



**City of Sedro-Woolley and Economic Development Alliance of Skagit County  
 CARES ACT Grant Program  
 Business Assistance Application and Verification Form**

Up to \$5,000 is available for qualifying Business 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 July 10, 2020.

Funds are available on a limited basis. Grant funds are available only to brick & mortar businesses within the City of Sedro-Woolley limits (home-based businesses and nonprofits excluded). Recipients must be in good standing with all required business licenses. 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>Business 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>BUSINESS</i> Are you a WA St registered business having ten or fewer employees (1-10), 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"/>

COVID-19 IMPACT - 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.).

➤ Ethnicity/Race & Special Group Questions (optional)			
<b>Ethnicity</b> (select one)		<input type="checkbox"/> <b>Not Hispanic</b>	<input type="checkbox"/> <b>Hispanic</b>
<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>Minority, Veteran, Tribal or Women-Owned Business (Circle all that apply)</b>		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Business DUNS number</b>			

### Supplemental Questions

#### Emergency Need

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees that have been laid off, if any.

2. Explain how the funding will help your business remain viable.

3. If applicable, describe how will you add new lines of business and services or otherwise adapt your business model to create new demand and additional business activity during the COVID-19 pandemic. How many new and saved jobs could result from these changes?

**Other funds**

1. Describe your business revenues during COVID-19 and during a comparable period prior to COVID-19.
  
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 Sedro-Woolley or Economic Development Alliance of Skagit County who has direct or indirect personal or financial interest in this application 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 and related documents to:** [swgrant@skagit.org](mailto:swgrant@skagit.org)