



**City of Mount Vernon and Economic Development Alliance of Skagit County  
Community Development Block Grant Program (CDBG)  
Microenterprise Assistance Application and Verification Form**

Up to \$10,000 is available for qualifying microenterprise owners impacted by COVID-19 to stabilize your business in our community. To request assistance, you must meet the program requirements, submit required documentation, and certify this form before 5:00 PM PDT June 19, 2020.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. Unless otherwise specifically protected by Freedom of Information Act, this information may be subject to public disclosure laws.

Please print:

<b>Microenterprise Owner Name(s)</b>			
<b>Owner Address</b>			
<b>Email Address</b>			
<b>Owner Phone</b>		<b>Business Phone</b>	
<b>Business Name</b>			
<b>Business Address</b>			
<b>Business Type</b>	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	<b>Business start date</b>	
<b>Business Description</b>			
<b>Proposed Uses of Funds</b>	<input type="checkbox"/> Payroll <input type="checkbox"/> Rent/ Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory <input type="checkbox"/> Other _____		
<b>Business Qualification Questions</b>	<b>Data</b>	<b>YES</b>	<b>NO</b>
<i>MICROENTERPRISE</i> Are you a WA St registered business having five or fewer employees, including the working owner(s)?	# of FTE employees, including owner(s): # _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business impacted by COVID-19 resulting in a revenue loss of 25% or more compared to the same period in 2019?	EST. % loss of revenue from previous year: _____ %	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business temporarily closed or services reduced by official order?	EST. # of days closed/reduced so far: # _____	<input type="checkbox"/>	<input type="checkbox"/>
The business and business owner(s) have no unpaid city, state or federal taxes; or child support; or regulatory or other fines, actions or penalties.		<input type="checkbox"/>	<input type="checkbox"/>

- If you answered YES to all above, attach description and evidence of business's loss of revenue, (examples could include bank or income statements, quarterly sales or revenue reports, etc.).

LMI Household Income Qualification Questions (Business Owner)							
Total Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult family and non-family members in the household.							
Total Household Income during the last tax year or the last 12 months						\$	
Total Household Income anticipated during the next 12 months						\$	
Select the number of people in your household, including yourself:							
1	2	3	4	5	6	7	8+
\$42,600	\$48,650	\$54,750	\$60,800	\$65,700	\$70,550	\$75,400	\$80,300
Is your <b>anticipated</b> total household income <b>LOWER</b> or <b>HIGHER</b> than the dollar amount listed directly below the number of people selected?						<b>LOWER</b>	<b>HIGHER</b>
						<input type="checkbox"/>	<input type="checkbox"/>

- If you answered **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax reports, pay stubs, or bank statements)
- If you answered **HIGHER**, you may not qualify for CDBG microenterprise assistance without additional household income documentation, or you may be eligible for other assistance. Contact the Economic Development Alliance of Skagit County for further instruction.

Ethnicity/Race & Special Group Questions			
<b>Ethnicity</b>	(select one)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
<b>Race</b> (select one)			
White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial	<input type="checkbox"/>
<b>Female Head of Household</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Minority- or Women-Owned Business</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Business <u>DUNS</u> number</b>			



2. Describe other COVID-19 financial relief funds you have received, or for which you have applied or intend to apply, and the amounts and sources of those funds (e.g. SBA loan, unemployment insurance benefits, etc.).

3. Indicate if you are receiving any “Business Interruption Insurance” and the amount.

4. Describe any other gaps in financing and your plan to fill those gaps.

**Conflict of Interest Disclosure:** I hereby declare that any person(s) employed by the City of Mount Vernon or Economic Development Alliance of Skagit County who has direct or indirect personal or financial interest in this business or in any portion of the profits that may be derived therefrom, has been identified and the interest disclosed below:

Describe: \_\_\_\_\_

**Applicant Certification:** *I certify the information given 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 fillings, bank account statements, etc.), if necessary.*

**Business Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return the form to:** [mvarant@skagit.org](mailto:mvarant@skagit.org)

For Program Office Use Only	
Business and LMI Qualification Verified: _____	Staff initials/date
Funding Approval: _____	Manager initials/date
Account Number: _____	Approved Amount: \$ _____