



# Small Business and Non-Profit Grant Application

## The CARES Act Works for All Americans

<https://home.treasury.gov/policy-issues/cares>

The CARES Act provides *fast and direct* economic assistance for American workers, families, and small businesses, and preserves jobs for our American industries.

Funds that are provided to your business through this grant shall not exceed \$10,000. The parties acknowledge that funding for this agreement comes solely as pass-through funds received by Grays Harbor County from the State of Washington, pursuant to the CARES Act.

Expenses funded by this grant must be associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:

Expenditures related to the provision of grants to small businesses/Non-profits to reimburse the costs of business interruption caused by required closures.

### **FOR GRANT ELIGIBILITY, THE BUSINESS OWNER/Non-Profit AGREES TO ALL OF THE FOLLOWING:**

1. As of January 1, 2020 I have operated a small business in **Grays Harbor County**.
2. My business/non-profit employs a maximum of fifty (50) fulltime staff, and I recognize that similar businesses with a maximum of twenty-five (25) full-time staff will receive eligibility preference.
3. My business/non-profit will provide IRS Form W-9 and any other pertinent financial information to the county for the processing of the COVID-19 grant contract.

### **3-TIERED RANKING SYSTEM**

Define what tier your business is using the below ranking system. **Application information.**

**Tier 1** - Your business was closed during Phase 1 of the “Stay Home, Stay Healthy” order AND is located in Grays Harbor.

**Tier 2** - Your business was partially opened during Phase 1 of the “Stay Home, Stay Healthy” order.

**Tier 3** - Your business has remained open during Phase 1 of the “Stay Home, Stay Healthy” order, but still incurred financial loss during the COVID-19 pandemic.

**Small Business and Non-Profit Grant Applicant Information**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Street Address* **UBI #**  
*City* *State* *ZIP Code*

Owner or Applicant Name: \_\_\_\_\_  
*Last* *First*

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email \_\_\_\_\_

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:** \_\_\_\_\_ 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? \_\_\_\_\_

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: \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

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

**\*\*You must attach your profit/loss statement/financial statements to this application - they need to be broken down by month for verification of loss during the applicable time frame. They must show the periods of March through May 2019 and March - May 2020 for comparison.**

**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: \_\_\_\_\_ Date: \_\_\_\_\_