

Submitted By:
Associate Development Organization (ADO): _____
Contact Name: _____
Title: _____
Phone: Direct _____
Mobile _____
Email: _____

Original Date:
Dates Revised:

WORKING WASHINGTON SMALL BUSINESS EMERGENCY GRANT

The information provided allows the Department of Commerce to evaluate your grant application

Company Name: Address: City: State: WA Zip Code:	Year of Establishment:	In Operation for at Least 1 Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	UBI Number:
CEO/President Name: Email: Phone:	<input type="checkbox"/> Minority-owned <input type="checkbox"/> Tribal-owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Veteran-owned		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of Emergency Grant Money Being Requested: \$ _____ <input type="checkbox"/> up to \$10,000			
COMPANY BACKGROUND			
Total Number of Full-time Employees Including Yourself as of 01/2020: _____		Number of Workers Laid Off Due to COVID-19: _____	
Business Structure: _____			
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 funding is critical to this business?			

When did the impact start? Start Date: ___/___/___

Please estimate your revenue impact comparing Q1 2019 to Q1 2020 : _____

Additional comments about revenue impact:

Likelihood of Permanently Closing the Business? High Medium Low

Business Closed Due to Governor's Directive? Yes No

Number of potential jobs lost? _____

Will this grant help retain jobs? If so, how many? _____

Has the company received any state, federal, or other funding? If yes, please provide details.

EXPLANATION OF USE OF FUNDS

Explain how funds will be used to help the business. This information can help Commerce ensure that the expenses proposed are eligible for reimbursement. Applications without a list of proposed expenses will be considered incomplete. Include outstanding invoices, if possible.

Allowable Expenses: *Funding can be used towards traditional SRF expenses, such as consulting, marketing, and training. In addition, this emergency grant can be used towards operational expenses, such as rent, supplies/inventory, utility bills, etc. Operating expenses are eligible for reimbursement. Please consult with Commerce if an expense is not on this list.*

Unallowable Expenses: *Payroll cannot be reimbursed via this grant program. Please direct all payroll needs to Employment Security Department. The following expenses are not eligible: capitalized equipment, travel, office equipment, and computer software.*

EMPLOYMENT INFORMATION

Average Salary:

Benefits Paid: Yes No

Is the applicant's LNI account current? Yes No Not Sure
You may look up the businesses online at <https://secure.lni.wa.gov/verify/>

What measures the company is already taking or trying to take to support employees during the pandemic?

ADDITIONAL INFORMATION

Currently, is the company facing any pending litigation or legal action?

Has the company had any state compliance/regulatory issues within Washington or another state you are or have done business in?