



**TOGETHER FOR HAYWARD**  
**HASHTAG HAYWARD APPLICATION FORM**  
*JUNTOS PARA HAYWARD*  
*FORMULARIO DE SOLICITUD DE PROGRAMA DE*  
*RECUPERACIÓN*

City of Hayward  
 Economic Development  
 777 B Street  
 Hayward, CA 94541  
 510-583-5540

**The City of Hayward created the Hashtag Hayward program to assist existing restaurant businesses improve their marketing and make changes to help drive customers back to the businesses. Eligible businesses must:**

*La Ciudad de Hayward creó el programa Hashtag Hayward para ayudar a los negocios de restaurantes existentes a mejorar su mercadotecnia y realizar cambios que atraigan nuevamente a los clientes. Para ser elegible:*

- **Be Located in Hayward** *Estar ubicado en Hayward*
- **Have an active comercial storefront** *Tener un establecimiento comercial activo*
- **Hold a valid, current Business License** *Poseer una licencia comercial válida y vigente*
- **Must be in Good standing with the City of Hayward, meaning they are free of any outstanding fines or unresolved code enforcement actions and** *Estar en buen estado con la Ciudad de Hayward, lo que significa no tener multas pendientes ni acciones de cumplimiento de códigos sin resolver*
- **Maintain active social media accounts as a condition of receiving grant funding.** *Mantener cuentas activas en redes sociales como condición para recibir los fondos de la subvención.*

<b>Business Name:</b> <i>Nombre del Negocio:</i>
<b>Business Address:</b> <i>Dirección:</i>
<b>Owner's Name:</b> <i>Nombre del Dueño:</i>
<b>Email:</b> <i>Correo Electrónico:</i>
<b>Phone Number:</b> <i>Número de Teléfono:</i>

**Grant dollars can be used to for the following improvements. Please check those that you would like to use the grant dollars for.** *Los dólares de la subvención se pueden utilizar para las siguientes mejoras. Marque aquellos para los que le gustaría usar los dólares de la subvención.*

<input type="checkbox"/>	<b>Interactive Murals and Sculptures</b> <i>Murales y Esculturas Interactivas</i>
<input type="checkbox"/>	<b>Window Lighting and Façade Enhancements</b> <i>Iluminación de Ventanas y Mejoras de Fachada</i>
<input type="checkbox"/>	<b>Corner Building District Identity</b> <i>Identidad del Distrito de Edificios Esquinados</i>
<input type="checkbox"/>	<b>A-Frame or Blade Signs</b> <i>Letreros tipo A-Frame o Blade</i>
<input type="checkbox"/>	<b>Seating, Wayfindng, and Center Lighting</b> <i>Asientos, Señalización y Iluminación Central</i>
<input type="checkbox"/>	<b>Improvements to Social Presence/Website</b> <i>Mejoras en la Presencia en Redes Sociales/Sitio Web</i>
<input type="checkbox"/>	<b>Other (Describe)</b> <i>Otros (Describa)</i>

**Grants will range from \$3,000 - \$10,000 based on the scope of the project for each business. Applications will be evaluated based on desired improvements, positive impact on the surrounding commercial area, and any matching funds offered towards the project to take the overall design to the next level.** *Las subvenciones oscilarán entre \$3,000 y \$10,000 según el alcance del proyecto para cada negocio. Las solicitudes se evaluarán en función de las mejoras deseadas, el impacto positivo en el área comercial circundante y los fondos equivalentes ofrecidos para el proyecto que ayuden a llevar el diseño general al siguiente nivel.*

**Potential Matching Dollars for Project** *(Posibles dólares de contrapartida para el Proyecto):* \_\_\_\_\_

The City of Hayward collects demographic data for all of its programs, but self-reporting is voluntary. Please complete the following information. *La Ciudad de Hayward recopila datos demográficos para todos sus programas, pero el auto-reporte es voluntario. Por favor complete la siguiente información.*

<b>Ethnicity (Select One) Etnia (seleccione una)</b>			
<input type="checkbox"/>	Not Hispanic	<input type="checkbox"/>	Hispanic
<b>Race (Select One) Raza (seleccione uno)</b>			
<input type="checkbox"/>	White	<input type="checkbox"/>	Native Hawaiian/ Hawaiian/Asian Pacific Islander
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black/African American/White
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native/White
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Asian/White
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Am. Indian/Alaskan Native & Black/African American
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Multi-Racial

<b>Other Demographic Data (Select All That Apply)</b>			
<i>Otros datos demográficos (seleccione todos los que correspondan)</i>			
<input type="checkbox"/>	<b>Woman-Owned Business</b> <i>Dueña de una empresa</i>	<input type="checkbox"/>	<b>Minority Business Owner</b> <i>Propietario de una empresa minoritaria</i>
<input type="checkbox"/>	<b>Female Head of Household</b> <i>Mujer jefa de hogar</i>	<input type="checkbox"/>	<b>Senior (over 62+)</b> <i>Personas Mayores (más de 62 años)</i>
<input type="checkbox"/>	<b>Disabled-Owned Business</b> <i>Negocio propiedad de discapacitados</i>	<input type="checkbox"/>	<b>Veteran-Owned Business</b> <i>Negocio propiedad de veteranos</i>
<input type="checkbox"/>	<b>Employee-Owned Business Cooperative</b> <i>Cooperativa comercial propiedad de los empleados</i>	<input type="checkbox"/>	<b>Disabled Veteran-Owned Business</b> <i>Negocio propiedad de veteranos discapacitados</i>

<b>Employee Verification</b>
The total number of employees employed by the business is: <i>El número total de empleados por la empresa es:</i>

<b>Business Owner Certification</b>
<p>I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by City of Hayward personnel as part of compliance monitoring.</p> <p><i>Certifico que la información proporcionada en este formulario es verdadera y precisa a mi leal saber y entender. Soy consciente de que existen sanciones por dar información falsa de manera deliberada y consciente en una solicitud de fondos federales, que pueden incluir el reembolso inmediato de todos los fondos federales recibidos y / o el enjuiciamiento según la ley. Entiendo que la información en este formulario está sujeta a verificación por parte del personal de la Ciudad de Hayward como parte del monitoreo de cumplimiento.</i></p>
Signature/Firma del Dueño/a: _____ Date/Fecha: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or Type	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/ Sole proprietor or single-member LLC <input type="checkbox"/> C corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/ estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=partnership) _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other _____	4 Exemptions (codes apply to certain entities, not individuals) Exempt payee code (if any) _____ Exemption form FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt, or suite no,)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number (s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your SSN in the appropriate box. The SSN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN).

Social Security Number

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**Note.** If the account is in more than one name, see the instructions for the line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person	Date
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