweta Agrawal

Applicant Signature:

DocuSigned by:
Shweta Agrawal
E339A452443A4E5...

Signed Date: 5/7/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Family daycareExecutive Director: Maria GomezStreet Address: 8692 Fenwick wayCity/State/Zip: Dublin CA 94568Grantee Contact: Maria Gomez Phone: (510) 409-1071

Comments:

Board Member Signature: David G. Hubert Date: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31031Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101**Pay Comments:**

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Family childcare

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Maria Gomez

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 8692 Fenwick way

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(925)875-9994

6. Organization's General Administration Email Address -REQUIRED-

mgomez628@sbcglobal.net

7. Organization's Website URL

8. Contact Person regarding this application *-REQUIRED-*

First Name: Maria

Last Name: Gomez

Title: Owner Family Chilcare

Telephone: (925)875-9994

Mobile Phone: 510-409-1071

Email Address: mgomez628@sbcglobal.net

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Maria

Last Name: Gomez

Title: owner

Telephone: (925)875-9994

Mobile Phone: 510-409-10714

Email Address: mgomez628@sbcglobal.net

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☒ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

I own a home daycare that provider, provide daycare for family's in Dublin, Pleasanton and Livermore.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

A lot of parents stay home, I did not Clouse because I have parents that work in the is a sheriffs need to work. I was only with few kids. I deed to by cleaning supplies etc, to continue with the business. safety supplies to protect the children and parents also myself and my family.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

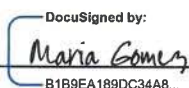
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 0

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Maria Gomez

Applicant Signature:  _____
B1B9EA189DC34A8...

Signed Date: 4/23/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Mimosa nails & SpaExecutive Director: Dung LamStreet Address: 1764 First st.City/State/Zip: Livermore CA 94550Grantee Contact: Victor ngo Phone: (415) 730-6431

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30627Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Mimosa nails & spa

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1764 First st.

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)960-1461

6. Organization's General Administration Email Address -REQUIRED-

dunglam1964@yahoo.com

7. Organization's Website URL

None

8. Contact Person regarding this application **-REQUIRED-**

First Name: Dung

Last Name: Lam

Title: owner

Telephone: (925)960-1461

Mobile Phone: 4157226136

Email Address: dunglam1964@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Dung

Last Name: Lam

Title: owner

Telephone: (925)960-1461

Mobile Phone: 4157226136

Email Address: dunglam1964@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

I provide beauty services, ie, complete nails care, waxing

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Since the pandemic Covid-19 had happened in March of 2020, my business have been greatly affected by 70% of its income and continue to suffer in financial difficulty.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

No ☐

Amount \$ 4000

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

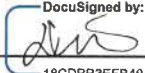
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 60,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Dung Lam

Applicant Signature:  _____
18CDBB3EFB404D2...

Signed Date: 4/15/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/6/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Livermore Barber ShopExecutive Director: Jerome FAhnhorstStreet Address: 2027 third streetCity/State/Zip: Livermore CA 94550Grantee Contact: Jerome FAhnhorst Phone: (925) 960-5836

Comments:

Board Member Signature: David G. FaahnhorstDate: 05/06/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31114Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

Livermore Barber Shop

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 2027 third street

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 292-5328

6. Organization's General Administration Email Address -REQUIRED-

Livermorebarbershop@gmail.com

7. Organization's Website URL

Livermorebarbershop.com

8. Contact Person regarding this application -REQUIRED-

First Name: Jerome

Last Name: Fahnhorst

Title: owner

Telephone: (925)292-5328

Mobile Phone: 9259605836

Email Address: Livermorebarbershop@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Mea

Last Name: Fahnhorst

Title: Manager

Telephone: (925)292-5328

Mobile Phone: 9253377385

Email Address: Fahnzy5577@yahoo.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 15

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☒ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☐ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We are a community based barbershop that takes care of the people and gives back to schools, first responders, and gets involved to do our part in making Livermore an awesome city.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

It's been a struggle to get Covid safe and have the people trust us again to perform a safe service in a clean safe environment. We had to invest a lot of money in extra supplies, barriers in between the stations. Hope we can get back to the way business was pre Covid.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 10000
No ☐

If Yes Name of Funding Source:

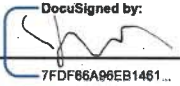
Covid -19 funding

16. Amount of Cash Aid Grant Requested: \$ 10000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Jerome Fahnhorst

Applicant Signature:  7FDF86A98EB1481...

Signed Date: 4/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5000Beneficiary's Name: Liv beautyExecutive Director: Daniell FahnhorstStreet Address: 2255 4th stCity/State/Zip: Livermore CA 94550Grantee Contact: Daniell Fahnhorst Phone: (925)980-9855

Comments:

Board Member Signature: David G. HubertDate: 5/10/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31131Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Liv beauty

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 2255 4th st

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)980-9855

6. Organization's General Administration Email Address -REQUIRED-

Livbeauty20@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: Daniell

Last Name: Fahnhorst

Title: Owner

Telephone: (925)980-9855

Mobile Phone: 9259809855

Email Address: daniell_carter@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Chante

Last Name: Pino

Title: Owner

Telephone: (925)980-9855

Mobile Phone: 9259809855

Email Address: Livbeauty20@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 10

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We are in the beauty industry. We offer skincare, lashes, massage, spray tan etc.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

During covid we were forced out of our location in Pleasanton after paying rent all of 2020. We relocated to Livermore and were able to open back up but then forced to close again. It was hard to work when we were also not allowed to do all of the services we usually offer. Lost a years plus worth of money paid towards leases and keeping a place open with no income other than unemployment.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

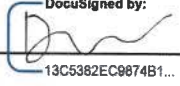
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 10,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Daniel Fahnhorst

Applicant Signature: 

Signed Date: 4/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5000Beneficiary's Name: People to People FoundationExecutive Director: Lorraine Murphy aka Lori MurphyStreet Address: 3905 Kern Court, Pleasanton, CACity/State/Zip: Pleasanton CA 94588Grantee Contact: Lorraine Murphy Phone: (925) 525-7419

Comments:

Board Member Signature: David G. HaubertDate: 5/10/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31158Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

People to People Foundation

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 3905 Kern Court, Pleasanton, CA

City: Pleasanton

Zip: 94588

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 462-1634

6. Organization's General Administration Email Address -REQUIRED-

charity@peopletopeoplefoundation.org

7. Organization's Website URL

www.peopletopeoplefoundation.org

8. Contact Person regarding this application -REQUIRED-

First Name: Lorraine aka Lori

Last Name: Murphy

Title: President/Founder

Telephone: (925)462-1634

Mobile Phone: (925)525-7419

Email Address: lori.murphy1948@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: Claudia

Last Name: McCormick

Title: Board Member

Telephone: (925)462-1634

Mobile Phone: (925)216-3946

Email Address: chindidub@aol.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 11

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☒ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☒ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

MISSION STATEMENT:

WE ARE A NON-PROFIT ORGANIZATION ESTABLISHED TO PROVIDE SHELTER, CARE, AND EDUCATION TO POOR AND ORPHANED CHILDREN IN INDIA, TEACHING THEM SKILLS THAT WILL CREATE A POSITIVE CHANGE IN THEIR LIVES AND IN THEIR COMMUNITIES.

WE ARE CURRENTLY SUPPORTING THE INFANT JESUS CHILDREN'S HOME WHICH CARES FOR 105 HIV CHILDREN AND 35 HIV INFECTED WOMEN AND THE JNANA MANDIRA HOME FOR 42 GIRLS AND BOYS. BOTH HOMES ARE LOCATED IN THE INNER CITY OF BANGALORE, INDIA. THE HIV CHILDREN HAVE BEEN DESERTED BY THEIR PARENTS AND ARE OUTCASTS IN SOCIETY. THE ORPHANS AT JNANA MANDIRA HAVE BEEN LEFT BY THEIR PARENTS WHO CANNOT SUPPORT THEIR CHILDREN'S SURVIVAL.

LAST YEAR WE PROVIDED COVID RELIEF TO ASHANIKETAN FELLOWSHIP WITH MENTALLY RETARDED. OUR FUNDS TOOK THE PLACE OF MARKETPLACE WAGES OF CANDLE AND POTMAKING PRODUCTS WHICH WERE UNABLE TO BE SOLD DUE TO COVID SHELTER-IN-PLACE FOR THE 24 CHILDREN AND ADULTS,

AGES RANGE FROM INFANT TO 16 YEARS OLD IN THE TWO ORPHANAGES. THE MENTALLY RETARDED FACILITY HOUSES YOUNG ADULTS TO THE ELDERLY.

OUR BOARD HAS 11 DIRECTORS, OF WHICH TWO ARE MARRIED COUPLES. DIVERSITY INCLUDES CAUCASIANS, JEWISH, AFGHAN, CHINESE, POLISH AND INDIAN, RANGING IN AGE FROM 15 - 79.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

TYPICALLY WE EARN APPROXIMATELY 30,000 DURING OUR ANNUAL FUNDRAISING EFFORTS. WE WERE ABLE TO HAVE A FUNDRAISER MARCH 8, 2020 JUST DAYS BEFORE THE SHUTDOWN. WE NETTED \$43,519 INCOME FOR THE YEAR.

WE WERE NOT ABLE TO HAVE AN IN-PERSON FUNDRAISER IN 2021. BECAUSE MOST OF OUR DONORS ARE ELDERLY WE CHOSE TO SEND DONATION REQUESTS BY EMAIL RATHER THAN AN ONLINE ZOOM EVENT. WE EARNED \$15,547 FROM DONATIONS, THUS WE SUFFERED A SHORTFALL OF \$27,972.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 15,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: People To People Foundation

Applicant Signature: _____

DocuSigned by:

People To People Foundation

C07FE46AD5594A5...

Signed Date: 4/30/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 5/10/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5000Beneficiary's Name: Hop DevineExecutive Director: Rustin SkinnerStreet Address: 1708 N Vasco RdCity/State/Zip: Livermore CA 94551Grantee Contact: 9255794308Phone: (925) 579-4308

Comments:

Board Member Signature: David L. HubertDate: 5/10/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31989Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Hop Devine

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 1708 N Vasco Rd

City: Livermore

Zip: 94551

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 667-4170

6. Organization's General Administration Email Address -REQUIRED-

Rusty@hopdevine.net

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: RustinLast Name: SkinnerTitle: CeoTelephone: (925)667-4170Mobile Phone: 9255794308Email Address: Rusty@hopdevine.net

9. Staff Member in main Leadership Position such as the organization's Executive Director.

If organization has no staff members, please list the Board Member in the main Leadership Position. -REQUIRED-

First Name: RustinLast Name: SkinnerTitle: CeoTelephone: (925)667-4170Mobile Phone: 9255794308Email Address: Rusty@hopdevine.net

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 15Current number of Part-Time Employees and Other Consultants and Contractors: 18Current number of Board Members: 1**Please check the ONE that is most applicable****Business Ownership Ethnicity:**

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

To serve and support our community and build lasting relationships.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Negative impacts: supply chain issues, staff shortage. Pivoting from an indoor dining restaurant to outdoors into parking lot with limited seating

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

Amount \$ 5,000

No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 100,000

If Yes Name of Funding Source:

PPP

16. Amount of Cash Aid Grant Requested: \$ 5,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Rustin Skinner

Applicant Signature:

DocuSigned by:

Rustin Skinner

09D7AA9EA995455...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: jia yin restaurant corporationExecutive Director: jia yin zhanStreet Address: 46132 warm springs blvd site 141City/State/Zip: fremont CA 94539Grantee Contact: jia yin zhan Phone: (408)623-5066

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32312Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

jia yin restaurant corporation

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

BBQ FACTORY

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 46132 warm springs blvd site 141

City: fremont

Zip: 94539

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(510)979-9197

6. Organization's General Administration Email Address **-REQUIRED-**

ztg1970@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application -REQUIRED-

First Name: jia yin

Last Name: zhan

Title: owner

Telephone: (510)979-9197

Mobile Phone: 4086235066

Email Address: ztg1970@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: jia yin

Last Name: zhan

Title: owner

Telephone: (510)979-9197

Mobile Phone: 4086235066

Email Address: ztg1970@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 3

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

we serve good chinese food to our Community

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Our business has been reduced by 40%.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐

No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒

No ☐

Amount \$ 5000

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 20000.00

If Yes Name of Funding Source:

city of fremont
CA relief Prg

16. Amount of Cash Aid Grant Requested: \$ 25000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Jia Yin Zhan

Applicant Signature:  38E0DCA0DBDA4EB...

Signed Date: 5/16/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: KHYBER PASS INCExecutive Director: MAWARY NASIRIStreet Address: 7467 VILLAGE PKWY STE 9City/State/Zip: DUBLIN CA 94568Grantee Contact: MAWARY NASIRI Phone: (510) 876-7705

Comments:

Board Member Signature: David G. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32001Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

KHYBER PASS INC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

KHYBER PASS KABOB

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 7467 VILLAGE PKWY STE 9

City: DUBLIN

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(510)876-7705

6. Organization's General Administration Email Address **-REQUIRED-**

KHYBERPASSDUBLIN@GMAIL.COM

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: MAWARI

Last Name: NASIRI

Title: PRESIDENT

Telephone: (510) 876-7705

Mobile Phone: 5108767705

Email Address: KHYBERPASSDUBLIN@GMAIL.COM

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: MAWARI

Last Name: NASIRI

Title: PRESIDENT

Telephone: (510) 876-7705

Mobile Phone: 5108767705

Email Address: KHYBERPASSDUBLIN@GMAIL.COM

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

WE HAVE BEEN SERVING THE COMMUNITY WITH AGHANI TRADITIONAL FOOD FOR THE LAST FEW YEARS

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

ALL RESTAURANT BUSINESS WERE AFFECTED BY THE COVID AND WE WERE SHUT DOWN BY THE STATE & COUNTY

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

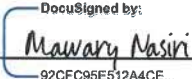
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Mawary Nasiri

Applicant Signature:  _____
DocuSigned by:
92CFC95E512A4CE...

Signed Date: 5/10/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: ktv interest incExecutive Director: JOE ZHENGStreet Address: 4288 dublin blvd suite 210City/State/Zip: Dublin CA 94568Grantee Contact: Joe Phone: (925)249-8593

Comments:

Board Member Signature: David G. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31560Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

ktv interest inc

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

HEART BEAT KTV

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 4288 dublin blvd suite 210

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: dublinktv@yahoo.com

City: dublinktv@yahoo.com

Zip: dublinktv@yahoo.com

5. Organization's Telephone Number -REQUIRED-

(925) 361-7473

6. Organization's General Administration Email Address -REQUIRED-

dublinktv@yahoo.com

7. Organization's Website URL

WWW.HEARTBEATKTV.COM

8. Contact Person regarding this application -*REQUIRED*-

First Name: JOE

Last Name: ZHENG

Title: CFO

Telephone: (925) 361-7473

Mobile Phone: 9252498593

Email Address: DUBLINKTV@YAHOO.COM

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -*REQUIRED*-

First Name: MANDY

Last Name: LIN

Title: MANAGER

Telephone: (925) 361-7473

Mobile Phone: 4087220670

Email Address: joemailonline@yahoo.com

10. Information about Applicant Organization -*REQUIRED*-

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

WE are a small local business does birthday party and celebration for group in the small community of Dublin California total population of 61,240 do to covid our business need to shut down over 1 year and 5 months required by local health depart, we are looking for Grant to keep us at float continue to server the community and making great memories for group and families.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

WE are a small local business does birthday party and celebration for group in the small community of Dublin California total population of 61,240 do to covid our business need to shut down over 1 year and 5 months required by local health depart, we are looking for Grant to keep us at float continue to server the community and making great memories for group and families.

start March 15,2020 the state order all non-essential business and group gathering business to shut down, and allow us to reopen on Aug of 2021

we are still trying to bring the business back today.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 5500

If Yes Name of Funding Source:

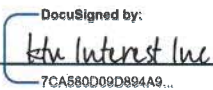
city grant for outdoor upgrade and prepare things needed for covid like hand sanitizer, masks, temperature phenomenon at the check in.

16. Amount of Cash Aid Grant Requested: \$ 80,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Ktv Interest Inc

Applicant Signature:  Ktv Interest Inc
DocuSigned by:
7CA580D09D894A9...

Signed Date: 5/1/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001



Business Unit: BOARD

Voucher#: _____

ARPA Supervisorial Community Needs Cash Aid Grants Request/Payment

Date: 6/13/2022

Request from Board of Supervisors Name/District No: 1 QIC: 20101

Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000

Beneficiary's Name: PALMYRA FOODS LLC

Executive Director: Yaseen Rahha¹

Street Address: 7410-B Amador valley Blvd.

City/State/Zip: Dublin CA 94568

Grantee Contact: Yaseen Rahhal Phone: (925)997-2649

Comments:

Board Member Signature: David L. Lambert

Date: 6/13/22

ACCOUNTING INFORMATION								
Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30784

Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

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All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

PALMYRA FOODS LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Falafel Village

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 7410-B Amador Valley Blvd.

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925)248-2253

6. Organization's General Administration Email Address **-REQUIRED-**

falafelvillage@gmail.com

7. Organization's Website URL

falafel-village.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: Yaseen

Last Name: Rahhal

Title: CEO

Telephone: 925-248-2253

Mobile Phone: 925-997-2649

Email Address: falafelvillage@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Yaseen

Last Name: Rahhal

Title: CEO

Telephone: (925)248-2253

Mobile Phone: 925-997-2649

Email Address: falafelvillage@gmail.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☒ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We at Falafel Village believe in serving quality Halal food at reasonable prices. As a result, we work very hard to ensure that you get the best value for the money you spend. Our commitment is, first and foremost, to providing you with the best experience possible. We inherited our recipes from generations of experienced chefs that mastered the rich flavors of authentic Mediterranean cuisine and kabob.

We serve a very diverse population with roughly 80% of our customers identifying as middle eastern, asian, southeast asian, and african american. The community we serve stretches across the Bay Area, with folks coming in from as far out as Oakland, Concord, Tracy, San Jose, and the city of San Francisco to share a meal together. We take great pride in being able to provide such positive experiences to members of the community, especially in difficult times like the one we've been living in for the past 2 years.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

I want to start by saying that there are losses that can't exactly be measured, so for the sake of transparency, I've chosen to focus on those losses that can be measured. Since Apr 2020, we've incurred losses of \$6,983.75 in 2020 and \$25,932.51 in 2021. In Feb 2021, \$5,103.55 of those losses were compensated for by the City of Dublin through its Recovery Boost Program, which leaves roughly \$27,800 of combined losses. We are incredibly grateful for the Dublin's grant because it got us through a cash crunch that would've otherwise forced us out of business. Furthermore, around this time last year, we applied to the RRF but unfortunately, funding ran out before they got to our application. As a result, we were unable to invest in employees or in the infrastructure of the business, with many plans scrapped to focus on staying afloat. We've had to put in extra uncompensated hours and rely on the help of family and friends to get through ordinary business issues such as maintenance. Doing so has allowed us to not fall behind too much, and we've thus far shown great determination to pay our rent and bills on time, keep our employees' schedules as they are instead of cutting their hours, and absorb rising costs for as long as possible for the benefit of our customers as well. The restaurant industry is a notoriously tough industry and we understand the risks and have taken responsible measures as reasonably as can be expected given the circumstances. I write this to clarify that we aren't looking for excuses, I'm merely trying to convey our dedication to maintaining a positive impact on our community whether that be to our landlord, suppliers, employees, or most importantly, our customers. The pandemic has caused many small business to suffer, and restaurants like ourselves were arguably hit hardest as a result of necessary lockdowns, mandates, & capacity restrictions. Any support is greatly appreciated & truly goes a long way to helping us stay in business

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 5103.55

If Yes Name of Funding Source:

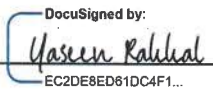
City of Dublin Recovery Boost Grant

16. Amount of Cash Aid Grant Requested: \$ 27800.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Yaseen Rahhal

Applicant Signature:  Yaseen Rahhal
EC2DE8ED61DC4F1...

Signed Date: 4/21/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: New Amador Spa LLCExecutive Director: Ningyu ZhuStreet Address: 7660 Amador Valley, Blvd, Unit ACity/State/Zip: Dublin CA 94568Grantee Contact: Ningyu Zhu Phone: (925) 819-9122

Comments:

Board Member Signature: David G. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31029Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash Aid Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1
-REQUIRED-

New Amador Spa LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Amador Spa

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7660 Amador Valley, Blvd, Unit A

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 8372 Locust Pl N

City: Dublin

Zip: 94568

5. Organization's Telephone Number -REQUIRED-

(925) 803-1288

6. Organization's General Administration Email Address -REQUIRED-

newamadorspa@gmail.com

7. Organization's Website URL

www.massageamdorspa.com

8. Contact Person regarding this application -REQUIRED-

First Name: ningyu

Last Name: zhu

Title: Owner

Telephone: (925)803-1288

Mobile Phone: 4087864886

Email Address: newamadorspa@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: xiaoping

Last Name: zhang

Title: Manager

Telephone: (925)803-1288

Mobile Phone: 4087864881

Email Address: 5540326xpz@gmail.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 2

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Our sole mission is to provide you a variety of massaging services that will assist you in the rejuvenation of your body. We hope you will find our services as one of the most effective means to reducing muscle tension and stress, while increasing oxygen flow and range of motion.

In addition to providing the standard type of deep tissue massaging, our staff also incorporated the techniques derived from the traditional Chinese medicine practices. Our attempt is to breakdown some of the adhesions which may have been resulted from over-work, previous injuries, or lack of physical activities (common with people work on computer all day long). We do not only focus on muscle groups; we also massage along the Meridian lines and the associated pressure points. This process allows more oxygen flow by eliminating some of the toxicities. That is why it is very important to drink plenty of water afterward.

We started our business in Dublin in 2013. Over the past nine years, we served 100,000 customers in Dublin, San Ramon, Pleasanton and surrounding areas, creating more than 10 job opportunities.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Since March, 2020, we have suffered a lot. First we had to close our business over 10 months. Right now we still owed the landlord over \$20000. Our business has dropped 70% since then. We are in a very difficult time.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 15000

If Yes Name of Funding Source:

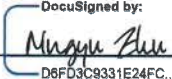
Dublin City

16. Amount of Cash Aid Grant Requested: \$ 50000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Ningyu Zhu

Applicant Signature: 

Signed Date: 4/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Pacific Chamber OrchestraExecutive Director: Lawrence KohlStreet Address: PO Box 3134City/State/Zip: Livermore CA 94551Grantee Contact: Leslie Silberman Phone: (925) 413-0571

Comments:

Board Member Signature: David G. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31259Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

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SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

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The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Pacific Chamber Orchestra

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: PO Box 3134

City: Livermore

Zip: 94551

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(925) 324-2775

6. Organization's General Administration Email Address **-REQUIRED-**

info@pacificchamberorchestra.org

7. Organization's Website URL

www.pacificchamberorchestra.org

8. Contact Person regarding this application **-REQUIRED-**

First Name: Leslie

Last Name: Silberman

Title: Development and Communications Manager

Telephone: (925)413-0571

Mobile Phone: (925)413-0571

Email Address: lsilberman@pacificchamberorchestra.org

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Lawrence

Last Name: Kohl

Title: Music and Executive Director

Telephone: (925)324-2775

Mobile Phone: (925)324-2775

Email Address: lkohl@pacificchamberorchestra.org

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 5

Current number of Board Members: 8

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☒ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Pacific Chamber Orchestra, now in its 33rd season, is a regional professional ensemble dedicated to sustaining and extending the rich heritage of classical music for a chamber orchestra of 8 to 42 musicians through inspiring performances and engaging educational programs. For classical music enthusiasts, The Pacific Chamber Orchestra (PCO) is the premier professional ensemble that gives the most exquisite concert experience due to the artistry of the conductor and musicians, the engaging repertoire and versatility of the chamber orchestra, performed in intimate and conveniently located venues. PCO is committed to diversity, equity, and inclusion throughout the organization and in audience reach.

The musicians of PCO, under the direction of founding Music Director Lawrence Kohl, have performed in the San Francisco Symphony, Opera, Ballet, Theater Orchestras, and at Skywalker Sound Studios. PCO musicians are recording artists, tour internationally in chamber music groups and make guest appearances as concerto soloists. PCO is a resident company of Livermore's Bankhead Theater and also performs in Lafayette. Four sets of main concerts are performed each season. Educational programs include elementary in-school assemblies that introduce and teach basic music fundamentals, clinics for middle and high school students, and full orchestra school day matinée performances. Education programs serve Livermore, Pleasanton, Hayward and Orinda.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

In March 2020, performing arts organizations like Pacific Chamber Orchestra were mandated to close in response to the COVID-19 outbreak. While other sectors of the entertainment industry, including professional sports, were working to return to modified seasons, the performing arts industry remained largely shut down, unlikely to reopen in a conventional manner in the near future. In the aftermath of the pandemic, when Pacific Chamber Orchestra was finally able to resume holding live in-person concerts in July of 2021, the organization was highly responsive to a local community in need of recovery and healing. Now more than ever, after over two years of dealing with the restrictions, particular attention needs to be paid to transforming those communities which have emerged more vulnerable to and adversely affected by the global pandemic. Now, in order to promote this recovery and healing process, an organization like ours which welcomes diverse audiences to attend live performances with soothing and beautiful musical, may be the perfect antidote.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 3150
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 15,000

If Yes Name of Funding Source:

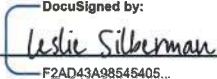
CA Small Business Relief

16. Amount of Cash Aid Grant Requested: \$ 5,000.00

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Leslie Silberman

Applicant Signature:  DocuSigned by:
F2AD43A98545405...

Signed Date: 4/27/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Pastime Brew LLCExecutive Director: Wendy RatherStreet Address: 7046 Village ParkwayCity/State/Zip: Dublin CA 94568Grantee Contact: Wendy Rather Phone: (510)754-1081

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30558Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Pastime Brew LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

dba Three Sheets Craft Beer Bar

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7046 Village Parkway

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 3255 Lopes Vourt

City: Hayward

Zip: 94541

5. Organization's Telephone Number -REQUIRED-

(510)754-1081

6. Organization's General Administration Email Address -REQUIRED-

threesheetsbeer@gmail.com

7. Organization's Website URL

Threesheetscraftbeerbar

8. Contact Person regarding this application -**REQUIRED**-

First Name: wendy

Last Name: Rather

Title: owner

Telephone: (510)754-1081

Mobile Phone: 5107541081

Email Address: threesheetsbeer@gmail.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -**REQUIRED**-

First Name: wendy

Last Name: Rather

Title: owner

Telephone: (510)754-1081

Mobile Phone: 5107541081

Email Address: Threesheetsbeer@gmail.com

10. Information about Applicant Organization -**REQUIRED**-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 6

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☒ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We are a local gathering place for the residents of Dublin and the Tri-Valley. We've been in business in Dublin since 2014 and love supporting our local community through events, charitable giving, and providing a space where everyone is welcome to come together.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

On March 17, 2020 we were required to close our business completely due to the mandate from the Governor of CA. This complete closure lasted approximately 2 months. At such time we were permitted to operate again on an extremely limited basis on and off for the next two years. Gross sales were down (+70% 2020 vs 2019), (+60% 2021 vs 2019), (+50% 2022 YTD vs 2019). Despite the massive loss of income we worked hard to be able to retain our staff and remain current on our debts. It continues to be a struggle as the cost of operations and staffing continue to increase and we are still actively working to get back to the level of business we achieved before COVID closures in 2020.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 10000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 200000

If Yes Name of Funding Source:

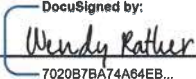
PPP and EIDL - both Loans, not Grants

16. Amount of Cash Aid Grant Requested: \$ 100000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Wendy Rather

Applicant Signature: 
7020B7BA74A64EB...

Signed Date: 4/14/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Reemas LLC DBA Rahma Mediterranean GrillExecutive Director: Tamer MansurStreet Address: 7108 Dublin BLVDCity/State/Zip: Dublin CA 94568Grantee Contact: tamer mansur Phone: (510) 383-6220

Comments:

Board Member Signature: David L. LambertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30677Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Reemas LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

DBA Rahma Mediterranean Grill

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 7108 Dublin BLVD

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 7108 Dublin BLVD

City: Dublin

Zip: 94568

5. Organization's Telephone Number **-REQUIRED-**

(925)999-9593

6. Organization's General Administration Email Address **-REQUIRED-**

mansur_tamer@yahoo.com

7. Organization's Website URL

rahmagrill.com

8. Contact Person regarding this application **-REQUIRED-**

First Name: tamer

Last Name: mansur

Title: owner

Telephone: (925)999-9593

Mobile Phone: 5103836220

Email Address: mansur_tamer@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Tamer

Last Name: Mansur

Title: owner

Telephone: (925)999-9593

Mobile Phone: 5103836220

Email Address: mansur_tamer@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 3

Current number of Part-Time Employees and Other Consultants and Contractors: 0

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☐ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☒ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

providing good quaity food to our comuinty

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

covid has impacted our business we so drop in sales and made a huge load with prices increase of goods and lack of staffing

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 5000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

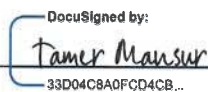
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 50000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Tamer Mansur

Applicant Signature:  _____
33D04C8A0FCD4CB...

Signed Date: 4/15/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Sarika RathiExecutive Director: Sarika RathiStreet Address: 38846 Cherry Glen CmnCity/State/Zip: Fremont CA 94536Grantee Contact: Sarika Rathi Phone: (510) 556-7291

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-30934Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

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All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Sarika Rathi

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 38846 Cherry Glen Cmn

City: Fremont

Zip: 94536

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number **-REQUIRED-**

(510) 556-7291

6. Organization's General Administration Email Address **-REQUIRED-**

rathi_sarika@yahoo.com

7. Organization's Website URL

8. Contact Person regarding this application -*REQUIRED*-

First Name: Sarika

Last Name: Rathi

Title: owner

Telephone: (510) 556-7291

Mobile Phone: 5105567291

Email Address: rathi_sarika@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -*REQUIRED*-

First Name: Sarika

Last Name: Rathi

Title: owner

Telephone: (510) 556-7291

Mobile Phone: 520-556-7291

Email Address: rathi_sarika@yahoo.com

10. Information about Applicant Organization -*REQUIRED*-

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Our program is a waldorf inspired licensed family child care located near Fremont BART. Our mission is to foster creativity and imagination among children by storytelling, providing natural and handmade toys and practical life activities in a safe and nurturing environment which helps in whole child development. We nurture children who have a lifelong love for learning.

Our program falls under the zip code 94536. This zip code has an unmet need of 67% for child care spaces for children birth to 5, which means that 67% of children birth to 5 do not have access to a licensed child care space. This zip code is considered a child care desert and is Priority 1 for infant/toddler care and Priority 2 for preschool care according to the Alameda County Early Care and Education Local Planning Council. 29% of the children birth to 5 in this zip code are eligible for subsidized care.

After completing my PhD I spent several years in academics and corporate jobs, but I realized what I was truly passionate about was inspiring the love of learning in children - thus started Family Child Care. I have been running our Family Child Care at the same location since 2014. I have been a lifelong learner, and I am passionate about creating a nurturing educational environment for children. I focus on educating the whole child - head, heart and hands - through interactive and imaginative play and activities. Please visit our website for more information:
<https://gardenplayhouse.business.site/>

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

When Covid-19 hit in 2020 and lockdown was announced middle of March, child care business was severely impacted. A large number of parents withdrew enrollment within few days and few parents who stayed paid a nominal tuition rate. To summarize the impact of COVID-19 we need to look at financial figures:

In first quarter of 2020 business gross income was \$47,341. Immediately after COVID-19 hit second quarter income went down to \$29,745. It resulted in a loss of \$17,596.

Combine income of second and third quarter on 2019 was \$88,833. It went down to \$70,997 in 2020 after COVID-19. A total loss of \$17,836.

Child care business has been substantially hit due to COVID-19 which resulted in lower enrollment and loss in income at the amount of \$17,836.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐
No ☒

Amount \$ _____

If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 17836

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Sarika Rathi

Applicant Signature: 

Signed Date: 4/25/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Silk Nail DesignExecutive Director: Viet hiaStreet Address: 7284 San Ramon RdCity/State/Zip: Dublin CA 94568Grantee Contact: Viet Hua Phone: (510) 326-3464

Comments:

Board Member Signature: David L. HarbertDate: 6/13/22

ACCOUNTING INFORMATION								
Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31878

Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Silk Nail Design

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 7284 San Ramon Rd

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address:

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

(510)479-9931

6. Organization's General Administration Email Address -REQUIRED-

silknailedesign@gmail.com

7. Organization's Website URL

8. Contact Person regarding this application **-REQUIRED-**

First Name: khanhvy

Last Name: hua

Title: manager

Telephone: (510)479-9931

Mobile Phone: 510-326-3464

Email Address: kknvy@yahoo.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: khanhvy

Last Name: hua

Title: manager

Telephone: (510)479-9931

Mobile Phone: 510326-3464

Email Address: kknvy@yahoo.com

10. Information about Applicant Organization **-REQUIRED-**

Current number of Full-Time Employees: 2

Current number of Part-Time Employees and Other Consultants and Contractors: 1

Current number of Board Members: 1

Please check the ONE that is most applicable

Business Ownership Ethnicity:

☐ African American or Black (>50%)

☐ American Indian or Alaskan Native (>50%)

☒ Asian (>50%)

☐ Caucasian (>50%)

☐ Filipino (>50%)

☐ Hispanic or Latino (>50%)

☐ Native Hawaiian or other Pacific Islander (>50%)

☐ Multi-ethnic minority ownership (>50%)

☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)

☐ Decline to state

Business Ownership Gender Identity:

☐ Female (>50% ownership)

☒ Male (>50% ownership)

☐ Non-Binary (>50% ownership)

☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

running business

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

had to close business down for years and has to invest in PPE in overt o re-open

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☒
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

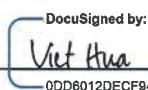
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Viet Hua

Applicant Signature:  _____
DocuSigned by:
0DD8012DECF94A6...

Signed Date: 5/16/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: T. & M Cosmetology LLCExecutive Director: Tai HuynhStreet Address: 6599 Dublin Blvd. Ste. ACity/State/Zip: Dublin CA 94568Grantee Contact: Tai Huynh Phone: (310) 500-0057

Comments:

Board Member Signature: David L. HubbardDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31562Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

T & M Cosmetology LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Luxor Nails & Spa

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. **-REQUIRED-**

Street Address: 4159 Clarinbridge Cir

City: Dublin

Zip: 94568

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: 6599 Dublin Blvd. Ste. A

City: Dublin

Zip: 94568

5. Organization's Telephone Number **-REQUIRED-**

(925)999-9389

6. Organization's General Administration Email Address **-REQUIRED-**

Luxornails@outlook.com

7. Organization's Website URL

www.luxornailsalon.com

8. Contact Person regarding this application *-REQUIRED-*

First Name: Tai

Last Name: Huynh

Title: Managing Member

Telephone: 310-500-0057

Mobile Phone: 310-500-0057

Email Address: luxornails@outlook.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Phi

Last Name: Doan

Title: Managing Member and Manager

Telephone: (925)999-9389

Mobile Phone: 925-640-5924

Email Address: luxornails@outlook.com

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 1

Current number of Part-Time Employees and Other Consultants and Contractors: 3

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☒ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☒ Female (>50% ownership) ☐ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

We try to provide nail, skin care, and waxing service, using only high quality products and highly skilled Cosmetologists and Nail Technicians. We try to offer affordable prices in a clean, bright, and safe environment, and provide the highest value around.

Some of the services we offer include manicures, pedicures, and facial and body waxing. We service the local Dublin, Pleasanton, Livermore, San Leandro, and San Ramon communities and try to support the local community by purchasing goods and services from local vendors and businesses. In addition, we have supported local schools by providing donations for events. We service and support the diverse community members of Alameda county and we welcome and support all.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

Due to Covid-19 our business has suffered negative economic impact starting in mid March 2020. The impact was the result of periods when the business was not allowed to operate while still incurring the normal overhead costs of rent, insurance, and some utilities, etc. In addition, even after opening back up, the number of customers and revenue has not recovered.

The business' annual ordinary business income was as high as \$90,583 in 2017 and \$47,171 in 2018. However, we have losses in 2020 and 2021 equaling \$103,051 as shown in our tax returns (-\$55,404 in 2020 and -\$47,647 in 2021). This year, 2022, we project we may still lose around \$8,000 to \$13,000 but hopeful that this amount is lower if recovery improves at a better pace.

In addition to these losses, we still owe rent and cost of good and services to our landlord and some vendors. For example, we still currently owe our landlord Tralee Village LLC \$21,405 in back rent. We also took on new small loans to be able to pay for some rent and other costs when we were closed due to Covid-19 closure mandates and didn't have any income.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒
No ☐

Amount \$ 58182

If Yes Name of Funding Source:

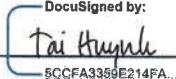
City of Dublin
California Grant
Federal: PPP Loan

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Tai Huynh

Applicant Signature:  Tai Huynh
DocuSigned by:
5CCFA3359E214FA...

Signed Date: 5/1/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: TL & Company LLCExecutive Director: Anthony CorpuzStreet Address: 3052 W Jack London BlvdCity/State/Zip: Livermore CA 94551Grantee Contact: Tony@ww1em.com Phone: (510) 409-7290

Comments:

Board Member Signature: David L. HaubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-31896Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on "Finish". Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

TL & Company LLC

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Wow Wow Hawaiian Lemonade Livermore

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 3052 W Jack London Blvd

City: Livermore

Zip: 94551

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)292-5357

6. Organization's General Administration Email Address -REQUIRED-

Livermore@wwlem.com

7. Organization's Website URL

wowwowhawaiianlemonade.com

8. Contact Person regarding this application -REQUIRED-

First Name: Anthony

Last Name: Corpuz

Title: Co-Owner

Telephone: (925)292-5357

Mobile Phone: 5104097290

Email Address: Tony@wwlem.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -
REQUIRED-

First Name: Anthony

Last Name: Corpuz

Title: Chief Operations Officer

Telephone: (925)292-5357

Mobile Phone: 5104097290

Email Address: Tony@wwlem.com

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 0

Current number of Part-Time Employees and Other Consultants and Contractors: 12

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☐ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☒ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Our Mission is to inspire and uplift our customers with a craft lemonade stand experience, by serving the tastiest fresh pressed lemonades, craft acai bowls, and healthy bites, while leaving a reduced environmental footprint for the next generation.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

When shutdowns were beginning to start, we were in the middle of construction for our store. That ended up delaying our progress, along with not finding anyone to work on the construction. On top of not being able to get supplies because of economic shortages. Our projected opening got pushed back almost 6 months.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☐
No ☒

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☐ Amount \$ _____
No ☒

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☐ Amount \$ _____
No ☒

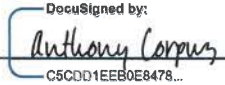
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 100,000

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Anthony Corpuz

Applicant Signature:  _____
DocuSigned by:
C5CDD1EEB0E8478...

Signed Date: 5/7/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.

ARPA-001

Business Unit: BOARD

Voucher#: _____

**ARPA Supervisorial Community Needs
Cash Aid Grants Request/Payment**

Date: 6/13/2022Request from Board of Supervisors Name/District No: 1 QIC: 20101Request Prepared By: Lawson Bell Phone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 5,000Beneficiary's Name: Terra MiaExecutive Director: Francesco FucillaStreet Address: 4040 East avenueCity/State/Zip: Livermore CA 94550Grantee Contact: Francesco Fucilla Phone: (650) 766-8043

Comments:

Board Member Signature: David L. HubertDate: 6/13/22

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 5,000
Total								\$ 5,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-32728Payment Handling: ☒ Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments:

**COUNTY OF ALAMEDA AMERICAN RESCUE PLAN ACT (ARPA)
SUPERVISORIAL DISTRICT COMMUNITY NEEDS CASH AID GRANTS**

In response to the negative economic, health, and safety impacts of the COVID-19 pandemic on local non-profit and business organizations, the County of Alameda is launching a new program, the American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants program. This new program will infuse much needed cash aid into the community and spur Alameda County's economic recovery.

The County has allocated \$3.1 million to each Supervisorial District for the ARPA Supervisorial District Community Needs Cash Aid Grants program with the goal that each Supervisorial District will provide cash aid grants that reflect the geographic and cultural diversity of Alameda County, prioritizing organizations operated by or serving populations and communities that were disproportionately impacted by COVID-19. Organizations that have experienced negative economic impacts caused by COVID-19 during the period March 1, 2020, to the present are eligible to apply for a cash aid grant under this program. Cash aid grants may be awarded beginning April 11, 2022, through September 30, 2024. Cash aid grants are subject to availability of funds within each Supervisorial District's \$3.1 million allocation, eligibility of applicants, and any other relevant factors.

Through the application process, applicants must demonstrate and attest to the harm and economic loss sustained by the organization due to the negative impacts of the COVID-19 pandemic. Applications that are not adequately documented may be rejected. Additionally, not all worthy applications will necessarily be funded.

Eligible organizations may receive cash aid grants up to the maximum amount of \$100,000 per Supervisorial District based on demonstrated and qualifying impacts. However, the total amount of cash aid grant funds awarded to an organization by the County as part of the ARPA Supervisorial District Community Needs Cash Aid Grants program cannot exceed the amount of the organization's losses due to the negative economic impacts of the COVID-19 pandemic. The ARPA guidelines require that the cash aid grants be reasonably proportional to the negative economic impacts they are intended to address. Economic losses that were reimbursed through insurance or other sources cannot be used to qualify for a cash aid grant. Each applicant is required to provide the demographic makeup of the organization and basic demographic information about the population served as part of the completed application.

All Alameda County ARPA Supervisorial District Community Needs Cash Aid Grants must be approved by the Board of Supervisors at a regularly scheduled meeting. By submitting an application, the organization agrees to maintain and provide records to the County during the U.S. Treasury Department audit period and agrees to fully cooperate with any audit by the County, the Federal government or their designees. If through an audit, or any other means, the County or US Treasury Department determines that because of fraud, misinformation provided by an organization, or for any other reason, that a cash aid grant is not an allowable ARPA expense, the applicant must agree to reimburse the funds to the County.

District priorities

N/A

How to apply: Complete the following application and forms. When all the information is completed, sign the W-9 and the application. To submit the application, click on “Finish”. Application will be filed with the County automatically.



Alameda County ARPA Supervisorial Community Needs Cash AID Grants

ONLINE APPLICATION

1. Applicant's Legal Name. This name will be used on official County correspondence and on the cash aid grant (if awarded). This name must match the name on the organization's W9 Form - Line 1

-REQUIRED-

Terra Mia

2. If Applicable - Add the Applicant's Common Name - also known as the "Doing Business As" name. If a name is added here, it must be included on the W9 Form - Line 2.

Terra Mia

3. Applicant's Permanent Mailing Address (this address will be used by the County to send Applicant any official correspondence). The main address can be a PO Box located in Alameda County. -REQUIRED-

Street Address: 4040 East avenue

City: Livermore

Zip: 94550

4. Applicant's Headquarters (if different than Mailing Address)

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)456-3333

6. Organization's General Administration Email Address -REQUIRED-

info@terramialivermore.com

7. Organization's Website URL

www.terramialivermore.com

8. Contact Person regarding this application -**REQUIRED**-

First Name: Francesco

Last Name: Fucilla

Title: owner - President

Telephone: (925)456-3333

Mobile Phone: 6507668043

Email Address: francesco@terramialivermore.com

9. Staff Member in main Leadership Position such as the organization's Executive Director.
If organization has no staff members, please list the Board Member in the main Leadership Position. -**REQUIRED**-

First Name: Anthony

Last Name: Napoli

Title: Secretary

Telephone: (925)456-3333

Mobile Phone: 2098148743

Email Address: anthony@terramialivermore.com

10. Information about Applicant Organization -**REQUIRED**-

Current number of Full-Time Employees: 10

Current number of Part-Time Employees and Other Consultants and Contractors: 16

Current number of Board Members: 3

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| ☐ African American or Black (>50%) | ☒ Hispanic or Latino (>50%) |
| ☐ American Indian or Alaskan Native (>50%) | ☐ Native Hawaiian or other Pacific Islander (>50%) |
| ☐ Asian (>50%) | ☐ Multi-ethnic minority ownership (>50%) |
| ☐ Caucasian (>50%) | ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| ☐ Filipino (>50%) | ☐ Decline to state |

Business Ownership Gender Identity:

- ☐ Female (>50% ownership) ☒ Male (>50% ownership) ☐ Non-Binary (>50% ownership) ☐ Decline to state

11. Applicants Mission/Purpose, Including Description of Population and Community Served:

Family restaurant supporting local businesses, and being supported by local community and local businesses since 2006.

12. Describe and Attest to the Negative Economic Impact of COVID-19 from March 1, 2020:

It used to be open 7 days a week with 5 Lunches and 7 Dinners. Now it is only 6 Dinners per week.
Used to have 35+ employees. Now it is 25% less.
We used to do more Special Events with local wineries (Wine Dinner / Tastings).
Now we can barely operate 6 Dinners.
Expenses now are way higher than before Covid.

13. Was the Organization's Negative Economic Impact reimbursed through insurance or another source?

Yes ☒
No ☐

14. Has your Organization Received COVID-19 funding from Alameda County to provide services?

Yes ☒ Amount \$ 5000
No ☐

15. Has your Organization Received COVID-19 funding from Other Sources to provide services?

Yes ☒ Amount \$ 656000
No ☐

If Yes Name of Funding Source:

SBA EIDL; PPP first and second round; City of Livermore; ERC by IRS; State of California Relief Grant; Alameda County.

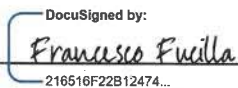
Amount of Cash Aid Grant requested is \$100,000.00

16. Amount of Cash Aid Grant Requested: \$ _____

17. Include the Organization Tax Identification number on the Part I of the W-9 at the end of the application. Remember to sign the W-9.

18. Complete the information lines 4-9 on the 110-13 Form which is the last page of the application.

Applicant Name: Francesco Fucilla

Applicant Signature:  _____
216516F22B12474...

Signed Date: 5/26/2022

By signing and submitting this application, the signatory warrants and represents that: 1) they are duly authorized to submit the application; 2) all information in the application and the submitted materials is true and accurate; 3) the application is executed on behalf of the organization; and 4) if any information is incorrect, false or in violation of any American Funding Plan Act requirements, the organization may be required to repay the funds to the County.