



“The Blossom Trail City”

## APPLICATION for REIMBURSEMENT

### City of Fowler

### Temporary Outdoor Business Operations Assistance Program

#### Program Requirements:

1. Only Business Establishments with active and valid business licenses with the City of Fowler are eligible for this program.
2. This program is available only to eligible Business Establishments who obtain a temporary permit from the City pursuant to either Resolution No. 2470 or Resolution No. 2474 and who expend money or incur expenses for the purchase of furniture, equipment and related items in order to locate seating or operate business activities and services outdoors.
3. The program shall be administered as a reimbursement program, and the eligible Business Establishment must submit proof that the eligible items were purchased between June 17, 2020 and September 15, 2020. For example, tables, chairs, umbrellas, misters, heaters, and similar items or equipment may be eligible. However, items or equipment purchased before June 17, 2020, are not eligible for reimbursement; and moving existing tables, chairs, and other items or equipment outdoors to operate or perform services outdoors will not be eligible for reimbursement.
4. The eligible Business Establishment will receive reimbursement from available program funds for eligible items purchased and used for outdoor seating or outdoor business operations and services. Reimbursement to a Business Establishment may not exceed Five Hundred Dollars (\$500.00).

#### Procedure for Reimbursement:

- a. The participant must receive approval from the City before the purchase is made to insure it is within the guidelines listed above. If the purchase has already been made, the City reserves the right to disallow the reimbursement if it does not conform to the guidelines listed above.
- b. Participant shall submit ORIGINAL Vendor invoice(s) dated between June 17, 2020 and September 15, 2020.

- c. Each invoice must be in the Participant's name, no third parties.
- d. Each invoice must be marked paid if full or shown by other means that the invoice was paid.
- e. Each invoice will be listed on the attached form and submitted weekly (Friday) for reimbursement.
- f. Once the City receives the invoice, the City will process and issue reimbursement checks by the following Friday.

I wish to participate in the City of Fowler's Business Assistance Plan. By signing this agreement, I certify that I understand the program requirements as listed above and agree to follow the procedures.

Business Name: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Authorized Signature and Title: \_\_\_\_\_

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

City Acceptance: \_\_\_\_\_ Date \_\_\_\_\_

Fowler Business Assistance Plan  
Invoices for Reimbursement

Business Name \_\_\_\_\_  
Submitted By \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

Date	Invoice Number	Description	Amount

Total