



Kittitas County Chamber of Commerce
Community Development Block Grant Program (CDBG-CV)
Microenterprise Assistance Application and Verification Form

Up to \$2,500 is available for qualifying microenterprise owners impacted by COVID-19 to stabilize your business in our community. To request assistance you must meet the program requirements, submit required documentation, and certify this form before **October 7, 2022**.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Please print:

Owner Name(s)			
Owner Address			
Owner Phone		Business Phone	
WA Business License # UBI			
Business Name			
Business Address			
Business Type	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	In business since date	
Business Description			
Proposed Uses of Funds	<input type="checkbox"/> Payroll <input type="checkbox"/> Rent/ Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory <input type="checkbox"/> Other _____	Total \$ Requested	
Business Qualification Questions	Data	YES	NO
<i>MICROENTERPRISE</i> Are you a WA St registered business having five or less employees, including the owner(s)?	# of employees, including owner(s): # _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business impacted by COVID-19 resulting in a revenue loss from one year previous?	EST. % loss of revenue from one year previous: _____ %	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business temporarily closed or services reduced by official order?	EST. # of days closed/ reduced: # _____	<input type="checkbox"/>	<input type="checkbox"/>
The business or business owner is not delinquent in any city, state or federal taxes; child support; or other penalties.		<input type="checkbox"/>	<input type="checkbox"/>

- If you answered YES to all above, attach proof of business loss of revenue, such as latest tax return or quarterly tax.

LMI Family Income Qualification Questions							
Total Family Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household.							
Total Family Income during the last tax year or the last 12 months						\$	
Total Family Income anticipated during the next 12 months						\$	
CIRCLE the <u>number</u> of people in your family, including yourself:							
1	2	3	4	5	6	7	8+
\$17,850	\$20,400	\$22,950	\$25,500	\$27,550	\$29,600	\$31,650	\$33,700
\$29,750	\$34,000	\$38,250	\$42,500	\$45,900	\$49,300	\$52,700	\$56,100
\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,340	\$89,800
Is your anticipated total family income LOWER or HIGHER than the \$ amount listed directly below the number of people circled above?						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>

- If you answered **LOWER**, attach proof of annual family income (such as latest tax return, quarterly tax, pay stubs, or bank statements)
- If you answered **HIGHER**, you may not qualify for CDBG microenterprise assistance without additional family income documentation, or you may be eligible for other assistance. Contact Amy at Kittitas County Chamber of Commerce, Microenterprise Assistance Program for further instruction.

Conflict of Interest Disclosure: I hereby declare that any person(s) employed by the Kittitas County Chamber of Commerce, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below:

Describe: _____

Applicant Certification: *I certify the information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by federal, state and local government representatives and will provide supporting documentation required (e.g. payroll records, tax fillings, bank account statements, etc.), if necessary.*

Business Owner Signature: _____ **Date:** _____

Return the form to: Amy McGuffin, CEO

Kittitas County Chamber of Commerce, 609 N Main St Ellensburg, WA 98926

For Program Office Use Only	
Business and LMI Qualification Verified: _____	Staff initials/date
Funding Approval: _____	Manager initials/date
Account Number: _____	Approved Amount: \$ _____

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Supplemental Questions

Emergency Need

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.
2. Explain how the funding will help your business remain viable and prevent layoffs.
3. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created.

Other funds

1. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19.
2. Describe other funds you intend to apply for and the amounts and sources of those funds and total amount (e.g. SBA loan, WEDC SB 20/20f, unemployment insurance benefits, etc.).
3. Indicate if you are receiving any “Business Interruption Insurance” and the amount.
4. Describe any other gaps in financing you might have to prevent employee layoffs or create new jobs and your plan to fill those gaps.

Ethnicity/Race & Special Group Questions (opt.)			
Ethnicity (select one)		<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (select one)			
White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial	<input type="checkbox"/>
Female Head of Household		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Minority- or Women’s Business Enterprise		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business DUNS number			