

**COVID-19 SMALL BUSINESS RELIEF GRANT PROGRAM
CDBG-CV 2020**

EVERETT

GRANT APPLICATION

I. CONTACT INFORMATION

Owner Name(s):

Owner Home Address (full):

Owner Email Address(es):

Owner Phone Number(s):

Authorized Signer's Name and Position (if not owner):

Authorized Signer's Email Address (if different from above):

Authorized Signer's Phone Number (if different from above):

II. BUSINESS INFORMATION

Legal Name of Business (and DBA, if applicable):

Business Everett Address:

Business Email Address:

Business Phone Number:

Years of Operation:

Total Number of Employees:

Federal Tax ID# or Social Security Number:

DUNS Number:

Business Tax Year (MM/DD – MM/DD):

Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties? ___Yes ___No

If "Yes," please explain why and date at which it was resolved:

Please check all that apply:

The business qualifies as a minority-owned business ___

The business qualifies as a woman-owned business ___

The business qualifies as a U.S. veteran-owned ___

Check the following box that applies to the property ownership of which your business is located:

- Building owner
- Condo owner
- Tenant
- Home business

In the space below, please briefly describe your business and the services and/or products you supply:

III. EMPLOYMENT INFORMATION

A list of current employees is required. Please provide this information below, including owner, full-time, part-time and contract employees.

Employee Name	Job Title	Type of Employee (F/T, P/T, contract, owner)

IV. NEED FOR ASSISTANCE

The purpose of this grant program is to assist businesses that have been negatively impacted by COVID-19. Therefore, applicants must demonstrate a loss due to COVID-19. The information below is required to comply with federal and state program requirements.

What is happening to your business now? Check all that apply.

- Open full time
- Open with limited hours
- Closed per government order
- Laid off employees
- Limited sales
- Selling online
- No sales
- Other

Please explain the impact of COVID-19 on your business:

What were your gross sales for the following months in the years 2019 and 2020?
 This information will help us assess the loss in revenue and determine need.

2020	2019
January: \$	January: \$
February: \$	February: \$
March: \$	March: \$
April: \$	April: \$
May: \$	May: \$
June: \$	June: \$

If applicable, list all sources of assistance you have applied for and/or received:

Funding Source	Dollar Amount	Purpose	Date	Status
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

V. FUNDING REQUEST

Please describe how you will use the funds from this grant to help your business and your business plans to persevere through the challenges presented by COVID-19:

In the table below, please list the specific elements of your funding request. Please remember: the maximum request under this program is \$10,000. The loss of income must be equal to or greater than requested assistance due to COVID-19. Funds **shall not** be used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying.

Description of Request	Documentation Supporting Request Attached to this Application	Dollar Amount Request through this Grant Program
		\$
		\$
		\$
		\$
		\$
TOTAL REQUESTED AMOUNT		\$

All expenditures must be reasonable, allowable and necessary for the type of business requesting the funding.

The City reserves the right to request additional materials to support your request.

A grant agreement with the City must be executed **before** business costs are incurred.

VI. HOUSEHOLD INCOME

The owner(s) must complete this form indicating all related persons residing within their household(s). If a business has more than one business owner, this section should be filled out for each person. Attached additional copies of this section if needed.

1. Business Owner's Name:

Home Address:

City, State, Zip Code:

2. Ethnicity:

3. Race (select all that apply):

White

Black/African American

Asian

American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander

Other

4. Household Income:

Directions -

First, identify your household size then identify family income based on your 2019 Federal Income Tax Return. Note: Family is defined as any members of a household living under the same roof that are related by blood, marriage or adoption.

In the following line provided the percentage bracket as shown at the top of the chart (ex. 51%-80%). _____

Household Size	0% - 30%	31% - 50%	51% - 80%	81% and above
1	\$0 - \$26,850	\$26,851 - \$44,800	\$44,801 - \$67,400	\$67,401+
2	\$0 - \$30,700	\$30,701 - \$51,200	\$51,201 - \$77,000	\$77,001+
3	\$0 - \$34,550	\$34,551 - \$57,600	\$57,601 - \$86,650	\$86,651+
4	\$0 - \$38,350	\$38,351 - \$63,950	\$63,951 - \$96,250	\$96,251+
5	\$0 - \$41,450	\$41,451 - \$69,100	\$69,101 - \$103,950	\$103,951+
6	\$0 - \$44,500	\$44,501 - \$74,200	\$74,201 - \$111,650	\$111,651+
7	\$0 - \$47,600	\$47,601 - \$79,300	\$79,301 - \$119,350	\$119,351+
8	\$0 - \$50,650	\$50,651 - \$84,450	\$84,451 - \$127,050	\$127,051+

VII. SIGNATURE PAGE

By submitting and signing this application, you represent and certify to the best of your knowledge and belief that the information you have provided and the attachments hereto are true and complete and accurately characterizes your business and describes your funding needs. You agree to promptly inform the City of Everett of any changes which may occur after submission.

Business Owner Signature(s):

Printed Name of Business Owner(s):

Date(s):