



## **Conejo Valley Small Business Relief Fund**

### **Donation Guidelines and Application**

(updated eligibility through Dec. 31, 2020)

The **Conejo Valley Small Business Relief Fund** has been established by the Greater Conejo Valley Community Foundation in partnership with the cities of Thousand Oaks, Westlake Village and Agoura Hills. The fund will provide much needed grants to local small businesses as they navigate the financial impacts of COVID-19.

#### **Eligibility**

To be eligible for funding, applicant organizations must:

- Be a small business with under 25 employees in the Conejo Valley.
- Company has been substantially impacted by COVID-19.
- Company has been in operation for over 1 year.

#### **Application Procedures**

Applications to the Greater Conejo Valley Community Foundation are accepted and reviewed on an on-going basis; maximum grant is currently \$2,500. All applicants will be notified of the Foundation's decision.

Companies wishing to apply must complete the attached application and provide the following documentation:

- Company financial statements for the most recent fiscal year and a balance sheet,
- Current year's annual operating budget.

Additional information may be requested once the application is reviewed.

Please submit applications (via email, preferred) to:

**Danielle Borja, President/CEO**  
**[dborja@conejochamber.org](mailto:dborja@conejochamber.org)**

**Greater Conejo Valley Community Foundation**  
**600 Hampshire Road, # 200**  
**Westlake Village, CA 91361**  
**T: 805.370.0035 F: 805.370.1083**

# Greater Conejo Valley Community Foundation

600 Hampshire Rd. #200 • Westlake Village, CA 91361 • T: 805.370.0035 • F: 805.370.1083 • conejochamber.org

## Fund Application Form

COMPANY	Date of Application: _____	Amount Requested: \$ _____
	Name of Company: _____	Date Founded: _____
	Address: _____	City: _____
	Telephone: _____	Website: _____

PERSONNEL CONTACT	Owner: _____	Title: _____
	Telephone: _____	Email: _____
	Grant Contact: _____	Title: _____
	Telephone: _____	Email: _____

ABOUT THE COMPANY	Small Business Tax Status: _____
	Company's Operating Budget (current year): \$ _____
	Number of paid staff: full-time _____ part-time _____
	Have you reduced the number of paid staff due to COVID-19? If yes, how many? _____
Briefly describe the applicant company, its purpose, range of services:	

HOW THE GRANT WILL BE USED	Briefly describe how the requested grant will be used:
	How has your company been impacted by COVID-19? If yes, please describe.

SIGNATURES	_____	_____
	Owner Name and Title (print)	Signature