



BOARD OF SUPERVISORS

DAVID HAUBERT
SUPERVISOR, FIRST DISTRICT

December 20, 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 GRANTS

RECOMMENDATIONS:

- A. Approve the use of \$352,500.00 in American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants to the local businesses and organizations listed in Attachment A due to the negative economic impact experienced from COVID-19.

DISCUSSION/SUMMARY:

Cornerstone's vision is to repair the fabric of the East Bay. Specifically in their Outreach department (where these funds are being requested) they seek to serve and love our community in tangible ways, meeting physical, emotional and spiritual needs. Primary populations they serve include their unsheltered neighbors and low-income families. They regularly provide food, clothes, hot showers, a safe place to park at night if living in their car along with bathrooms and showers in the evenings, and a place of connection, community and belonging. The economic effects of COVID-19 continue to this day. Cornerstone has experienced about a 50% drop in revenue from pre-Covid levels. This has promoted Cornerstone to take actions to provide operational stability.

Livermore Downtown Inc., is a 501(c)3 Non-Profit, dedicated to the economic health and vitality of downtown Livermore. Livermore Downtown Inc. is a certified National Main Street Program and 2009 Great American Main Street Award recipient. Livermore Downtown, Inc. provides its services to all businesses and properties that are located in the downtown core of Livermore, CA. As a result of COVID-19, they estimate a loss of over \$400,000 in fundraising alone, not including membership. Loss from membership would be an additional at least \$50,000 and up to \$122,100.

Azul Tapas & Bebidas is a restaurant in Livermore. The COVID-19 pandemic forced the restaurant to close, resulting in significant decline in revenue. The pandemic also led to a staffing shortage which further reduced revenue.

Pizza & Curry has been serving the south Asian community in the Bay Area since 2008. About 61% of the population in Fremont is Asian and out of these about 67,500 are Indian. The fusion between two cuisines gives their customers the chance to experience the best of both worlds. The COVID-19 pandemic forced the restaurant to close, resulting in significant decline in revenue. The pandemic also led to a staffing shortage which further reduced revenue.

Blossom Bee is a small family business that strives to provide Thai food and Thai fusion crepes to everyone in the Bay area community. The COVID-19 pandemic forced the restaurant to close, resulting in significant decline in revenue (50%). The pandemic also led to a staffing shortage which further reduced revenue.

The Rotary Club of Dublin's mission is the promotion of social welfare by sponsoring activities with local schools and providing support for local charities. The Rotary Club of Dublin locally serves the Dublin community, youth, military families and veterans, and senior citizens through fundraising and supporting local charities. The Rotary Club of Dublin also supports international Rotary projects. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

FUN Sunset Rotary is the only Rotary Club operating in Union City. They provide a positive impact in our immediate community through their service projects such as their bi-monthly food drive where they provide produce, groceries and meals to hundreds of families free of charge. They also provide meals for families in need during the Thanksgiving holidays. They are a service-oriented club that continuously looks for avenues to provide community service. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

Rotary Club of Livermore Valley hosts fund raising events throughout the year so that they can award grants to local organizations that extend their work into our community. They support our local school district, including sponsoring the annual Richard D. King Speech Contest and supporting the Every 15 Minutes safety awareness program. They sponsor and mentor the Granada High School Interact Club, and they make it possible for students to participate in the annual RYLA Conference. The Club also honors an outstanding Student of the Month at their meetings during the school year. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

Rotary Club of Livermore has over 100 active members and many more active community volunteers. Through member donations and community fundraisers, their organization provides both services and financial assistance to Livermore schools and youth groups, vocational programs, community members and groups in need, local health service entities, military veterans, and international relief efforts. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

The mission of Rotary Club of Pleasanton is to support local students with scholarships, charitable community organizations and other Rotary-related projects through scholarships and grants from fundraising campaigns of the Rotary Club of Pleasanton which may be combined with

donations/contributions received from individuals, corporations and/or other benefactors. The Club supports global communities by providing Wheelchairs and improving sanitation facilities to those in need in selected foreign countries. The Rotary Club of Pleasanton is currently made up of 80 volunteer members connected to Pleasanton, CA in Alameda County, to support community and worldwide fundraising and community service activities. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

Silicon Valley Chinese Rotary Club is part of an International Rotary Team of around 1.4 million members. While Rotary itself is 100+ years old, Silicon Valley Chinese Rotary Club is serving local communities, the homeless, and hospitals in most recent years. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

While Rotary itself is 100+ years old, the Niles Rotary Club itself is celebrating its 85th year of serving local communities, the homeless, schools, along with international projects in Guatemala, Mexico and more. Together, Rotary tackles issues of literacy, health, fresh water and support for those in need. The Club looks for problems, issues and deficiencies and then looks for a solution. The Niles Rotary Club will reach out to other clubs in the District for their expertise if needed and has no hesitation to reach out nationally or globally to provide solutions for others. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

While Rotary itself is 100+ years old, the Fremont Bridge Rotary Club itself is celebrating its 4th year of serving local communities, the homeless, schools, along with international projects in India, Turkey, Mexico, and more. Together, Rotary tackles issues of literacy, health, fresh water and support for those in need. The Club looks for problems, issues and deficiencies and then looks for a solution. The Fremont Bridge Rotary Club will reach out to other clubs in the District for their expertise if needed and has no hesitation to reach out nationally or globally to provide solutions for others. The Club was unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss.

Rotary District 5170 is made up of almost 4000 volunteer members in 62 Individual clubs in Northern California covering part of Alameda County, Santa Clara County, Santa Cruz County, and part of San Benito County. The Mission of Rotary District 5170 is to both INSPIRE and SUPPORT the clubs of the District through the use of multiple communication tools, training programs, motivating events, and supporting infrastructure. The clubs within the District were unable to hold many of their fundraisers throughout 2020 and 2021, resulting in significant revenue loss. The negative impact in the clubs and district could be in excess of \$500,000 due to the inability to conduct Rotary as it was prior to the Pandemic.

KR Farms operates a pumpkin patch and Christmas tree lot in Pleasanton every year. Due to the COVID-19 restrictions, KR Farms could not open the patch in 2020 and 2021, thus resulting in significant revenue loss.

FINANCING:

Funds are included in the FY 2022-23 ARPA Fund District 1 Budget. There is no increase in net County cost.

VISION 2026:

Approval of \$352,500.00 in American Rescue Plan Act (ARPA) Supervisorial District Community Needs Cash Aid Grants to the businesses and organizations in Attachment A supports our **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 initial "D".

David Haubert
Alameda County Supervisor, District 1

Attachment A: District 1 ARPA Grant Recipients

	Name	Grant Amount	Principal	Location
1	Cornerstone Fellowship of Livermore	\$55,000	Becky Fitch	Livermore
2	Livermore Downtown Inc	\$25,000	Ruby Lopez-Villarreal	Livermore
3	Azul Tapas & Bebidas	\$10,000	Manuel Moreno	Livermore
4	Pizza and Curry	\$7,500	Kamaljit Samra	Fremont
5	Blossum Bee	\$10,000	Kay Vongyai	Dublin
6	Rotary Club of Dublin	\$25,000	Valerie Williams	Dublin
7	Rotary Club of Fremont, Union City, Newark Sunset	\$25,000	Daniel Lo	Union City
8	Rotary Club of Livermore Valley	\$25,000	Kevin McCallum	Livermore
9	Rotary Club of Livermore	\$25,000	Norm Bregman	Livermore
10	Rotary Club of Pleasanton	\$25,000	Kathleen Alameda	Pleasanton
11	Silicon Valley Chinese Rotary Club	\$25,000	Adeles Fan	Fremont
12	Niles Rotary of Fremont	\$25,000	John Dutra	Fremont
13	Rotary Club of Fremont Bridge	\$25,000	Sonia Salwan	Fremont
14	Rotary District 5170	\$25,000	Oliva Poe	Livermore
15	KR Farms	\$20,000	Keri Nielsen	Pleasanton
		Total		
		\$352,500.00		

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 55,000

Beneficiary's Name: Erin McGrath

Executive Director: Becky Fitch

Street Address: 348 N. Canyons Pkwy

City/State/Zip: Livermore CA 94551

Grantee Contact: Erin McGrath

Phone: (925)724-5436

Comments:

Board Member Signature: *David G. Hubert*

Date: _____

ACCOUNTING INFORMATION								
Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2022		\$ 55,000
							Total	\$ 55,000.00

Invoice Type: BRDA Invoice #: ARPA-D1-38231

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-

Cornerstone Fellowship of Livermore Ca

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: 348 North Canyons Pkwy

City: Livermore

Zip: 94551

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925) 447-3465

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

erinm@cornerstoneweb.org

7. Organization's Website URL

www.cornerstoneweb.org

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

First Name: Erin

Last Name: McGrath

Title: Outreach Lead

Telephone: (925)724-5436

Mobile Phone: 925-724-5436

Email Address: erinm@cornerstoneweb.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: Becky

Last Name: Fitch

Title: Area Pastor

Telephone: 925-447-3465

Mobile Phone: 925-447-3465

Email Address: beckyf@cornerstoneweb.org

10. Information about Applicant Organization *-REQUIRED-*

Current number of Full-Time Employees: 37

Current number of Part-Time Employees and Other Consultants and Contractors: 9

Current number of Board Members: 5

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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 overall vision is to repair the fabric of the East Bay. Specifically in our Outreach department (where these funds are being requested) we seek to serve and love our community in tangible ways, meeting physical, emotional and spiritual needs. Primary populations we serve include our unsheltered neighbors and low income families. We regularly provide food, clothes, hot showers, a safe place to park at night if living in their car along with bathrooms and showers in the evenings, and a place of connection, community and belonging. We also host a gathering every week where multiple services including dental, medical, housing navigation, veterans services, phones and tablets, are all available to those in need. Our desire is to bridge the gap of those that are marginalized, that those in need might receive resources and help in times of crisis to get them to a place of shelter, safety and community/belonging. Along with all these services, we also walk with people in a variety of ways from hotel stays to car repair to help with rent, etc. Our heart's desire is that no one walks through anything alone.

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

Because of governmental orders that restricted indoor church activity, Cornerstone had to modify its services to a mostly virtual format, with some small outdoor options. These modifications had more than a nominal effect on Cornerstone operations. For example, members could not fellowship with each other. Members could not join together in-person to worship. They could not offer a handshake or a hug. Even though Cornerstones could hold limited outdoor services, around 92% of its members could still not gather to worship in person. Cornerstone could not fully gather in person, which is part of its mission and core beliefs. Its members could not fully participate in the sacraments. Elderly members had a difficult time even accessing the virtual services. Cornerstone believes that all these examples prove that their modifications based on governmental orders had more than a nominal effect on its operations. Thus, Cornerstone asserts that (1) because from March 15, 2020 through June 30, 2021, it had to modify more than a nominal part of its worship ministry and worship services (a more than nominal part of its total operations) due to COVID-19 governmental orders and (2) because these modifications had more than a nominal effect on Cornerstone's operations, Cornerstone partially suspended its operations due to COVID-19 governmental orders that limited gatherings. The economic effects continue to this day. Cornerstone has experienced about a 50% drop in revenue from Pre-Covid levels. This has promoted Cornerstone to take actions to provide operational stability. Cornerstone has applied for and receive two PPP loans that have been forgiven and ERC funds. These funds have allowed Cornerstone to maintain operations as it reduces operational expenses and reshapes its ministry outreach.

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

November 27,2022

Addendum to Alameda County ARPA Supervisorial Community Needs Cash AID
Grants ONLINE APPLICATION dated 9/22/22

This addendum is provided to detail planned use of funds. Those uses are all completely devoted to care for homeless & low income residents in need.

- 1) \$10,000 - Funds for payment of City of Livermore temporary use permit for the Safe Parking program at Cornerstone Fellowship. The city has advised we need to be ready to pay this fee in 2023 to extend the program. If this fee is waived by the city, these funds will be used to serve homeless/low income needs as listed below.
- 2) \$15,000 - Installation of 3 clothes washers & dryers in location readily accessible to individuals and families living in our Safe Parking program. Supervised use will also be available to other homeless/needy individuals by appointment. Cost includes necessary plumbing & electrical work as well as purchase of the appliances. The washers & dryers will also be used for laundering the towels & other items used in providing showers, breakfast & other services to those in Safe Parking as well as homeless/needy who come to the weekly Cornerstone Friday morning outreach.
- 3) \$5,000 - Continuation and expansion of Safe Parking program already established. Costs include supplies (toiletries, clean clothing -when clothing donations do not provide all needed items, especially new underwear), gas cards, car repairs. In addition to past services, we will establish a services area adjacent to the laundry area to include hot/cold water dispensers, tea, hot chocolate, cup of noodles, energy bars, blankets, water bottles and other items often needed by car residents. It will include a small sitting area. We will also bring more community to the Safe Parking guests by providing 1-2 home cooked meals per month in our eating area.
- 4) \$5,000 - Friday Morning Homeless Outreach funding needs. This service to homeless/low income residents provides one location where residents can receive dental service (the BACS dental bus is onsite 9 AM - 4 PM), registration in the county Coordinated Entry system via Abode Services representatives, connection with CityService of the Tri-Valley, Monthly Miracles, Swords to Plowshares, receive a free phone and/or tablet onsite via the federal Access Lifeline Program, plus extensive hot breakfast, clean clothing items (including new underwear), and help connecting to any service needed.
- 5) \$20,000 - Community Assistance Funds to enable on-going help for individuals and families who come to us and are referred to us for assistance for motel nights, auto repair, rent assistance, gas cards, food card, clothing card, toiletries, diapers. We partner regularly with the Livermore School District in these ways. We partner with CityServe of the Tri-Valley, Tri-Valley Seek & Save, Monthly Miracles, Abode Services, and other non-profits in these ways.

Thank you very much for your consideration,



Erin McGrath, Cornerstone Fellowship Outreach Leader (925) 724-5436

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

Yes
No

Amount \$ 2800610

If Yes Name of Funding Source:

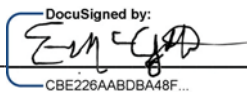
Two PPP loans and ERC funds
The PPP loans have been forgiven. The funds have been used to stabilize operations

16. Amount of Cash Aid Grant Requested: \$ 70000

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: Erin Mcgrath

Applicant Signature:  _____
CBE226AABDBA48F...

Signed Date: 9/22/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Cornerstone Fellowship of Livermore Ca
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Erin Mcgrath
PO/Street Address 348 N. Canyons Pkwy
City Livermore State CA Zip Code 94551
Phone (925) 724-5436 Email erinm@cornerstoneweb.org

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001

Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022Request from Board of Supervisors Name/District No: 1QIC: 20101Request Prepared By: Lawson BellPhone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 25,000Beneficiary's Name: Livermore Main Street Project IncExecutive Director: Ruby Lopez-VillarrealStreet Address: PO Box 1067City/State/Zip: Livermore CA 94551Grantee Contact: Ruby Lopez-VillarrealPhone: (510)435-6705

Comments:

Board Member Signature: David G. HubertDate: 12/13/2022

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-D1-39882Payment 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-

Livermore Downtown 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 1067

City: Livermore

Zip: 94551

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

Street Address: _____

City: _____

Zip: _____

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

(925) 583-5242

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

1ms@livermoredowntown.com

7. Organization's Website URL

livermoredowntown.com

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

First Name: Ruby

Last Name: Lopez-Villarreal

Title: Executive Director

Telephone: (925)583-5242

Mobile Phone: (510)435-6705

Email Address: ruby@livermoredowntown.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: Ruby

Last Name: Lopez-Villarreal

Title: Executive Director

Telephone: (925)583-5242

Mobile Phone: 510-435-6705

Email Address: ruby@livermoredowntown.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: 9

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

Livermore Downtown Inc., is a 501(c)3 Non-Profit, dedicated to the economic health and vitality of downtown Livermore. Livermore Downtown Inc. is a certified National Main Street Program and 2009 Great American Main Street Award recipient. Livermore Downtown, Inc. provides its services to all businesses and properties that are located in the downtown core of Livermore, CA. Our district encompasses Old First Street to P Street, Fourth Street to Railroad Avenue. We provide services to all downtown business in order to provide a holistic focus on the heart of our City. LDI is dedicated to focusing on the National Main Street's Four Point Approach to Downtown Revitalization.

Four Point Approach:

Organization - Our Organization establishes consensus and cooperation by building partnerships among the various groups that have a stake in the commercial district. Livermore Downtown Inc serves as an advocate for our small business community and a conduit of communication between all downtown stakeholders.

Promotion - create a positive image that inspires community pride and consumer and investor confidence in our commercial district. Advertising, retail promotions, special events, and marketing campaigns help sell the image and promise of our Downtown to the community and surrounding regions.

Design - Design means getting Downtown into top physical shape and creating a safe, inviting environment for shoppers, workers, and visitors.

Economic Vitality - Economic Vitality focus strengthens our community's existing economic assets while diversifying its economic base.

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

COVID-19 caused catastrophic impacts to our non-profit, Livermore Downtown Inc. Livermore Downtown Inc had to lay off all of their staffing. Aside from laying off staff, LDI could no longer cover rent and our non-profit organization had to move to a smaller facility outside of our main core district. Many of our beloved community traditions had to be cancelled as well as most of our fundraisers. The Membership benefits that LDI provides of marketing and business support to the businesses had to go away to nearly 400 business licenses as well.

Some additional examples of the negative economic impact follow below.

In 2018 our Street Fest fundraiser grossed \$215, 266.24 and in 2019 our fundraiser (with an intentional smaller footprint) still grossed \$140, 933.32 in fundraising dollars. In 2020 and 2021 these events had to be cancelled for covid compliance and our organization lost over \$140,000 from this fundraiser alone each year. Our Membership was also down in 2021. Our Membership fees in 2019 brought in \$26,426.74 in vital funds raised. In 2021 Livermore Downtown Inc did not charge any of the businesses in our district a membership fee as they offered their support services to all of our businesses for free with volunteer staff when possible.

Overall our fundraising efforts decreased dramatically. We estimate a loss of over 400,000 in our fundraising alone, not including membership. Loss from membership would be an additional at least \$50,000 and up to \$122,100.

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 \$ see below
No

If Yes Name of Funding Source:

PPP- Payroll Protection Plan - LDI received \$138,600 This is a loan that is to be paid back, Livermore Downtown Inc does not get to keep this loan. The County also gave \$20,000 to a Livermore Gift Card program, these funds were not used for any administrative purposes, they were used to cover customer incentive gifts for consumers purchasing gift cards to drive revenue to local biz.

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: Ruby Lopez-Villarreal

Applicant Signature:  Ruby Lopez-Villarreal
4BB2C53C039E4E4...

Signed Date: 10/17/2022

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.

ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD

Please see Instructions on reverse.

IMPORTANT FIRST STEP

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? [] Yes [X] No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: [] New Supplier Is Request to Add a result of merger or acquisition? [] Yes [] No

If Yes: Previous Alcolink Supplier # Previous Supplier Name

3. Request to Modify Existing Alcolink Supplier Number:

Check all that apply
[] New Doing Business As (DBA) Name
[] Name Change [] DBA Name Change
[] New/Additional Address for Existing Supplier
[] Replacement Address for Existing Supplier, Alcolink Address ID #
Is this the Remit To address? [] Yes [] No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number
Supplier Full Legal Name Livermore Downtown Inc
Supplier Doing Business as (DBA) Name
Supplier Contact Name Ruby Lopez-Villarreal
PO/Street Address PO Box 1067
City Livermore State CA Zip Code 94551
Phone (925) 583-5242 Email lms@livermoredowntown.com

5. Type of Entity: [] Individual [] Sole Proprietor [] Partnership
[] Corporation [X] Tax-Exempted/Non Profit [] Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

[] Goods Only [] Goods and Services [] Rents/Leases [] Rents/Leases Paid to You as the Agent
[] Medical Services [] Legal Services [X] Other ARPA Grant Applicant
[] Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
[] Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? [] Yes [X] No
Is Supplier a non-profit entity or a church? [X] Yes [] No
Is Supplier an individual payee that is not providing goods or services to the County? [] Yes [X] No
If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only; please check the ONE that is most applicable

8. 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 / White (> 50%) [] Multi-ethnic ownership (50% Minority - 50% Non-Minority)
[] Filipino (> 50%) [X] Decline to State

9. Business Ownership Gender Identity:

[] Female (> 50% ownership) [] Male (> 50% ownership) [] Non-Binary (> 50% ownership) [X] Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 10,000

Beneficiary's Name: Azul Tapas & Bebidas

Executive Director: _____

Street Address: 2241 First Street

City/State/Zip: Livermore, CA 94550

Grantee Contact: Manuel Moreno

Phone: 925-215-2656

Comments:

David G. Hubert

Board Member Signature: _____

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 10,000
							Total	\$ 10,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

MJYM

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.

Azul Tapas&Bebidas

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: 2241 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)215-2656

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

mjmr71@yahoo.com

7. Organization's Website URL

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

First Name: Manuel

Last Name: Moreno

Title: Owner

Telephone: (209)678-2074

Mobile Phone: (209)678-2074

Email Address: mjmr71@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: Manuel

Last Name: Moreno

Title: owner

Telephone: (925)215-2656

Mobile Phone: (209)678-2074

Email Address: mjmr71@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: 5

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input checked="" type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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 create a safe and inviting atmosphere all the meanwhile serving outstanding food & drinks. Thus, establishing returning guests.

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

As new business owners, we were excited to open our restaurant in November of 2019. we aspired to make our business thrive, but Covid had a detrimental impact in our business.

After three short months of opening our business, we were forced to shut down. Many factors, during Covid affected our business. The lack of clientele, non-qualification of government assistance, dealing with unexperienced staff and short staffed and finally the cost of mandates from the city and the health department to allow a reopening.

Due the fact that we were only opened a short time before COVID we did not have the opportunity to establish a loyal clientele. Therefore, when we tried to do take out, it only caused us to lose income. we completely shut down our business for several months. Meanwhile, we tried to apply for several government business programs but because we were only opened for a few short months we did not qualify for many programs. we tried to explain to our lessor about our unforeseen situation. we asked if we could have leniency with the lease. We were not asking for forgiveness of the loan we were only asking for an extension to pay. Yet again, we were denied. Until we were able to open our business up again, we had now income from our business to continue to pay monthly expenses. When it was finally decided that it was safe to reopen business, we were hit with more expenses. During the early months of Covid, businesses were only able to reopen if they had accommodations mandated by the city and health department. when the city allowed for outdoor dining that produced another expense. we had to buy outdoor furniture, such as tables, chairs, umbrellas, lighting, heaters and fans. To bring our staff back we had to provide masks and hand sanitizer. These items were in such high demands that at times we had t

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 \$ 19,000.00
No

If Yes Name of Funding Source:


PPP

16. Amount of Cash Aid Grant Requested: \$ 100000.00

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: Yaneth Moreno

Applicant Signature:  Yaneth Moreno
5A9376D7A0AD4A0...

Signed Date: 8/11/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name MJYM
Supplier Doing Business as (DBA) Name Azul Tapas&Bebidas
Supplier Contact Name Yaneth Moreno
PO/Street Address 2241 First St
City Livermore State CA Zip Code 94550
Phone (925)215-2656 Email mjmr71@yahoo.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001

Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022Request from Board of Supervisors Name/District No: 1QIC: 20101Request Prepared By: Lawson BellPhone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 7,500Beneficiary's Name: Pizza and CurryExecutive Director: Kamaljit SamraStreet Address: 42136 Blacow roadCity/State/Zip: Fremont CA 94538Grantee Contact: Kamaljit SamraPhone: (510)731-4833

Comments:

Board Member Signature: David G. HubertDate: 12/13/2022

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-D1-39437Payment 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-

Pizza and Curry

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: 42136 Blacow road

City: Fremont

Zip: 94538

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(510)687-0002

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

Pizzaandcurry@gmail.com

7. Organization's Website URL

Pizzaandcurry@gmail.com

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

First Name: Navdip

Last Name: Samra

Title: Manager

Telephone: (510)687-0002

Mobile Phone: 5109319940

Email Address: navisamra93@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: Kamaljit

Last Name: Samra

Title: owner

Telephone: (510)687-0002

Mobile Phone: 5107314833

Email Address: kamalsamra@ymail.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:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input checked="" type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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 create a unique experience, maintain a bond and inspire with each dish that is served. As a family owned business, it is important for us to not only build a connection with our customers but to provide them with a touch of a home cooked meal. Pizza & Curry has been serving the south Asian community in the Bay Area since 2008 and not only limited to the East Bay but our P & C family comes from as far as the South Bay. About 61% of the population in Fremont is Asian and out of these about 67,500 are Indian. The fusion between two cuisines gives our customers the chance to experience the best of both worlds.

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

As the pandemic began in March of 2020, many businesses were forced to shut down in order to ensure the safety of the public. Due to the urgency and rise of cases with Covid, there was not enough time or resources to secure a safety net. The concern of safety was far higher than running the business that is the main source of income for our family. More than 2 employees resigned to provide their families the security of health and one employee passed away in the midst of Covid. In the beginning, there was a decline in sales so the loss of labor didn't fully affect Pizza & Curry till about 3-4 months into the pandemic. As businesses started to open up, customers began slowly calling in for takeout since dine in was still not available. Not having enough in house workers caused burnout as well as a decrease in happy customers. Another negative impact to the restaurant was not being able to pay rent on time. A major decrease in customer sales led to late or missed payments on rent which in return added up. Through out the first couple of months during the pandemic, it cost more to keep the shop open since there were many hours with no sales being made. Overall, it was not only detrimental to our family's financial situation but also emotionally to the dedicated employees that stayed with us through out.

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 \$ 27410
No

If Yes Name of Funding Source:

Cares Act & CA relief program

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: Kamaljit Samra

Applicant Signature:  _____
86244B92275C406...

Signed Date: 11/6/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number 5
Supplier Full Legal Name Pizza and Curry
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Kamaljit Samra
PO/Street Address 42136 Blacow road
City Fremont State CA Zip Code 94538
Phone (510)687-0002 Email pizzaandcurry@gmail.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001

Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022Request from Board of Supervisors Name/District No: 1QIC: 20101Request Prepared By: Lawson BellPhone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 10,000Beneficiary's Name: Blossom BeeExecutive Director: Kanjana VongyaiStreet Address: 7335 Village ParkwayCity/State/Zip: Dublin CA 94568Grantee Contact: Kay VongyaiPhone: (510)910-3533

Comments:

Board Member Signature: David G. HubertDate: 12/13/2022

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-D1-40422Payment 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-

KANJANA VONGYAI

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.

BLOSSOM BEE

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: 7335 Village Parkway

City: Dublin

Zip: 94568

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)999-9250

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

Teekay2534@concast.net

7. Organization's Website URL

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

First Name: Kay

Last Name: Vongyai

Title: Mrs.

Telephone: (925)999-9250

Mobile Phone: 5109103533

Email Address: Teekay2534@comcast.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: Kay

Last Name: Vongyai

Title: Mrs.

Telephone: (925)999-9250

Mobile Phone: 5109103533

Email Address: Teekay2534@comcast.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: 2

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input checked="" type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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 family business that strive to provide Thai food and Thai fusion crepes. We want to be able to treat our customers to feel that they had a home cooked meal. We serve everyone in the Bay area community who come to our location. Our hopes is to make everyone who comes and eats at our restaurant to feel that they had food cooked that is comforting to them.

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

COVID-19 had greatly impacted our business. We had to let go of a couple of employees. My family of 3 have had to fully work all 7 days through out the week. We had lost 50% of cost. As we are slowly recovering we are still unable to open indoor seating as we do not have enough employees and profit. Prior to COVID-19 we would have a bustling business that was busy all the time. At this time it has not been as busy and not been the same. Although we are grateful for our customers, we still face a lot of impacts from COVID-19.

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 \$ 107,000
No

If Yes Name of Funding Source:

City of Dublin - \$7,000
PPP- \$100,000

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: Kanjana Vongyai

Applicant Signature:  Kanjana Vongyai
49F332E3F958482...

Signed Date: 10/31/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number 5
Supplier Full Legal Name KANJANA VONGYAI
Supplier Doing Business as (DBA) Name BLOSSOM BEE
Supplier Contact Name Kanjana Vongyai
PO/Street Address 7335 Village Parkway
City Dublin State CA Zip Code 94568
Phone (925)999-9250 Email teekay2534@comcast.net

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Dublin

Executive Director: Valerie Williams

Street Address: PO Box 2029

City/State/Zip: Dublin, CA 94568

Grantee Contact: Valerie Williams

Phone: 925-413-8107

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

Rotary Club of Dublin

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 2029 _____

City: Dublin _____

Zip: 94568 _____

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

925-413-8107 _____

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

kailuagirl1978@gmail.com _____

7. Organization's Website URL

rotarydublin.org

8. Contact Person regarding this application -REQUIRED-

First Name: Valerie

Last Name: Williams

Title: Club President

Telephone: 925-413-8107

Mobile Phone: 925-413-8107

Email Address: kailuagirl1978@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: Valerie

Last Name: Williams

Title: Club President

Telephone: 925-413-8107

Mobile Phone: 925-413-8107

Email Address: kailuagirl1978@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: 0

Current number of Board Members: 13

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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:

Promotion of social welfare by sponsoring activities with local schools and providing support for local charities. The Rotary Club of Dublin locally serves the Dublin community, youth, military families and veterans, and senior citizens through fundraising and supporting local charities. The Rotary Club of Dublin also supports international Rotary projects.

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

1. Lost one of our major fundraisers in the years of 2020 and 2021 (St. Patrick's Day Event)
2. Lost another major fundraiser in the year 2020 (Splatter Event)
3. Lost the ability to attend in person club meetings weekly which impacted our ability to attract new members. Further, our ability to recruit member volunteers for smaller events in these two years was diminished.

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: \$ 25,000

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: Rotary Club of Dublin

Applicant Signature: *Valerie Williams*
Valerie Williams (Nov 3, 2022 19:29 PDT)

Signed Date: Nov 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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary Club of Dublin
Supplier Doing Business as (DBA) Name Rotary Club of Dublin
Supplier Contact Name Valerie Williams
PO/Street Address PO Box 2029
City Dublin State CA Zip Code 94568
Phone 9254138107 Email kailuagirl1978@gmail.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Fremont, Union City, Newark Sunset

Executive Director: Daniel Lo

Street Address: 3257 Whipple Road

City/State/Zip: Union City, CA 94587

Grantee Contact: Michael Francisco

Phone: 408-899-9879

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



**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-

Rotary Club of Fremont, Union City, Newark Sunset (FUN Sunset)

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: 1013 Mapleton Court _____

City: San Jose _____

Zip: 95131 _____

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

Street Address: 3257 Whipple Road _____

City: Union City _____

Zip: 94587 _____

5. Organization's Telephone Number -REQUIRED-

408-899-9879 _____

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

mikel1386c@gmail.com _____

7. Organization's Website URL

funrotary.com

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

First Name: Michael

Last Name: Francisco

Title: President

Telephone: 408-899-9879

Mobile Phone: 408-899-9879

Email Address: mikel1386c@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: Daniel

Last Name: Lo

Title: Director

Telephone: (925) 272-8272

Mobile Phone: (925) 272-8272

Email Address: lonefunrotary@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: 0

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

FUN Sunset Rotary is the only Rotary Club operating in Union City. We provide positive impact in our immediate community through our service projects such as our bi-monthly food drive; where we provide produce, groceries and meals to hundreds of families free of charge. We provide meals for families in need during the Thanksgiving holidays. We also provide annual scholarships to new college students. We are a service oriented club that continuously look for avenues to provide community service. Besides our local club, we are also part of Rotary International which is a network of Rotary Members all over the world. Our goal is to amplify our positive impact in the community and continue to provide the services.

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

We had a difficult situation with COVID-19, we had a tough time fundraising since typically our fundraising events require in-person involvement. In addition many individuals were directly affected by COVID-19 both in personal and financial means - this affected our club directly and we were not as effective as before. However, we remain steadfast and have weathered through the peak of the pandemic and inflation (as so we hope is the peak). We continue to provide groceries and meals to families in need especially when groceries are at an all time high.

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: \$ ^{25,000} _____

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: Michael Francisco

Applicant Signature: 

11/11/2022

Signed Date: _____

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone _____ Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No
If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____
Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary Club of Fremont, Union City, Newark Sunset
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Michael Francisco
PO/Street Address P.O. Box 414
City Union City State CA Zip Code 94587
Phone 408-899-9879 Email mike11386c@gmail.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:
 Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:
Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:
 Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Livermore Valley

Executive Director: Kevin McCallum

Street Address: PO Box 3266

City/State/Zip: Livermore, CA 94550

Grantee Contact: Kevin McCallum

Phone: 925-605-8615

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

Rotary Club of Livermore Valley

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 3266 _____

City: Livermore _____

Zip: 94550 _____

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

9256058615 _____

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

livermorevalleyrotaryclub@gmail.com _____

7. Organization's Website URL

https://livermorevalleyrotary.org/

8. Contact Person regarding this application -REQUIRED-

First Name: Kevin
Last Name: McCallum
Title: President
Telephone: _____
Mobile Phone: 9256058615
Email Address: sirmccallum@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: Kevin
Last Name: McCallum
Title: President
Telephone: _____
Mobile Phone: 9256058615
Email Address: sirmccallum@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: 0

Current number of Board Members: 13

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input checked="" type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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 united by our common desire to improve lives in our Livermore community. We host fundraising events throughout the year so that we can award grants to local organizations that extend our work into our community. We support our local school district, including sponsoring the annual Richard D. King Speech Contest and supporting the Every 15 Minutes safety awareness program. We sponsor and mentor the Granada High School Interact Club, we make it possible for students to participate in the annual RYLA Conference, and we honor an outstanding Student of the Month at our meetings during the school year.

Regionally, we partner with other clubs in District 5170 to support COVID relief, wildfire relief, and help our unsheltered community members.

Internationally, we are committed to supporting the Wheelchair Foundation that donates wheelchairs to those in need in Mexico. We have partnered with Rotary Clubs in Morelia, Mexico to bring Ecocina Clean Stoves into homes and to provide dental equipment so that local residents could be provided with dental care.

We join with the Avenues of Service of Rotary International to eradicate polio, develop leaders, and advance humanitarian efforts for peace and health.

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

Fundraising is our major source of income. During Covid our ability to raise funds was put on hold due to social distancing and our members unwilling to participate in social event due to health concerns. The negative economic impact was approximately \$25,000.

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: \$ 25,000

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: Kevin McCallum

Applicant Signature: 

Signed Date: 11/05/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary Club of Livermore Valley
Supplier Doing Business as (DBA) Name Rotary Club of Livermore Valley
Supplier Contact Name Kevin McCallum
PO/Street Address P.O. Box 3266
City Livermore State CA Zip Code 94550
Phone 9256058615 Email livermorevalleyrotaryclub@gmail.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No

If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Livermore

Executive Director: Norm Bregman

Street Address: PO Box 694

City/State/Zip: Livermore, CA 94551

Grantee Contact: Sblend Sblendorio

Phone: 408-799-2933

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

Rotary Club of Livermore

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 694 _____

City: Livermore _____

Zip: 94551 _____

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(408) 799-2933

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

rcoflivermore@gmail.com

7. Organization's Website URL

https://livermore-rotary.org/

8. Contact Person regarding this application -REQUIRED-

First Name: Sblend

Last Name: Sblendorio

Title: President

Telephone: (408) 799-2933

Mobile Phone: (408) 799-2933

Email Address: sas@hogefenton.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: Bregman

Title: Treasurer

Telephone: (804) 239-3942

Mobile Phone: (804) 239-3942

Email Address: bregmannj@longwood.edu

10. Information about Applicant Organization -REQUIRED-

Current number of Full-Time Employees: 0

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

Current number of Board Members: 10

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:

Rotary is a global network of 1.4 million neighbors, friends, leaders, and problem-solvers who see a world where people unite and take action to create lasting change – across the globe, in our communities, and in ourselves.

Solving real problems takes real commitment and vision. For more than 110 years, Rotary's people of action have used their passion, energy, and intelligence to take action on sustainable projects. From literacy and peace to water and health, we are always working to better our world, and we stay committed to the end.

The applicant, The Rotary Club of Livermore, is one Rotary Club within Rotary District 5170. Based in Livermore, CA, we have over 100 active members and many more active community volunteers. Through member donations and community fundraisers, our organization provides both services and financial assistance to Livermore schools and youth groups, vocational programs, community members and groups in need, local health service entities, military veterans, and international relief efforts. Through tireless fundraising and focused grant applications, the Rotary Club of Livermore typically provides between \$100,000 and \$150,000 of services and financial assistance to these efforts each year.

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

For over 75 years, the Rotary Club of Livermore has relied on its >100 members to provide services to the community. Throughout that time, it has depended on weekly in-person lunch meetings, frequent volunteer project development and coordination meetings, and large Club and community fundraisers to enable those services to be planned and delivered. The COVID-19 pandemic severely impacted these efforts. Due to the resulting restrictions on in-person gatherings, member health impacts, engagement difficulties, and financial uncertainties, Club membership fell by over 10%, despite the rapid implementation of virtual meetings through the use of Zoom and the implementation of limited dues relief for members in need. Simply put, members were not able to get together and collaborate as frequently and effectively for fundraising and hands-on service activities. As an example, three of our largest and most financially important community fundraisers were cancelled in the second half of 2020 and the first half of 2021, reducing Club fundraising income by over \$50,000. At the same time, Club financial assistance to community health service entities and food relief services was sharply increased to address increased pandemic-related needs, funded in part by a grant we received for this purpose from The Rotary Foundation in June 2020.

On behalf of the communities we serve in Alameda County and beyond, the Rotary Club of Livermore would greatly appreciate any support from ARPA grants.

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 \$ 96,850
No

If Yes Name of Funding Source:

The Rotary Foundation (COVID Relief grant received July 2020 and used to assist local health services entities respond to COVID-19 from August 2020 through June 2021).

16. Amount of Cash Aid Grant Requested: \$ 25,000

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: Sblend Sblendorio

Applicant Signature: 

Signed Date: 11/7/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary Club of Livermore
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Sblend Sblendorio
PO/Street Address P.O. Box 694
City Livermore State CA Zip Code 94551
Phone (408) 799-2933 Email sas@hogefernton.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Pleasanton

Executive Director: Kathleen Alameda

Street Address: PO Box 352

City/State/Zip: Pleasanton, CA 94566

Grantee Contact: Ricky Walters

Phone: 925-200-2798

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

ROTARY CLUB OF PLEASANTON

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 352

City: PLEASANTON

Zip: 94566

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

Street Address: _____

City: _____

Zip: _____

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

925 323-1355 (Kathleen Alameda)

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

info@pleasantonrotary.org

7. Organization's Website URL

http://www.pleasantonrotary.org/

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

First Name: Ricky
Last Name: Walters
Title: Secretary
Telephone: 925 200-2798
Mobile Phone: 925 200-2798
Email Address: rickyw@waltersfinancialgroup.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: Kathleen
Last Name: Alameda
Title: Treasurer
Telephone: 925 323-1355
Mobile Phone: 925 323-1355
Email Address: Kathleen.alameda@sbcglobal.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: 0

Current number of Board Members: 12

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of public and charitable purposes. The specific purpose of this corporation is to facilitate, promote and protect local and international commerce and goodwill by:

1 Disseminating information on matters pertaining to commerce, industries, agriculture, transportation, customs, local laws and regulations; 2 Promoting business connections between the United States, California and the various countries of the world; 3 Arranging displays, speeches, exhibits and other promotional or educational forums; 4 Sponsoring international student exchanges and scholarships; 5 Fostering social and commercial relations domestically and internationally through news media, personal consultation and services, and otherwise; 6. Sponsoring local non-profits with Community Grants; 7 The mission of Rotary Club of Pleasanton is to support local students with scholarships, charitable community organizations and other Rotary-related projects through scholarships and grants from fundraising campaigns of the Rotary Club of Pleasanton which may be combined with donations/contributions received from individuals, corporations and/or other benefactors; and 8 The Club supports global communities by providing Wheelchairs and improve sanitation facilities to those in need in selected foreign countries.

The Rotary Club of Pleasanton is currently made up of 80 volunteer members connected to Pleasanton, CA in Alameda County, to support community and worldwide fundraising and community service activities.

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

Rotary Club of Pleasanton is an organization that has a membership model that typically meets weekly in a lunch meeting format at different locations within their community. Due to Covid the club set up Zoom and hybrid meetings.

The Government and Health Mandated Lock-downs and meeting site business closures caused hardships for the Rotary Club of Pleasanton to do fundraising and community service activities where Grants are requested and distributed. For example: 1) We had to have a Virtual Fun Run in lieu of our annual 5k/10k Spirit Run Event. The virtual run brought in \$25,000 less than our normal returns on this event. 2) The decrease in membership had a large impact on the financial operations of the Rotary Club of Pleasanton. 3) Members were not able to get together and collaborate for fundraising and community and world service.

The negative Impact in the Rotary Club of Pleasanton could be in excess of \$50,000 due to the inability to conduct Rotary as it was prior to the Pandemic.

Any support from the Government ARPA Grants would greatly be appreciated.

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: \$ 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: Gary Schwaegerle, President Rotary Club of Pleasanton

Applicant Signature:  _____
Signed Date: 11/07/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary Club of Pleasanton
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Gary Schwaegerle, President Rotary Club of Pleasanton
PO/Street Address P.O. Box 352
City Pleasanton State California Zip Code 94566
Phone 925 998-1107 Email garyschwaegerle@yahoo.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:
 Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:
Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:
 Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Silicon Valley Chinese Rotary Club

Executive Director: Adeles Fan

Street Address: PO Box 15133

City/State/Zip: Fremont, CA 94539-2233

Grantee Contact: Adeles Fan

Phone: 12/13/2022

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

SILICON VALLEY CHINESE ROTARY CLUB

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 15133

City: FREMONT, CA

Zip: 94539-2233

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

Street Address: 443 LOWER VINTNERS CIR

City: FREMONT

Zip: 94539

5. Organization's Telephone Number -REQUIRED-

510-371-1965

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

huarenrotary@gmail.com

7. Organization's Website URL

https://huarenrotary.org/

8. Contact Person regarding this application -REQUIRED-

First Name: ADELES

Last Name: FAN

Title: PRESIDENT

Telephone: 510-371-1965

Mobile Phone: 510-371-1965

Email Address: adeles4rotary@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: ADELES

Last Name: FAN

Title: PRESIDENT

Telephone: 510-371-1965

Mobile Phone: 510-371-1965

Email Address: adeles4rotary@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: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

Silicon Valley Chinese Rotary Club is part of an International Rotary Tem of around 1.4 million members. While Rotary itself is 100+ years old, Silicon Valley Chinese Rotary Club is serving local communities, the homeless, hospitals in most recent years.

We look for problems, issues and deficiencies and look for a solution. Our club also reach out to other clubs in the district for experience and expertise.

Our district has nearly 4000 volunteer members in over 60 clubs.

We would keep our goal to increase our abilities to perform at the highest and most efficient levels.

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

Covid brings difficulties to our club. Some on site community services are limited, harder face to face communication, harder for service fund raising.

We created hybrid meetings during the covid pandemic. We continued to support those in need.

While Covid made it more difficult to raise funds for charities. The grant applied for here will help definitely. The grant means a lot for our service.

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

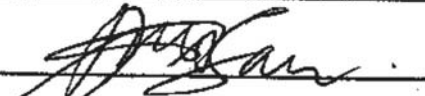
If Yes Name of Funding Source:

16. Amount of Cash Aid Grant Requested: \$ 25,000

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: Adeles Fan

Applicant Signature: 

Signed Date: 11/11/2022

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.

ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD

Please see Instructions on reverse.

IMPORTANT FIRST STEP

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? [] Yes [X] No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
A/C 20101 Phone Email Lawson.Bell@acgov.org

2. Request to Add Supplier: [] New Supplier Is Request to Add a result of merger or acquisition? [] Yes [] No
If Yes: Previous Alcolink Supplier # Previous Supplier Name

3. Request to Modify Existing Alcolink Supplier Number:

Check all that apply
[] New Doing Business As (DBA) Name
[] Name Change [] DBA Name Change
[] New/Additional Address for Existing Supplier
[] Replacement Address for Existing Supplier, Alcolink Address ID #
Is this the Remit To address? [] Yes [] No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number
Supplier Full Legal Name SILICON VALLEY CHINESE ROTARY CLUB
Supplier Doing Business as (DBA) Name
Supplier Contact Name Adeles Fan
PO/Street Address P O Box 15133
City Fremont State CA Zip Code 94539
Phone (510) 371-1965 Email adeles4rotary@gmail.com

5. Type of Entity: [] Individual [] Sole Proprietor [] Partnership
[] Corporation [X] Tax-Exempted/Non Profit [] Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:
[] Goods Only [] Goods and Services [] Rents/Leases [] Rents/Leases Paid to You as the Agent
[] Medical Services [] Legal Services [X] Other ARPA Grant Applicant
[] Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
[] Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? [] Yes [X] No
Is Supplier a non-profit entity or a church? [X] Yes [] No
Is Supplier an individual payee that is not providing goods or services to the County? [] Yes [X] No
If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only; please check the ONE that is most applicable

8. 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 / White (> 50%) [] Multi-ethnic ownership (50% Minority -- 50% Non-Minority)
[] Filipino (> 50%) [X] Decline to State

9. Business Ownership Gender Identity:

[] Female (> 50% ownership) [] Male (> 50% ownership) [] Non-Binary (> 50% ownership) [X] Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Niles Rotary of Fremont

Executive Director: John Dutra

Street Address: PO Box 7104

City/State/Zip: Fremont, CA 94538

Grantee Contact: John Dutra

Phone: 510-364-0764

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

Niles Rotary of 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.

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 7104

City: Fremont

Zip: 94537

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

Street Address: 2500 Mowry Avenue

City: Fremont

Zip: 94538

5. Organization's Telephone Number -REQUIRED-

510-364-0764

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

paul.phipps@nilesrotary.org

7. Organization's Website URL

nilesrotary.org

8. Contact Person regarding this application -REQUIRED-

First Name: John

Last Name: Dutra

Title: President

Telephone: 510-364-0764

Mobile Phone: 510-364-0764

Email Address: dutrajohn@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: John

Last Name: Dutra

Title: President

Telephone: 510-364-0764

Mobile Phone: 510-364-0764

Email Address: dutrajohn@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: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

Niles Rotary is part of an International Rotary Team of approximately \$1.4 million members. While Rotary itself is 100+ years old, the Niles Rotary Club itself is celebrating its 85th year of serving local communities, the homeless, schools, along with international projects in Guatemala, Mexico and more.

Together, Rotary tackles issues of literacy, health, fresh water and support for those in need. We look for problems, issues and deficiencies and then look for a solution. Our Niles Rotary Club will reach out to other clubs in the District for their expertise if needed and have no hesitation to reach out nationally or globally to provide solutions for others.

Our District alone has nearly 4000 volunteer members in over 60 clubs.

Our goal is to leverage the support of all of our clubs to increase our abilities to perform at the highest and most efficient levels - always in service to others.

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

Covid was a difficult situation for sure. If we didn't know it then, we know it now - there is nothing like being face-to-face to convey concerns, raise and champion service projects and come together as a team. That said, nothing stopped Niles Rotary from finding a way through the pandemic.

We created hybrid meetings and continued to meet weekly, not missing a single week of meetings during the covid pandemic. We continued to support those in need, realizing that they were having as much if not more problems than others.

We literally moved from place to place, setting up video cameras and monitors to broadcast our meetings out to members. While Covid made it more difficult to raise funds for charities, it did not dampen our spirit to serve.

The grant applied for here will help for sure, but there is much work to be done and the support of this grant means a lot. Thank you.

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: \$ 25,000 _____

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: John Dutra _____

Applicant Signature: _____

Signed Date: 11/11/2022 _____

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Niles Rotary Club
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name John Dutra
PO/Street Address P.O. Box 7104
City Fremont State CA Zip Code 94537
Phone 510-364-0764 Email dutrajohn@gmail.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ 25,000

Beneficiary's Name: Rotary Club of Fremont Bridge

Executive Director: Sonia Salwan

Street Address: 43526 Gallegos Ave

City/State/Zip: Fremont, CA 94539

Grantee Contact: Geeta Kadambi

Phone: 510-205-9549

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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 Bridge Rotary Club

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.

ROTARY CLUB OF FREMONT BRIDGE

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: 43526 Gallegos Avenue

City: Fremont

Zip: 94539

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

Street Address:

SAME AS ↑

City:

Zip:

5. Organization's Telephone Number -REQUIRED-

5102059549

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

geeta.kadambi@gmail.com

7. Organization's Website URL

fremontbridgerotary.org

8. Contact Person regarding this application -REQUIRED-

First Name: GEETA

Last Name: KADAMBI

Title: TREASURER

Telephone: 5102059549

Mobile Phone: 5102059549

Email Address: GEETA.KADAMBI@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: Sonia

Last Name: Salwan

Title: President

Telephone:

Mobile Phone: 5104494150

Email Address: rotaryforsonia@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: 0

Current number of Board Members: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

Fremont Bridge Rotary is part of an International Rotary Team of approximately \$1.4 million members. While Rotary itself is 100+ years old, the Fremont Bridge Rotary Club itself is celebrating its 4th year of serving local communities, the homeless, schools, along with international projects in India, Turkey and Mexico and more.

Together, Rotary tackles Issues of literacy, health, fresh water and support for those in need. We look for problems, issues and deficiencies and the look for a solution. Our Fremont Bridge Rotary Club will reach out to other clubs in the District for their expertise If needed and have no hesitation to reach out nationally or globally to provide solutions for others.

Our District alone has nearly 4000 volunteer members in over 62 clubs.
Our goal is to leverage the support of all of our clubs to increase our abilities to perform at the highest and most efficient levels - always in service to others. Service above self.

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

Covid was a difficult situation for sure. If we didn't know it then, we know It now - there is nothing like being face-to-face to convey concerns, raise and champion service projects and come together as a team. That said, nothing stopped Fremont Bridge Rotary from finding a way through the pandemic.

We created online meetings and continued to meet monthly, not missing a single meeting during the covid pandemic. We continued to support those In need, realizing that they were having as much If not more problems than others.

We had a difficult time to engage members and keep them focused on doing good for the local business units and the needy. While Covid made It more difficult to raise funds for charities, it did not dampen our spirit to serve.

The grant applied for here will help for sure, but there is much work to be done and the support of this grant means a lot. Thank you.

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: \$ 25,000

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: GEETA KADAMBI

Applicant Signature: *Geeta Kadambi*

Signed Date: 11/11/2022

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name LAWSON BELL District # 1
QIC 20101 Phone _____ Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number:

Check all that apply

- New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name ROTARY CLUB OF FREMONT BRIDGE
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name GEETA KADAMBI
P.O. Street Address 43526 GALLEGOS AVENUE
City FREMONT State CA Zip Code 94539
Phone 5102059549 Email geeta.kadambi@gmail.com

- 5. Type of Entity:** Individual Sole Proprietor Partnership
 Corporation Tax-Exempted Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

- Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

- Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority - 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

- Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001



Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022

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: \$ \$25,000

Beneficiary's Name: Rotary District 5170

Executive Director: Oliva Poe

Street Address: P.O. Box 1166

City/State/Zip: Livermore, Ca 94551

Grantee Contact: Herb Ritter

Phone: 925-997-5939

Comments:

Board Member Signature: *David G. Hubert*

Date: 12/13/2022

ACCOUNTING INFORMATION

Business Unit	Acct.	Fund	Dept ID	Program	Sub-Cls	BY	Project	Amount
BOARD	640300	21713		11199		2023		\$ 25,000
							Total	\$ 25,000

Invoice Type: BRDA Invoice #: _____

Payment Handling: Return to Board Office (Name/QIC) District 1 / 20101

Pay Comments: Please call Lawson Bell when check is ready for pickup.



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-

Rotary District 5170

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 1166

City: Livermore

Zip: 94551

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

Street Address: _____

City: _____

Zip: _____

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

(408) 785-4529

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

admin@rotarydistrict5170.org

7. Organization's Website URL

https://www.rotarydistrict5170.org/

8. Contact Person regarding this application -REQUIRED-

First Name: Herb

Last Name: Ritter

Title: District Vice Chair

Telephone: 9259975939

Mobile Phone: 9259975939

Email Address: herb@ritterclan.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: Oliva

Last Name: Poe

Title: Executive Director

Telephone: (408)273-4577

Mobile Phone: 4082734577

Email Address: admin.rotarydistrict5170.org@clubrunner.email

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: 0

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input checked="" type="checkbox"/> 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:

Rotary is a global network of 1.4 million neighbors, friends, leaders, and problem-solvers who see a world where people unite and take action to create lasting change – across the globe, in our communities, and in ourselves.

Solving real problems takes real commitment and vision. For more than 110 years, Rotary's people of action have used their passion, energy, and intelligence to take action on sustainable projects. From literacy and peace to water and health, we are always working to better our world, and we stay committed to the end.

District 5170 is made up of almost 4000 volunteer members in 62 Individual Clubs in Northern California covering Part of Alameda County, Santa Clara County, Santa Cruz County and part of San Benito County. The Mission of Rotary District 5170 is to both INSPIRE and SUPPORT the clubs of the District through the use of multiple communication tools, training programs, motivating events, and supporting infrastructure.

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

Rotary is an organization that has a membership model that typically meets weekly in a Breakfast, Lunch or Dinner format at different location within their community. Due to Covid a number of clubs set up Zoom meeting and hybrid meetings to help continue doing the Community and World Service Rotary does.

The Government and Health Mandated Lock-downs and meeting site business closures caused hardships for Rotary Clubs to do fundraising and Community Service Activities where Grants are requested and distributed. Also Membership drop had a large impact on the Financials and operations of individual clubs. Members were not able to get together and collaborate for fundraising and community and world service. The negative Impact in the Clubs and district could be in excess of \$500,000 due to the inability to conduct Rotary as it was prior to the Pandemic.

Any support from the Government ARPA Grants would greatly be appreciated.

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: \$ 100000.00

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: Herb Ritter

Applicant Signature: 

Signed Date: 12/1/22

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.

**ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD
BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD**

Please see Instructions on reverse.

*****IMPORTANT FIRST STEP*****

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? Yes No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: New Supplier Is Request to Add a result of merger or acquisition? Yes No

If Yes: Previous Alcolink Supplier # _____ Previous Supplier Name _____

3. Request to Modify Existing Alcolink Supplier Number: _____

Check all that apply New Doing Business As (DBA) Name
 Name Change DBA Name Change
 New/Additional Address for Existing Supplier
 Replacement Address for Existing Supplier, Alcolink Address ID # _____
Is this the Remit To address? Yes No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number _____
Supplier Full Legal Name Rotary District 5170
Supplier Doing Business as (DBA) Name _____
Supplier Contact Name Herb Ritter
PO/Street Address P.O. Box 1166
City Livermore State CA Zip Code 94550
Phone (408)273-4577 Email herb@ritterclan.com

5. Type of Entity: Individual Sole Proprietor Partnership
 Corporation Tax-Exempted/Non Profit Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

Goods Only Goods and Services Rents/Leases Rents/Leases Paid to You as the Agent
 Medical Services Legal Services Other ARPA Grant Applicant
 Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
 Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? Yes No
Is Supplier a non-profit entity or a church? Yes No
Is Supplier an individual payee that is not providing goods or services to the County? Yes No
If "Yes" to any of the above, skip 8 and 9 below.

**The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only;
please check the ONE that is most applicable**

8. 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 / White (> 50%) Multi-ethnic ownership (50% Minority – 50% Non-Minority)
 Filipino (> 50%) Decline to State

9. Business Ownership Gender Identity:

Female (> 50% ownership) Male (> 50% ownership) Non-Binary (> 50% ownership) Decline to State

ARPA-001

Business Unit: BOARD

Voucher#: _____

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

Date: 12/13/2022Request from Board of Supervisors Name/District No: 1QIC: 20101Request Prepared By: Lawson BellPhone: (510) 272-6674

Beneficiary's ALCOLINK Supplier #: _____

Amount: \$ 20,000Beneficiary's Name: KR FarmsExecutive Director: Ryan NielsenStreet Address: 11099 Brittany LaneCity/State/Zip: Dublin CA 94568Grantee Contact: Ryan NielsenPhone: (925)997-5543

Comments:

Board Member Signature: *David G. Hubert*Date: 12/13/2022

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-D1-41273Payment 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-

KR Farms, 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.

RJN INC dba H&N Enterprises

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 608

City: Pleasanton

Zip: 94566

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

Street Address: _____

City: _____

Zip: _____

5. Organization's Telephone Number -REQUIRED-

(925)828-9163

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

accounting@hnenterprises.com

7. Organization's Website URL

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

First Name: Ryan

Last Name: Nielsen

Title: owner

Telephone: (925)828-9163

Mobile Phone: 925997-5543

Email Address: accounting@hnenterprises.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: Keri

Last Name: Nielsen

Title: owner

Telephone: (925)828-9163

Mobile Phone: 9252009842

Email Address: accounting@hnenterprises.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: 16

Current number of Board Members: 2

Please check the ONE that is most applicable

Business Ownership Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American or Black (>50%) | <input type="checkbox"/> Hispanic or Latino (>50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (>50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (>50%) |
| <input type="checkbox"/> Asian (>50%) | <input type="checkbox"/> Multi-ethnic minority ownership (>50%) |
| <input checked="" type="checkbox"/> Caucasian (>50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) |
| <input type="checkbox"/> Filipino (>50%) | <input type="checkbox"/> 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:

Every year KR Farms opens a Pumpkin Patch and Christmas Tree Lot.

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

KR Farms could not open the Pumpkin Patch for 2020 and 2021 due to 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 \$ _____
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: Ryan Nielsen

Applicant Signature:  _____
1455CC7B9143442...

Signed Date: 11/29/2022

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.

ALAMEDA COUNTY DEPARTMENT REQUEST FOR COUNTY BOARD DISTRICTS TO ADD BOARD DISTRICT ARPA GRANT APPLICANT ALCOLINK SUPPLIER RECORD

Please see Instructions on reverse.

IMPORTANT FIRST STEP

Is the Applicant affiliated with and/or an Alameda County Employee/Board Member/Commissioner? [] Yes [X] No
If Yes, there may a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action.
Districts: Contact County Counsel to confirm there is no conflict of interest in order to proceed with this request.

Districts: Complete Items 1-3

1. Submitted by:

Name Lawson Bell District # 1
QIC 20101 Phone (510) 272-6674 Email Lawson.Bell@acgov.org

2. Request to Add Supplier: [] New Supplier Is Request to Add a result of merger or acquisition? [] Yes [] No

If Yes: Previous Alcolink Supplier # Previous Supplier Name

3. Request to Modify Existing Alcolink Supplier Number:

Check all that apply
[] New Doing Business As (DBA) Name
[] Name Change [] DBA Name Change
[] New/Additional Address for Existing Supplier
[] Replacement Address for Existing Supplier, Alcolink Address ID #
Is this the Remit To address? [] Yes [] No

Applicants: Complete Important First Step above and items 4-9

4. ARPA Grant Applicant Information:

Federal Tax ID Number
Supplier Full Legal Name KR Farms, LLC
Supplier Doing Business as (DBA) Name RJN INC dba H&N Enterprises
Supplier Contact Name Ryan Nielsen
PO/Street Address PO Box 608
City Pleasanton State CA Zip Code 94566
Phone (925)828-9163 Email accounting@hnenterprises.com

5. Type of Entity: [X] Individual [] Sole Proprietor [] Partnership
[] Corporation [] Tax-Exempted/Non Profit [] Government or Trust

6. Check all boxes that may apply to Alameda County payments Supplier may receive:

[] Goods Only [] Goods and Services [] Rents/Leases [] Rents/Leases Paid to You as the Agent
[] Medical Services [] Legal Services [X] Other ARPA Grant Applicant
[] Settlement, Judgment, Refunds (If checked, skip 7, 8 and 9 below)
[] Court-Appointed Services (If checked, skip 7, 8 and 9 below)

7. Business Ownership Composition:

Is Supplier a publicly traded entity, a public school or a government? [] Yes [X] No
Is Supplier a non-profit entity or a church? [] Yes [X] No
Is Supplier an individual payee that is not providing goods or services to the County? [] Yes [X] No
If "Yes" to any of the above, skip 8 and 9 below.

The collection of Business Ownership (8.) Ethnicity and (9.) Gender Identity data below is for County reporting purposes only; please check the ONE that is most applicable

8. 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%)
[X] Caucasian / White (> 50%) [] Multi-ethnic ownership (50% Minority - 50% Non-Minority)
[] Filipino (> 50%) [] Decline to State

9. Business Ownership Gender Identity:

[] Female (> 50% ownership) [X] Male (> 50% ownership) [] Non-Binary (> 50% ownership) [] Decline to State