



CITY OF SAN LEANDRO ECONOMIC DEVELOPMENT DIVISION

835 EAST 14TH STREET, SAN LEANDRO, CA 94577 | (510)577-3311 | lhalle@sanleandro.org

SMALL BUSINESS SECURITY GRANT APPLICATION |

Due date: January 19, 2024

Date

Applicant/Business Name		# Employees	
Site Address		Business Licence #	
Mailing Address (if different)			
Email		Phone	
Property Owner Name			
Improvement Description & Cost			

Initial	I attest that:
	The business has been, or is in close proximity to businesses that have been a victim of property crime, such as burglary, vandalism, property theft, vagrancy, etc.
	I understand that I will be required to provide the following information to receive a grant: <ul style="list-style-type: none"> Form W-9 (Request for Taxpayer Identification Number) Cost estimate from professional contractor(s) OR Security Assessment Recommendations via the Security Assessment Program NOTE: Structural construction, including fixtures, will require a building permit prior to work being done
	The business is operating but cannot prioritize security improvements because of financial impacts of the pandemic.
	The business, as well as the contractor(s), have general liability insurance.
	I own or am otherwise authorized to sign agreements on behalf of the business.
	The business will indemnify, defend, and hold harmless the City and its officials, employees and agents from and against any and all liability, loss, damage, claims, expenses, and costs of every nature arising out of or in connection with the program.
	I have discussed the program with the property owner or landlord and they agree that the assessment can be done.
	The business will adhere to all applicable federal, state, and local laws as well as State of California and Alameda County COVID-19 regulations and guidelines.
	I understand that the City will issue a Form 1099 for the grant funds and that any and all federal, state, and/or local taxes resulting from my participation in this program are my responsibility and shall not be paid by the City.

Applicant Statement: I have read this application, understand the program guidelines, qualify for the program, and agree to the above requirements.

Applicant Signature

Print Applicant Name

Date

Property Owner Signature
(if different)

Print Property Owner Name

Date