

Submitted By:
Business Name: _____
Contact Name: _____
Title: _____
Phone: Direct _____
Mobile _____
Email: _____

CHAMBER CARES SMALL BUSINESS GRANT

The information provided allows the Kittitas County Chamber of Commerce to evaluate your grant application.

Company Name:	Year of Establishment:	In Operation for at Least 1 Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	UBI Number:
Location:			
CEO/President Name:			
Email:			
Phone:			
Industry Sector: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food Business <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____			
Business Type: <input type="checkbox"/> OMWBE certified <input type="checkbox"/> Veteran <input type="checkbox"/> Women owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Other: _____			
Race and Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: _____			
Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of Emergency Grant Money Being Requested: \$ _____ <i>Request cannot be more than \$5,000.</i>			
COMPANY BACKGROUND			
Total Number of Employees as of 03/2020:	_____	Number of Workers Laid Off Due to COVID-19:	_____
If one employee only, is this a sole proprietor? <input type="checkbox"/> Yes <input type="checkbox"/> 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: ___/___/___

Please estimate your revenue impact comparing March to September 2019 to March to Current 2020 : _____

Additional comments about revenue impact:

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 list the type of funding received, Federal or State, the entity who provided you funding, how much funding was provided, and what did your business pay for when utilizing this funding? (documents may be requested) If not, enter N/A.

*Small Businesses may not be reimbursed by multiple funders for the same cost (double-dipping), and this principle also applies to any recipients of CARES funding: No duplicate payments or supplanting of other costs are allowed. Whereas, if it comes forward funding has been received for the same invoices, bills, etc. the funding would need to be returned and future funding for your business could be at risk.

EXPLANATION OF USE OF FUNDS

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

(please circle answer) Is the expense connected to COVID-19 emergency? Yes No Is the expense necessary to continue business operations? Yes No

The expense is not filling a short fall in government revenues, (i.e. taxes, licenses, state, county, federal and/or city fees) Yes No

Note: Business wouldn't be requesting assistance with expenses if they had not been impacted by COVID-19.

Self-Attest Certification: The expense is not filling a short falling government revenues, (i.e. taxes, licenses, state, county, federal and/or city fees. The business will self-attest that the expense is not funded by any other funder, whether private, State or Federal. The business wouldn't be requesting assistance with expenses if they had not been impacted by COVID-19. _____(initial)

EMPLOYMENT INFORMATION

Average Employee Salary:

Benefits Paid: 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?

