

**FEDERAL CORONAVIRUS RELIEF FUND FOR LOCAL GOVERNMENTS
SMALL BUSINESS GRANT APPLICATION
TOWN OF ALMIRA, LINCOLN COUNTY, WA**

BUSINESS PROFILE

Business Legal Name: _____

Business Physical Address: _____ City: _____ WA Zip Code: _____

Business Mailing Address: _____ City: _____ WA Zip Code: _____

Owner: _____ Email: _____ Phone: _____

Check if applicable (Optional): Minority-Owned / Women-Owned / Tribal-Owned / Veteran-Owned

Type of Business: _____

Unified Business Identifier Number (UBI): _____ - _____ - _____

Date of Application: _____ Grant amount being requested: \$ _____

CORONAVIRUS IMPACTS

This funding is intended to respond to effects of the COVID-19 emergency. This includes providing economic support to those suffering from business interruptions due to COVID-19-related business closures.

Select the level of impact that best describes what your business experienced due to the public health emergency:

- _____ Required closure still in effect
- _____ Required closure that has been partially lifted
- _____ Required closure that has been fully lifted
- _____ Mandatory service limitations
- _____ Reduced revenue due to limited demand

Explain how this impact has affected the ability to maintain normal business operations:

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Jobs saved or created are considered a public benefit of this funding.

Did COVID-19-related business closures effect employment at your business? ___ Yes ___ No

Please describe the number of jobs lost or saved, including yourself, and whether or not this grant will help retain job(s):

Prevention of business closure is considered a public benefit of this funding.

What is the likelihood of permanently closing your business?

___ Inevitable

___ High (Less than 6 months reserves)

___ Medium (Between 6 months and 1 year reserves)

Other Funding Received

Has your business received funding from the state, county or federal government in relation to COVID-19? If yes, please answer 1 through 3 below for each source. This *does not* automatically eliminate your application.

1) The type of funding received (Working Washington Small Business Emergency Grant, Payroll Protection Program, SBA Loan Advance, TEDD Microenterprise Opportunity Grant, etc.)

2) The entity who provided you funding (SBA, WA State Dept. of Commerce, Local Government, etc.).

3) How much funding was awarded.

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----- REQUIREMENTS OF THE APPLICANT -----

If awarded, the company agrees to make a good faith effort to remain open or to reopen based on the Washington State phased approach and timeline.

If awarded, the company agrees to provide an update to the Lincoln County Economic Development Council (EDC) in the month of May 2021 to report the status of the company and the number of employees working at that time. The company will alert the EDC if the business closes before May, 2021.

Every effort will be made to respect the privacy of applicants. However, the applicant acknowledges that this application and any other associated documents prepared or submitted under the CARES Act will be considered public record under the Washington Public Records Act.

The applicant understands that grants provided through the federal CARES Act are taxable income.

The applicant understands that this grant program is not a gifting of public funds, but is a pass through of CARES Act funding awarded by Washington State to cities, towns, and counties.

The applicant understands that a business may receive multiple federally funded grants, but regulations relating to CARES Act funding do not allow duplication of expenses covered by multiple programs. If necessary, the business agrees to provide operating-expense-related supporting documents in the form of eligible* paid invoices accrued after March 1, 2020, totaling the amount of the grant. Duplication of expenses could result in grant repayment and could put future funding at risk.

*Eligible operating expenses include rent or mortgage in business name only, utilities, supplies, inventory, commercial insurance, consulting, and marketing expenses.

CERTIFICATION

I certify that I am the business owner; that I have read and understand the requirements of an applicant; and have completed this information accurately and honestly.

Signature of Business Owner: _____

Date of Signature: _____

Please do not return applications to Almira Town Hall.

Return applications to the Lincoln County Economic Development Council:

Email to Margie@LincolnEDC.org or mail to Lincoln County EDC, PO Box 1304, Davenport WA 99122

PLEASE SUBMIT YOUR COMPLETED APPLICATION BETWEEN AUGUST 21 AND SEPTEMBER 8.

ONLY COMPLETE APPLICATIONS CAN BE CONSIDERED – PLEASE DOUBLE CHECK.