

City of DuPont COVID-19 Small Business Grant Application

The information provided allows the City of DuPont Washington to evaluate your eligibility
Must have a physical, DuPont, WA BUSINESS address. For-profit and non-profit independent businesses are eligible.

Instructions:

1. Fill out this form completely and carefully, please attach required documentation. **Incomplete applications will be rejected and grant requests denied.**
2. Applications may be submitted by either United States Postal Service to **DuPont City Hall 1700 Civic Drive, DuPont WA 98327** or via email at **coaksmith@dupontwa.gov**
3. Applications will only be accepted October 12th through 5:00pm on October 16th, 2020.
4. Applications post marked or emailed prior to October 12th will be not be considered valid applications.
5. Grants are awarded by application order. Order will be determined by post marked date and/or email.
6. Do NOT re-apply if you applied previously for the City of DuPont Small Business Grant.

Company Name:		Year of Establishment:	UBI Number:
Physical Location:			
CEO/President/Managing Member or Partner			In Operation for at Least one year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			
Email:			
Phone:			
Industry Sector: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/ Food Business <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____			
Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/> Total number of employees, including owner(s)/member(s): _____ Is this a sole proprietor Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please attach employee payroll and/or ownership/membership documentation (all financial information shall remain confidential to the extent permitted by the Public Records Act).			
Amount of Emergency Grant Funds Requested:		NOTE: If awarded a grant, the City will send you an award contract to fill out along with a W-9 form. You will then need to complete these forms and submit to the City in order to receive payment.	
\$	MAXIMUM \$7,000		
EXPLANATION OF USE OF FUNDS			
Explain how funds will be used to help the business. This information can help the City of DuPont ensure that the expenses proposed are eligible for reimbursement.			
Allowable Expenses: Funding can be used towards payroll, benefits, operational expenses, rent, mortgage, supplies, inventory, utility bills, consulting, marketing, and training if incurred during the period of March 1, 2020 through November 30, 2020.			
Unallowable Expenses: No other purchases or expenditures are allowed including, but not limited to: capitalized equipment, travel, office equipment, and computer software.			

COMPLIANCE REVIEW

Does the company have a current City and State Business License in good standing? Yes No

Does the company have all necessary licenses or permits required for business activities (e.g. state liquor license)? Yes No

Currently, is the company facing any pending litigation or legal action? Yes No

Has the company had any state compliance/regulatory issues within Washington or another state you are in or have done business in? Yes No

Is the applicant's LNI account current? Yes No

Has the company complied with all COVID 19 related public health protections and executive orders from March of 2020 to the present? Yes No

Company Description:

Describe the company and its products/services.

Economic Impact:

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

When did the impact start? Start Date :

Please estimate your revenue impact comparing Q2 2019 to Q2 2020 :

Please describe the public health mitigation measures (e.g. plexi-glass shields, employee facemasks, sanitizer) you have implemented in your business:

Additional comments about revenue impact (if any):

A please attach profits/loss balance sheet for the period of March 2020 to the present (all financial information shall remain confidential to the extent permitted by the Public Records Act).

Was your business closed due to the Governor's Directive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Will this grant help retain jobs? Yes No

Average Salary Employee:

Benefits Paid: Yes No

If company received any state, federal, or other funding, please provide details, including the amount of funding and source:

The applicant hereby certifies and confirms:

1. That it does not now nor will it during the performance of any contract resulting from this proposal unlawfully discriminate against any employee, applicant for employment, client, customer, or other person(s) by reason of race, ethnicity, color, religion, age, gender, national origin, or disability;

2. That it will abide by all relevant local, state, and federal laws and regulations;
3. That it has read and understands the information contained in this application for grant funding and is in compliance with the provisions thereof and all statements, attestations, assertions and facts herein are true and accurate under penalty of law;
4. That the individual signing below has the authority to certify to these provisions for the applicant organization, and declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

Primary Signature:

Printed Name & Title of Chief Administrator/Authorizing Official

Date

SECTION BELOW FOR CITY OF DUPONT FINANCE REVIEW

- 1) Was the application completely filled out?
- 2) Is the business currently permitted/licensed, in good standing, by both the City and the State?
- 3) Is the business operating within the City of DuPont with a physical address within the City of DuPont?
- 4) Has the business experienced a loss of income directly related to the effects of COVID-19?
- 5) Has the business been operating for at least one year?
- 6) Does the business employ 20 or fewer people including the owner, officers, part-time and full-time employees on the business payroll at the time of the application?
- 7) Is the business owned, partially owned, controlled or involve any type of financial or pecuniary interest or control by a City employee or public official or family member(s) of same?
- 8) Was the Profit & Loss or Balance Sheet attached?
- 9) Did the business provide payroll and/or ownership/membership information?

Approved to proceed to funding

Denied for funding

REVIEWED BY:

Finance Director or Designee

Date