



PEND OREILLE COUNTY

Small Business Stabilization Grant

In order to help stabilize businesses in Pend Oreille County that have been impacted by the COVID-19 pandemic, emergency funds have been made available and will be distributed in the form of grants to local business owners. To request assistance, you must meet the program requirements and submit required documentation for expenses incurred between March 1st, 2020 and the date of the application.

Grant amounts are up to \$10,000. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Business Background Information:

Business Name (required)*

Legal Company Name (if different from Business Name)

Business physical address (required)*

Street:	City:
State:	Zip Code:

Mailing address (if different)

Street (PO Box):	City:
State:	Zip Code:

Amount of Assistance Being Requested (up to \$10,000) \$ _____

Note: Grant funds may have tax reporting ramifications (may be taxable)

Company Website (if applicable)

Washington State UBI (required)*

TIN (Tax Id. Number) (required)*

Is the business L&I Account Current? (required)*

 Yes No Don't know N/A

Date Business Opened (required)*

Business Owner Information:

Business Type (required)*

LLC Partnership S-Corp Sole Proprietor Other _____

Name of Owner #1 or Executive Director if non-profit (required)*

Phone: _____

Email: _____

Names of other Owners (if Applicable)

What is the majority owner's primary county of residence? (required)*

Socio Economic Ownership (required)*

Minority Owned Women Owned Veteran Owned Not Applicable

Business Structure/Background:

Retail Hospitality Manufacturing Construction Auto/Marine
 Restaurant/Food Service Other _____

Number of *full-time* employees including owner if they work full time as of 07/2019 (required)*

Number of *full-time* workers business laid off due to COVID-19 (required)*

Number of *full-time* employees as of July 15, 2020 (required)*

Number of *part-time* employees including owners if they work part-time as of 7/2019 (required)*

Number of *part-time* workers business laid off due to COVID-19 (required)*

Number of *part-time* employees as of July 15, 2020 (required)*

Brief Company description. Describe the company and its products/services:

Eligibility Declarations:

Jan. 1 - June 30, 2019 Gross Revenue to the nearest thousand (required)*

\$

Jan. 1 - June 30, 2020 Gross Revenue to the nearest thousand (required)*

\$

How many months of reserves does your business have based on the current economic situation?

Reserves is calculated by subtracting the current monthly net loss from the cash reserves the business has currently. Loan proceeds should not be considered as part of this reserve.

Please briefly describe how you would use any funds that were awarded:

Please briefly describe the ramifications to your business and the people employed by it if you do not receive the funding requested:

How is your current situation being effected by COVID-19?:

Indicate the amount of "Business Interruption Insurance" you are receiving. Enter \$0 if you are not receiving any funds. (required)*

\$

Check mark if you have received funding from the following sources in 2020 and amount received (required)*

- Governor's Working WA Small Business Emergency Grant (WWSBEG) \$ _____ FEMA \$ _____
 PUD Neighbors in Need Program \$ _____ Other _____ \$ _____
 Small Business Administration EIDL (Economic Injury Disaster Loan) \$ _____ None
 Small Business Administration PPP loan \$ _____ - Are the PPP funds depleted? Yes No

If "Yes", what were the funds spent on? (Example: utilities: May, Rent: April, May, Payroll: April, June)

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

- Yes No *(comments):*

Business Certification:

I certify my business has been negatively impacted by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19? (required)*

Signature

Print

Number of potential jobs lost (required)*

Will this grant help retain jobs?

- Yes No

If "yes", How many? _____ full-time, _____ part-time

Applicant Certification:

I certify the information on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by federal, state and local government representatives and will provide supporting documentation required (e.g. payroll records, tax filings, bank account statements, etc.), if necessary.

Business Owner Signature: _____ **Date:** _____

**Please return the form to:
Tri County Economic Development District,
986 South Main Street, Suite A, Colville, WA 99114
or e-mail: admin@teddonline.com**