



**2022 COVID-19
Small Business Relief Program
APPLICATION**

APPLICANT INFORMATION:

Entity Name: _____ Primary Contact Name: _____
DBA: _____ Primary Contact Email: _____
Mailing Address: _____ UBI: _____
City/State/Zip: _____ EIN: _____
Phone: _____

Type of Business *(check all that apply)*:

- Restaurant Bar Fitness Facility Bowling Center Movie Theater Museum Event Center
 Retail Salon Hotel/Motel Service Grocery Veterinary Construction Partnership
 Sole Proprietorship C Corporation S Corporation LLC Other: _____

Website or Facebook page *(if any)*: _____

Are you submitting application for multiple locations?: No Yes (if so, how many? _____)

The American Rescue Plan Act is Federal funding. Federal funding requires additional documentation and monitoring. After reading the enclosed information packet, please select the amount below you are comfortable with providing documentation for including proof of lost revenue. Documentation can be (but is not limited to) profit and loss statements, revenue statements, payroll backup, timecards, purchase receipts, etc.

\$5,000 \$10,000 \$15,000 \$20,000

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PLEASE NOTE THAT ALL APPLICATIONS AND ANY GRANTS AWARDED ARE CONSIDERED PUBLIC INFORMATION AND ARE SUBJECT TO DISCLOSURE. ALL RELEVANT IRS, STATE, AND FEDERAL REGULATIONS APPLY.

1. What has been the impact of COVID-19 on your business in terms of reduced operating revenue (since March 1, 2020) and/or increased operating expense due to COVID restrictions (since March 3, 2021)? How has the business tried to adapt to meet these challenges? What has been the most challenging?

2. What COVID-related public (*PPP funds, other grants, etc.*) or private (*such as business interruption insurance, bank loans, etc.*) support has your business **received or applied for** since March 1, 2020? Please list amount, date, source, and indicate if aid was a loan or a grant.

Amount Awarded or Requested	Date Received (or enter "declined" or "pending")	Name of Entity Providing Funds or Accepting Application	Loan or Grant?

ELIGIBILITY CERTIFICATIONS:

The authorized representative of the business must certify in good faith to all of the statements below by **initialing next to each one and signing the application.**

- _____ The business is currently in good standing with the IRS and the State of Washington and has an active UBI number established prior to January 1, 2021 (if not, please explain in an attachment)
- _____ The business is based in Whitman County and serves Whitman County communities and/or populations
- _____ The business has been negatively impacted by COVID-19 through decreased revenues and/or increased operating expenses

- _____ The business was operating and open to the public prior to January 1, 2021
- _____ The business will not use grant funds for any prohibited activities as listed in the general information document
- _____ All prior COVID-19 related aid applied for by the business since March 1, 2020 have been disclosed in this application

REQUIRED DOCUMENTATION:

1. Application form
2. Completed IRS W-9 Request for Taxpayer Identification Number and Certification
Print from website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
3. Copy of current business license (if you do not have one, please explain in an attachment)
Print from website: <https://dor.wa.gov/manage-business/my-dor-help/business-licensing>
4. Business Information page from the State of Washington Corporations and Charities Filing System (if applicable) Print from website: (<https://ccfs.sos.wa.gov/#/Home>)

APPLICATIONS MUST BE RECEIVED BY MIDNIGHT ON MARCH 1, 2022

Submit all required documentation via email to:

Jessica.Jensema@whitmancounty.net

(please type "SBR APPLICATION" in the subject line of the email and attach PDFs of all required documentation).

If necessary, you can mail your application, but it MUST be RECEIVED by 4pm on March 1

Whitman County Administrative Services Director
ATTN: SBR PROGRAM
400 N. Main Street
Colfax, WA 99111

*****IF YOU HAVE QUESTIONS, PLEASE EMAIL THEM TO Jessica.Jensema@whitmancounty.net or call 509-397-5241 (leave a message if there is no answer)*****

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SEE NEXT PAGE

As an authorized representative of the applicant business, I certify the statements and information contained in this application are true and correct to the best of my knowledge (providing false or misleading information will cause revocation and full repayment of funds awarded):

Signature

Name

Title

Date

*****INTERNAL USE ONLY*****

Date Received: _____ *Amount Awarded: \$* _____ *Date Check Mailed:* _____

Supporting Documents: *Business License* *Attachment* *W-9* *WA CCFS Page* *UBI (or attachment)*

Notes: _____

Approved By: _____ *Date:* _____