

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

KITITAS STRONG NONPROFIT GRANT

The information provided allows the Kittitas County Chamber of Commerce to evaluate your grant application.
Allocated funds from CARES ACT funding, Kittitas County

Non Profit Name:	Year of Establishment:	In Operation as of 03/2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	UBI Number:
Mailing address:			

CEO/President Name:
Email:
Phone:

Business Type: Arts/Entertainment Environmental Childcare Main Street/Chamber Museum Other: _____

Has your non-profit 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: \$ _____ **please see guidelines for minimum request amount*

COMPANY BACKGROUND

Total Number of Employees as of 03/2020: _____	Number of Workers Laid Off Due to COVID-19: _____
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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 non-profit. Why funding is critical to this non-profit?

Has the COVID-19 pandemic impacted the nonprofit corporation's ability to pay for its regular ongoing fixed costs such as providing services, paying for rent/mortgage, utilities, maintenance, and other overhead?

Has the COVID-19 pandemic caused expenses and costs to INCREASE for the nonprofit corporation?

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 non-profit 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 nonprofit 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.

*Non Profit 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 non-profit. 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 non-profit 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: Non-Profit 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 nonprofit 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?