



# CITY OF CHEWELAH SMALL BUSINESS STABILIZATION GRANT

In order to help stabilize businesses located within the city limits of the City of Chewelah which have been impacted by the COVID-19 pandemic, emergency federal funds have been made available by the US Department of the Treasury and may be distributed in the form of grants to local business owners. Grant funds are administered by the Local Government Coronavirus Relief Fund thru the Washington State Department of Commerce.

To request assistance, you must meet the program requirements and submit required documentation for eligible expenses incurred during the period of March 1, 2020 thru date of application. Funds are limited and available on a first-come-first-served basis. Submitting this application is not a guarantee of assistance.

**Applications must be RECEIVED by the City by 3:00 PM November 13, 2020.  
City of Chewelah, PO Box 258, 301 E Clay – Room 104, Chewelah, WA 99109**

## INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

<b>Company Name:</b> _____ <b>Physical Address:</b> _____ <b>Chewelah, WA</b> <b>Mailing Address (if different):</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____	<b>In Business Since:</b> _____
<b>Owner Name:</b> _____ <b>Email:</b> _____ <b>Phone:</b> _____	
<b>Washington State registered business</b> <span style="float: right;"><b>UBI Number:</b> _____-_____-_____</span>	
<b>Describe your business and the services provided (please be specific as this information will be used to determine essential/non-essential status as defined under Governor Inslee's Stay Home, Stay Healthy Proclamation):</b> _____ _____ _____ _____ _____	

**ECONOMIC IMPACT**

Number of Full-time Employees as of the date of the  
Emergency Declaration by the Governor on 02/29/20:

\_\_\_\_\_

Number of workers Laid off Due to COVID-19:

\_\_\_\_\_

To qualify for funding, your business must have been temporarily closed or its services reduced (see *Eligible Use of Funds*).

Complete page 5 - Schedule of Dates Closed/Services Reduced.    Schedule Completed . . . . .  Yes

Estimated % loss of revenue from one year previous:    % \_\_\_\_\_

Additional comments regarding the effect of the COVID-19 crisis on the business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ELIGIBLE/INELIGIBLE USE OF FUNDS**

Examples of Eligible Small Business Costs (***must be incurred during the period of March 1, 2020 thru date of application***) :

- Rents/Mortgage and utility costs during the period a business closed/reduced its services to follow any stay-at-home order or voluntarily closed to promote social distancing measures. Includes businesses which were affected by decreased customer demand as a result of the COVID-19 public health emergency. (While rent and utilities are normally ongoing costs, business operations were interrupted by the required/voluntary closure or reduced services).
- Costs incurred during a reopening process, including the additional business interruption that happens when a small business must limit its accessibility to the public, and for displaying and/or communicating state-based requirements for public access
- Operating costs for the purchase of items meant to protect the public and employees, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures in order to reopen a business

Ineligible Costs:

- Costs that have been or will be reimbursed by any other funding source, including grants
- Replacement of lost revenue

**FUNDING REQUEST/DOCUMENTATION**

**Amount of Stabilization Grant Money Being Requested (up to \$ 5,000):** \$ \_\_\_\_\_

- 1. List all expenses you are requesting reimbursement for by completing page 4 - Recap of Eligible Costs Worksheet.  
Worksheet Completed . . . . .  Yes**
- 2. Include copies of invoices, bills, sales receipts, rental/lease agreements, etc., for all eligible expenses.  
Copies included . . . . .  Yes**

**Why is funding critical to this business?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will this grant help retain local jobs?**     Yes    No                      **If so, how many?** \_\_\_\_\_

I certify that the business has not received and will not be receiving any other local, state, federal, or other funding for the expenses listed on the Recap of Eligible Costs Worksheet of this application.

I confirm that all information I have provided in my application is true, complete and correct. I also confirm that I have not omitted any information called for in this application. I understand that any information that I provide (or fail to provide) that is found to be false, incorrect, incomplete, or contains misrepresentation in any respect will be sufficient cause to cancel further consideration of this application.

**Submitted by (Signature):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Direct:** \_\_\_\_\_                      **Phone Mobile:** \_\_\_\_\_

**Date:** \_\_\_\_\_



