Grant County
Economic Development Council

Date Submitted: _____

GRANT COUNTY SMALL BUSINESS AND NONPROFIT CARES ACT GRANT

The information provided allows the Department of Commerce to evaluate your grant application. This contract must be filled out **completely** to be considered for the CARES Act Grant. This grant is a ***reimbursable*** grant that will be awarded after proper documentation and submission of verified expenditures accrued.

*****Requirements for this reimbursable grant are as follows:*****

(a) Businesses with **20 or less full-time equivalent** employees;
(b) The business is situated in Grant County, Washington;
(c) The business has been in operation for longer than **six-months**;
(d) The business has a **valid** Unified Business Identifier (UBI);
(e) The business has completed an Application form and entered into the agreement with Grant County EDC .
(f) The total amount of grant funds available to any one business shall not exceed **$10,000.00**.

Company Name: **Location:**	**Establishment Date:**	**In Operation for at Least 6 months?** ☐ Yes ☐ No	**UBI Number:**
CEO/Owner Name: **Email:** **Phone:**			
Industry Sector: ☐ Retail ☐ Restaurant/Food Business ☐ Hospitality ☐ Manufacturing ☐ Other: _____			
Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19? ☐ Yes ☐ No			
Amount of Emergency Grant Money Being Requested: $_____ ☐ up to $10,000			

COMPANY BACKGROUND

Total Number of Employees as of 01/01/2020: _____	**Number of Workers Laid Off Due to COVID-19:** _____
If one employee only, is this a sole proprietor? ☐ Yes ☐ No	

Company Description:

Describe the company and its products/services.

Economic Impact:

Describe the effect of the public health crisis on the business and how allocated funds can help the business. Why funding is critical to this business?

When did the impact start? Start Date:

Estimated revenue losses in 3/2020-10/2020 compared to last year, please give details.

Likelihood of Permanently Closing the Business	☐ High	☐ Medium	☐ Low	☐ Business Closed Due to Governor's Directive

Number of potential jobs lost _____

Will this grant help retain jobs? If so, how many?

Has the company received any state, federal, or other funding? If yes, please provide details.

EXPLANATION OF USE OF FUNDS

Explain how funds will be used to help the business. This information can help Grant County ensure that the expenses proposed are eligible for reimbursement. Applications without a list of proposed expenses will be considered incomplete.

Allowable Expenses: *Funding can be used towards COVID-19-related medical or public health expenses, payroll expenses for employees who are substantially dedicated to mitigating or responding to the COVID-19 public health emergency, expenses to facilitate compliance with COVID-19 public health measures, expenses associated with the provision of economic support necessary for responding to COVID-19.*

Unallowable Expenses: *Expenses for the state share of Medicaid, damages covered by insurance, payroll or benefits to employees whose everyday work duties are not substantially dedicated to responding to COVID-19, expenses that have been or will be reimbursed under any federal program such as CARES Act contributions by state to state unemployment funds, reimbursement to donors for donated items or services, workforce bonuses other than hazard pay or overtime, severance pay, and legal settlements.*

EMPLOYMENT INFORMATION

Average Annual Payroll:	
Average Annual Salary for One Individual:	
Benefits Paid to Employees?:	☐ Yes ☐ No
Is the applicant's LNI account current?	☐ Yes ☐ No ☐ Not Sure You may look up the businesses online at https://secure.lni.wa.gov/verify/
What measures the company is already taking or trying to take to support employees during the pandemic?	

ADDITIONAL INFORMATION

Currently, is the company facing any pending litigation or legal action?

Has the company had any state compliance/regulatory issues within Washington or another state you are or have done business in?

SIGN: "I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":