



**City of Covina**  
**Downtown Neighborhood Business Workforce Augmentation**  
**Program Pre-application**

When complete, please return application and attachments to [BCapital-Assistance@covinaca.gov](mailto:BCapital-Assistance@covinaca.gov) or drop off/mail:

**Attention: Alice Leung**  
**City of Covina**  
**125 E College Street**  
**Covina, CA 91723**

**APPLICANT INFORMATION:**

Applicant Full Legal Name (First, Middle, Last): \_\_\_\_\_

Business Position Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Date of Business Established in Covina: \_\_\_\_\_

Full Legal name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business License #: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ # of Business Owners: \_\_\_\_\_

# of current Employees (if applicable): \_\_\_\_\_

**BUSINESS CLASSIFICATION**

- Restaurants, coffee shops, bakeries, cafes, gastropubs, etc.
- Salons, barbers, and other grooming businesses
- Gyms, day spas, and fitness studios
- Retail and Commercial stores such as consumer goods, electronics and appliances, health and sporting goods, furniture, clothing and shoes, kitchen equipment, books and entertainment stores, music and audio/visual equipment, etc.
- Franchisee owned restaurants
- Other (please specify): \_\_\_\_\_

**VERIFICATION QUESTIONS:**

1.	Is your business located within the Town Center Specific Plan Area (Please refer to the Program Description and Guidelines, Attachment D for reference).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the Business or any owner of the Business presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does business meet all State and local building and zoning codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does building of the business directly front/face a public right-of-way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does Business have a business license, or have a pending application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the business zoned commercial or light industrial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties? Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRE-APPLICATION RATING/SCORING:**

Please provide a written business plan for Part 1, and a brief summary for Part 3 and Part 4 with as much detail as possible. The Pre-application rating/scoring will be the crucial part of the evaluation process for program qualification. Pre-applications will be evaluated in accordance with the scoring criteria as listed below.

Categories:	Maximum Possible Points:	Score:
<p><b>Part 1. Business Plan</b> The business plan should precisely define its business, identifies its goals, and services as the business’s resume. Please refer to Attachment C Business Plan Outline from the Program Description and Guidelines for reference.</p>	25 points	
<p><b>Part 2. Type of for-profit Business.</b> (Please check box the type of project business is categorized under.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Retail/Commercial - 15 points</li> <li><input type="checkbox"/> Food and drink establishments – 25 points</li> <li><input type="checkbox"/> Art gallery and supplies – 10 points</li> <li><input type="checkbox"/> High-tech industrial uses - 5 points</li> <li><input type="checkbox"/> Entertainment - 15 points</li> <li><input type="checkbox"/> Manufacturing – 5 points</li> </ul>	25 points	
<p><b>Part 3. Owner/Operator Experience.</b> The management team’s business experience that directly or indirectly relates to their business.</p>	10 points	
<p><b>Part 4. Economic and Quality of Life Impact.</b> The economic impact and the business’ impact on the quality of life of the community in which the business is located.</p>	10 points	
<p><b>Part 5. Future Prospects for Growth.</b> The future prospects for short- and long-term growth of the business.</p>	10 points	
<p><b>Part 6. Business Ambiance.</b> Describe the décor, colors and textures, front desk, furniture and fixtures, lighting, music, entertaining material, marketing/promotional perks, staffing, and restrooms and how they attribute to the business ambiance. Describe how does the business create a comfortable ambiance and a memorable experience for the customers.</p>	20 points	
<p><b>Total Possible Points:</b></p>	<b>100 points</b>	

**CERTIFICATION OF APPLICANT:**

I hereby certify that I have read and understand the *Guidelines* to the City of Covina Downtown Neighborhood Business Workforce Augmentation Program.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in my application being canceled or denied. I understand that I will be required to verify the information I have provided here, and will be required to complete a full application if approved for the next stage in the application process.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE STAFF USE ONLY:**

**Disqualified:**

Yes  No

If yes, provide justification:

**REVIEWED BY:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_