

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

<b>Original Date:</b>
<b>Dates Revised:</b>

## WORKING WASHINGTON SMALL BUSINESS EMERGENCY GRANT

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

<b>Company Name:</b> <b>Address:</b> <b>City:</b> <span style="float: right;"><b>State: WA Zip Code:</b></span>	<b>Year of Establishment:</b>	<b>In Operation for at Least 1 Year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>UBI Number:</b>
<b>CEO/President Name:</b> <b>Email:</b> <b>Phone:</b>		<input type="checkbox"/> Minority-owned <input type="checkbox"/> Tribal-owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Veteran-owned	
<b>Industry Sector:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food Business <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____			
<b>Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Amount of Emergency Grant Money Being Requested: \$</b> _____ <input type="checkbox"/> up to \$10,000			
<b>COMPANY BACKGROUND</b>			
<b>Total Number of Full-time Employees Including Yourself as of 01/2020:</b> _____		<b>Number of Workers Laid Off Due to COVID-19:</b> _____	
<b>Business Structure:</b> _____			
<b>Company Description:</b>			
Describe the company and its products/services.			
<b>Economic Impact:</b>			
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?