



Greater Grays Harbor, Inc. Business Relief Grant Application

Overview and Guidance

Greater Grays Harbor, Inc (GGHI) is proud to announce the availability of business relief grants up to \$10,000 each for Grays Harbor County businesses with up to 20 employees. The grants are to support COVID-related response and recovery

A pool of \$151,227 is available only to businesses in Grays Harbor County until funds are exhausted. Applications close on September 23, 2020.

Funding for the program is from the state's Working Washington Small Business program including federal Coronavirus Assistance, Recovery and Economic Security (CARES) Act funds to help with COVID-19 response and recovery efforts across Washington State.

Grant Awards

- The Greater Grays Harbor, Inc Business Relief Grants will not exceed \$10,000 per awardee.

Eligible Expenses - You will be asked to affirm the documented expenses meet the following requirements.

- The expense is connected to the COVID-19 emergency.
- The expense is "necessary" to continue business operations.
- The expense is not filling a short fall in government revenues. (i.e. taxes, licenses, state, county, federal and/or city fees)

Eligible Businesses

- Eligible businesses must have 20 or fewer employees (total including full and part-time) as of 9/1/2020.
- In business at least one year prior to 3/1/2020.
- Your businesses UBI is required. This is a nine digit number that begins with a #6. All applicants that make more than \$12,000 annually must have a UBI Number. You can look up your UBI [at this site](#).
- Your Business Labor & Industry (L&I) must be current. You can verify your status [here](#).
- Eligible businesses must not be debarred by the federal government and are eligible to received federal contracts. For more information visit this [site](#).
- Businesses that have received Working Washington Small Business Emergency Grant (WWSBEG) funds in the amounts greater than \$5,000 are not eligible for this funding. Businesses that received \$5,000 or less from this funding are eligible for the Greater Grays Harbor, Inc, Business Emergency Grant.

- ***The Greater Grays Harbor, Inc (GGHI) Business Relief Grant is sourced from Federal CARES Act Funding. Federal regulations do not allow funding from federal programs to be used for duplicate purposes. Greater Grays Harbor, Inc must comply with this requirement.***

Application Overview

- **A completed application for the GGHI Business Relief Grant is required to be considered for grant funding.**
- **Complete applications must be submitted no later than 8:00 pm, September 23, 2020.**
- **The applying business will self–attest that the expense is not funded by any other funding source whether private, State or Federal.**
- **The applying business will self–attest that the business would not be requesting assistance with expenses if they had not been impacted COVID-19.**
- **Applicants will be required to upload their W-9 and receipts for their expenses. Please make sure you have those documents ready for upload when completing the application.**



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Business Eligibility

* 1. Is the Business Labor and Industries (L&I) account current?

Yes

No

* 2. I certify my business has not been debarred by the Federal Government and is eligible to receive federal contracts.

I certify

No

* 3. I certify my business is licensed in Washington State and has an active UBI number. Note: Tribal Businesses without a UBI number may submit a certification from the Tribe recognizing them as a business in good standing.

I certify

No

* 4. Please indicate the amount of funding you have received from the following programs.

SBA Economic Injury Disaster Loan (EIDL)

SBA Paycheck Protection Program (PPP)

Working Washington Small Business Emergency Grant (WWSBEG) from Greater Grays Harbor, Inc.

Grays Harbor County Small Business Grant (Federal Cares Funding)

Washington State Department of Children, Youth and Families Child Care COVID 19 Grant

City of Aberdeen Small Business Relief Grant

Other

Other

Enter N/A if you did not receive any funding.

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

I certify

No

* 6. I certify my business does not have any Labor and Industry (L&I) Tax debts, or any license violations.

I certify

No

* 7. I certify that if the business receives a grant the funds will only be spent on expenses connected to the COVID-19 emergency.

I certify

No

* 8. I certify that if the business receives a grant the funds **will not** be spent on filling a short fall in government revenues. (i.e. taxes, licenses, state, county, federal and/or city fees)

I certify

No

* 9. I certify that if my business receives a grant the funds will not be spent on an expense that is funded by any other funder, whether private, State or Federal.

I certify

No

* 10. I certify that if my business would not be applying for this grant if it had not been impacted by COVID-19.

I certify

No



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Business Information

* 11. Business Name

12. Legal Name if different from Business Name

* 13. Principle Office Street Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

14. Principle Office Mailing Address (If different)

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

15. Company Website

* 16. Date Business Opened

Date

Date



* 17. Business Structure

- Sole Proprietorship
- Partnership
- Limited Liability Company
- C-Corp
- S-Corp
- Cooperative
- Non-Profit
- Other (please specify)

* 18. Business Owner Information

First

Last

Email Address

Phone Number

* 19. What is the majority owner's primary city of residence.

* 20. Washington State UBI. If a tribal enterprise please use your Tribal Identification Number.

* 21. Woman Owned

- Yes
- No
- Prefer not to answer

* 22. Veteran Owned

- Yes
- No
- Prefer not to answer

* 23. OMWBE (Certified by the Office of Minority and Women's Business Enterprise) Certified

- Yes
- No
- Prefer not to answer.

* 24. Please identify your race/ethnicity:

* 25. Number of employees (total employees) as of September 9, 2020. Number excluding owner(s).
Businesses with more than 20 employees are not eligible.

* 26. General Industry Type

Please try to select the industry type that generally you fall into. You can expand on your business activities in the next question.

- Restaurant/Food Business
- Hospitality
- Manufacturing
- Salon/Spa/Personal Services
- Healthcare
- Construction
- Childcare
- Agriculture
- Fishing
- Other (please specify)

* 27. Brief company description. Describe the company and its products/services.



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COVID-19 Related Financial Impact and Data

* 28. Average Monthly Gross Revenue March 2019-August 2019 to the nearest thousand.

* 29. Average monthly gross revenue March 2020-August 2020 to the nearest thousand.

* 30. Are you able to operate your business today?

- Yes
- No
- At partial capacity.

* 31. Based on the current economic situation how many months of reserves does your business have?

* 32. How many jobs will be retained if funding is received.

* 33. Please select the likelihood of business closure if funding is not received.

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very Unlikely

* 34. What is your plan to continue your business if you do not receive funding?

* 35. If funded, what positive impact will the relief dollars have on your business?

36. Additional comments about financial impact of COVID-19 on your business.



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Funding Request and Documentation

* 37. Total Amount Requested (up to \$10,000)

* 38. Business W-9

Please upload your W-9

Choose File

Choose File

No file chosen

* 39. Documentation of Expenses

Please upload a single file that includes the documentation of expenses (receipts) up to the requested amount (not to exceed \$10,000). Please title your file with your business name. Please make sure all documents are easy to read and clearly identify the expense.

Choose File

Choose File

No file chosen

40. Additional Documentation

Please upload any additional documents that can support your application.

Choose File

Choose File

No file chosen

41. If a Tribal Business please upload a letter of certification from your Tribe recognizing you as a business.

Choose File

Choose File

No file chosen



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Declaration

* 42. By entering my name below I declare the information contained in this application is accurate.

* 43. Please enter the date of your declaration.

Date

Date

