



CITY OF PALM DESERT
DEPARTMENT OF ECONOMIC DEVELOPMENT
 73510 Fred Waring Drive, Palm Desert, California 92260
 Phone (760) 346-0611 • Fax (760) 776-6417 • bizsupport@cityofpalmdesert.org

**UNITE PALM DESERT BUSINESS EMERGENCY ASSISTANCE
 PROGRAM (BEAP) APPLICATION**

Business/Property Owner Name: _____

Business/Property Owner Address: _____

Applicant/Representative Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Need for BEAP funds:

Provide a brief description for BEAP funding:

1. Applicants must submit supporting documents for grant consideration.
2. All requirements outlined in the guidelines must be met before receiving funds.

Submission: Unite Palm Desert Business Emergency Assistance Program Application must be submitted by email to bizsupport@cityofpalmdesert.org or via mail at City of Palm Desert, 73-510 Fred Waring Drive, Palm Desert, California 92260, Attn: Economic Development Division.

Applicant/Representative Signature: By signing this application, I certify that the information provided is accurate. I understand that the City might not approve what I am applying for and/or might require conditions of approval.

Print Name: _____ **Signature:** _____ **Date:** _____

Property Owner Signature of Approval (if property owner is not the applicant)

Print Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____ **Approved:** ___ Yes ___ No **Date Approved:** _____

