

**Grant Applicant Information**

Business Name: John's Bait Shop Date: 07/01/2020

Business Address: 121 River Road 100 777 070  
*Street Address* *UBI #*

Montesano WA 98563  
*City* *State* *ZIP Code*

Owner or Applicant Name: Doe John  
*Last* *First*

Montesano WA 98563  
*City* *State* *ZIP Code*

Phone number: (360)999-0011 Email: jdoe@gmail.com

Was your business active and licensed in the State of Washington on or before January 1, 2020? YES  NO

Is your business located in Grays Harbor County? YES  NO

Did you employ 50 or fewer full-time employees on January 1, 2020? Preference will be granted to businesses with 25 or less full-time employees. Total Employees: 2 Full Time YES  NO

Has your business received any COVID-19 related funding from any City, State or Federal agency? YES  NO   
If yes, in what amount and what was it used for?  
PPP - \$5000 - Payroll

What grant amount are you requesting because of the interruption of your business due to the "Stay Home, Stay Healthy" order that resulted in a partial or full closure? (Up to \$10,000)  
Loss incurred: \$ 15,050 Amount requested: \$ 10,000

The cover page describes the ranking system and its criteria, what tier does your business fall under? Tier 1  Tier 2  Tier 3

**\*\*Please attach your profit/loss statement or financials to this application\*\***

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this grant application leads to funding, I understand that false or misleading information in my application may be regarded as fraudulent.*

Signature: John Doe Date: 7/1/2020