

**FEDERAL CORONAVIRUS RELIEF FUNDING
WORKING WASHINGTON 2.0 GRANT PROGRAM - LINCOLN COUNTY**

Business Profile (Note: This program is available to businesses with 20 or less employees.)

Business Legal Name: _____

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

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

Owner: _____ Email: _____ Phone: _____

Type of Business: _____

Date of Application: _____ Unified Business Identifier Number (UBI): _____ - _____ - _____

How long has the business been in operation? _____ How much is being requested (\$10,000 max.) \$ _____

Did the business receive a Working Washington Small Business Emergency Grant in an amount greater than \$5,000? If yes, the business is not eligible for this funding. If not, continue with the application.

Has the business ever been debarred by the Federal Government due to fraud, waste, or abuse? Yes ___ No ___

<https://www.sam.gov/SAM/>

Is the business current with Labor & Industries requirements? Yes ___ No ___ <https://secure.ini.wa.gov/verify>

OPTIONAL - Please circle the correct answer to the following 4 questions:

1. Is this business certified by the Office of Minority and Women's Business Enterprises? Yes or No
2. Is this a veteran-owned business? Yes or No
3. Is this a woman-owned business? Yes or No
4. Is this a minority-owned business? Yes or No
5. Please circle one of the following as it pertains to the business owner:

White Hispanic or Latino Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or Pacific Islander Other Race

Coronavirus Impacts

Select the level of impact that best describes what your business experienced due to the COVID-19 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

Describe how this impact has affected first-half 2020 business operations compared to first-half 2019 business operations:

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Jobs Lost, Saved or Created

How many employees/owners did the business have prior to the COVID-related impact? _____

How many employees were laid off for a period of time and then returned? _____

How many employees remain laid off? _____

How many employees/owners does the business currently have? _____

Other Funding Received

Regulations relating to CARES Act funding do not allow duplication of expenses covered by multiple programs. Has your business received or applied for 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 eligibility.

1. The type of funding received or applied for (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.

Funding Purpose & Eligibility

The intent of these federal funds is to help businesses cover the immediate impacts of the COVID-19 emergency. By answering the following questions and signing this application, the business owner is self-certifying that the business has incurred expenses while impacted by the COVID emergency and that those expenses are above and beyond expenses already covered by other funding received in relation to COVID-19:

Yes _____ No _____ The expenses are connected to the COVID-19 emergency.

Yes _____ No _____ The expenses are necessary to continue business operations.

Yes _____ No _____ The expenses are not government-related.

Yes _____ No _____ The business would not be requesting assistance with expenses if they had not been impacted by COVID-19.

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

If awarded, the business 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 business agrees to provide an update to the Lincoln County Economic Development Council (EDC) on or before November 1, 2020 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 November 1, 2020.

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 they are required to retain receipts related to government grant funding for a minimum of six (6) years.

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 the state's Associate Development Organizations.

The applicant understands that a business can receive multiple federally funded grants, but regulations relating to CARES Act funding do not allow duplication of expenses covered by multiple programs. Duplication of expenses could result in grant repayment and could put future funding at risk.

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: _____

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 SEPTEMBER 1 AND SEPTEMBER 21.