

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

CHAMBER CARES ROUND 2 SMALL BUSINESS GRANT

Cares Act Funding – State of Washington Department of Commerce
 The information provided allows the Kittitas County Chamber of Commerce to evaluate your grant application.

Company Name: Location:	Year of Establishment:	In Operation for at Least 1 Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	UBI Number:
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CEO/President Name: _____
Email: _____
Phone: _____

Industry Sector: Retail Restaurant/Food Business Hotel/Airbnb Gym/Fitness Facilities Movie Theater Museum Other: _____

Business Type: OMWBE certified Veteran Women owned Minority Owned Other: _____

Race and Ethnicity: White Hispanic or Latino Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander
 Other: _____

Has your business continued to be effected by emergency public health protections in place due to COVID-19? Yes No

Amount of Emergency Grant Money Being Requested: \$ _____ *Request cannot be more than \$2,500.*

COMPANY BACKGROUND

Total Number of Employees as of 05/2021: _____	Number of Workers Laid Off Due to COVID-19: _____
	Number of Workers does it take for your businesses to fully open: _____

If one employee only, is this a sole proprietor? Yes No

Company Description:
 Describe the company and its products/services.

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

Please estimate your continued revenue impact comparing January to May 2020 to January to Current 2021 : _____

Additional comments about revenue impact:

Likelihood of continuing business in Kittitas County

High

Medium

Low

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.

How did you stay connected/up-to-date during the COVID-19 pandemic?
What resources did you seek out during this time?

*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 Wage:

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?