



# 阿拉米達縣 CARES 補助金 申請表問題



請注意：所有申請表都**必須**上網提交；本文件僅供申請人在提交申請表回應之前參考。  
紙張申請表將不予受理。

阿拉米達縣 CARES 補助金計劃提供 \$5,000 補助金，用以援助阿拉米達縣內受 COVID-19 疫情衝擊的合格小商業。關於資格條件、經費使用、排除範圍等資訊，請瀏覽：  
<https://eastbayeda.org/grants>

English	Chinese (Taiwan)
<b>Alameda County CARES Grant</b>	阿拉米達縣 CARES 補助金
<b>Application Questions</b>	申請表問題
<i>Please note, all applications <b>must</b> be submitted online, this document was developed for applicants to review before submitting their responses.</i>	請注意：所有申請表都 <b>必須</b> 上網提交；本文件僅供申請人在提交申請表回應之前參考。
<i>Paper applications will not be accepted.</i>	紙張申請表將不予受理。
The Alameda County CARES grant program provides \$5,000 to support eligible small businesses in Alameda County impacted by COVID-19.	阿拉米達縣 CARES 補助金計劃提供 \$5,000 補助金，用以援助阿拉米達縣內受 COVID-19 疫情衝擊的合格小商業。
For information on eligibility, use of funds, exclusions, etc. please visit: <a href="https://eastbayeda.org/grants">https://eastbayeda.org/grants</a>	關於資格條件、經費使用、排除範圍等資訊，請瀏覽： <a href="https://eastbayeda.org/grants">https://eastbayeda.org/grants</a>
<b><u>APPLICANT INFORMATION</u></b>	申請人資料
<b>Applicant First Name</b>	申請人名字
<b>Applicant Last Name</b>	申請人姓氏
<b>Business Name</b>	商業名稱
<b>Business Street</b>	商業街道地址
<b>Business City</b>	商業所在城市
<b>Business Zip Code</b>	商業郵遞區號
<b>Applicant Phone Number</b>	申請人電話號碼
<b>Business Phone Number</b>	商業電話號碼
<b>Email Address</b>	電郵地址
<b>Website</b>	網站
<b>Business Location Type *</b>	營業地點類型 *
Office	辦公室
Commercial Storefront	商業店面
Industrial/Warehouse	工業/倉儲
Home-Based	家庭式
<b>Type of Business structure *</b>	商業結構類型 *

Individual/sole proprietor or single-member LLC	個人/獨資經營業主 (Sole Proprietorship) 或單一成員 LLC
C Corporation	股份公司 (C Corporations)
S Corporation	小型企業股份公司 (S Corporations)
Partnership	合夥公司 (Partnership)
Trust/estate	信託/遺產 (Trust/estate)
Limited liability company (LLC)	有限責任公司 (Limited Liability Company, 簡稱 LLC)
Other	其他
<b>Industry Sector?</b>	<b>行業類別?</b>
Agriculture/Farms	農業/農場
Auto-Related	汽車相關
Bars, Brewpubs, Breweries, Wineries, Pubs & Craft Distilleries	酒吧、自釀酒吧、啤酒廠、葡萄酒廠、工藝蒸餾廠
Beauty/Personal Care Services (Hair, Nail, Waxing Services, Tattoo)	美容/個人保養服務 (美髮、美甲、熱蠟除毛服務、刺青)
Childcare, Private Education, Tutoring Center	托兒、私人教育、家教中心
Construction	營造
Creative Galleries & Studios (For-Profit)	創意藝廊和工作室 (營利事業)
Entertainment & Recreation (Movie Theater, Event Venue)	娛樂休閒 (電影院、活動場地)
Finance, Insurance, Real Estate	理財、保險、房地產
Fitness & Gyms	運動健身
Funeral Homes, Mortuaries & Cemeteries	葬儀社、太平間、墓園
Grocery Store	雜貨店
Hospitality & Tourism	觀光旅遊
Home Services (Cleaners, Landscapers)	住宅服務 (清潔工作者、園藝工作者)
Medical Offices (Dental, Physicians, Pharmacies)	醫療院所 (牙醫診所、醫師診所、藥房)
Manufacturing or Production	製造或生產
Personal Services (Laundromat, Tailors)	個人服務 (洗衣店、裁縫師)
Pharmaceutical, Biotech	製藥、生技
Professional and Technical Services	專業和技術服務
Retail Stores	零售店
Restaurants	餐廳
Technology	科技
Veterinary Care & Groomers	動物醫院和美容
Warehouse/Distribution Center	倉儲/配送中心
<b>What year was your business established?</b>	<b>您的商業成立於哪一年?</b>
<b>How many employees do you have?</b>	<b>您有幾名員工?</b>
Self-employed, no other employees	自僱, 沒有其他員工
1 to 4	1 至 4 名

5 to 9	5 至 9 名
10 to 25	10 至 25 名
<b>How has your business been negatively impacted by COVID-19?</b>	<b>您的商業如何受到 COVID-19 疫情衝擊？</b>
<b>Check all that apply.</b>	<b>請勾選所有符合項目。</b>
Closure of any length due to COVID-19	由於 COVID-19 而關閉了一段時間 (不論多久)
Layoff of one or more staff	資遣了一或多名員工
<b>Please check all COVID-19 relief funding sources you have received so far</b>	<b>請勾選您到目前為止所獲的全部 COVID-19 紓困經費來源</b>
I have not received COVID-19 relief funding	我沒有獲得 COVID-19 紓困經費
City-based Loan or Grant	市政府的貸款或補助
Paycheck Protection Program Loan (PPP)	薪資保障計劃貸款 (Paycheck Protection Program Loan, 簡稱 PPP)
Economic Injury Disaster Loan Emergency (EIDL) /Advance	經濟損失災難貸款 (Economic Injury Disaster Loan, 簡稱 EIDL) / 緊急預借 (Emergency Advance)
Express Bridge Loan	快速過渡貸款 (Express Bridge Loan)
Other SBA loan (e.g., SBA Debt Relief)	其他 SBA 貸款 (如 SBA Debt Relief)
State of California Infrastructure Bank (IBANK) Small Business Disaster Relief Loan	加州基礎建設銀行 (IBANK) 小商業災難紓困貸款 (Small Business Disaster Relief Loan)
State Tax Relief	州稅紓困方案 (State Tax Relief)
Other (please specify)	其他 (請註明)
<b>How will you use the grant monies?</b>	<b>您將如何使用這筆補助金？</b>
<b>(Select all that apply)</b>	<b>(選擇所有符合項目)</b>
Rent/lease/mortgage and utility payments for business facilities	商業設施的租金/按揭貸款和公用事業費用
Payroll (may not be used to meet the same Payrolls an organization is paying for with funds received from the Paycheck Protection Program, but may be used to meet Payrolls after the organization has depleted their Payroll Protection Program funds) (self-certify)	薪資 (如果機構使用「薪資保障計劃」所得資金來支付薪資，則不可用來支付這同一筆薪資；但在「薪資保障計劃」所得資金用完後，可用來支付薪資) (自我證明)
Operating Expenses such as supplies, materials, insurance, etc.	營運支出，例如耗材、原料、保險等
Personal Protective Equipment (PPE), sanitation or health safety equipment	個人防護裝備 (PPE)、衛生消毒或健康安全設備
Reimbursement for digital technology equipment required to transition existing programs online.	補償為了將現有程序移至網上所需的數位科技設備
Business adaptations to comply with or relating to new COVID-19 requirements needed for business operations or re-opening, such as interior and exterior reconfigurations including curb-side or storefront pick-up and delivery, partitions, temporary signage, outdoor seating (to encourage social distancing), and other required adaptations.	為了遵守或因應相關的 COVID-19 新規定，而進行商業營運或重新開啟所需的商業改裝，例如室內和室外重新配置，包括路邊或店面外帶和外送、隔板、臨時招牌、戶外座位 (加強社交距離) 和其他必要的改裝。
<b>Reimbursement Certification *</b>	<b>補償證明 *</b>
By checking this box, I certify that no payment received from the Alameda County CARES grant program will be used to cover costs reimbursed by other sources of	勾選此方塊，代表本人保證不會將阿拉米達縣 CARES

funding.	補助金計劃的任何款項用來支付其他資金來源已補償的費用。
<b>Please upload a copy of your business IRS form W-9</b>	<b>請上傳您的商業 IRS W-9 表</b>
Not sure what a W-9 is?	不確定什麼是 W-9?
You can download the form on the IRS website.	您可以到 IRS 網站下載這份表格。
It allows the County to issue payment to your business if you are selected.	如果您被選中，該表格將讓縣政府能發放補助金給您的商業。
<b>License and Permit Requirements</b>	<b>執照和許可證要求</b>
By checking this box, I certify that I have the required licenses and permits necessary to operate in Alameda County.	勾選此方塊，代表本人證明已擁有在阿拉米達縣營業所需的執照和許可證。
<b>COVID-19 Compliance</b>	<b>COVID-19 遵規要求</b>
By checking this box, I agree to follow State of California and Alameda County Public Health Department COVID-19 guidelines to maintain a safe workplace.	勾選此方塊，代表本人同意遵守加州州政府和阿拉米達縣公共衛生部 COVID-19 指引，以維護工作場所安全。
Click here for the current Alameda County Public Health COVID-19 Guidelines	按一下此處，查看阿拉米達縣公共衛生部最新 COVID-19 指引。
<b>If you received assistance filling out your application, what organization helped you?</b>	<b>如果您填寫申請表時有獲得協助，請問是哪個機構協助您？</b>
CBO (Community/Non-Profit Organization)	社區/非營利組織 (CBO)
Chamber of Commerce	商會
City	市政府
Other	其他
<b>Business Owner Gender (Optional)</b>	<b>商業業主性別 (選填)</b>
Female	女
Male	男
Transgender	跨性別
Non-Binary	非二元性別
Decline to State	拒絕回答
Other	其他
<b>Business Owner Race/Ethnicity (Optional)</b>	<b>商業業主種族/族裔 (選填)</b>
American Indian or Alaska Native	美洲印第安人或阿拉斯加原住民
Asian	亞裔
Black or African American	黑人或非裔美國人
Hispanic or Latino	西語裔或拉丁裔
Native Hawaiian or Other Pacific Islander	夏威夷原住民或其他太平洋島民
White	白人
Other	其他
<b>ACKNOWLEDGEMENT AND AGREEMENT</b>	<b>確認和同意條款</b>
Alameda County will consider grants for assisting small businesses with covering necessary costs due to the COVID-19 public health emergency retroactively from March 17, 2020, the day the Alameda County Public Health Ordinance began	阿拉米達縣政府將考慮提供補助金來協助小型商業，供他們支付因應 COVID-19 公共衛生緊急事件所需的費用，日期可回溯至 2020 年 3 月 17

requiring Shelter in Place due to COVID-19, through December 30, 2020.	日，阿拉米達縣公共衛生條例從這一天開始，要求民眾進行 COVID-19 居家防疫，至 2020 年 12 月 30 日止。
All applicants will be notified of their application status.	所有申請人都將收到有關申請結果的通知。
Applicants who receive an Alameda CARES grant agree to retain all documentation of expenditures related to their grant award.	獲得阿拉米達縣 CARES 補助金的申請人同意保留與此項補助金相關的支出證明文件。
Please sign here:	請在這裡簽名：