



Greater Grays Harbor, Inc. Microenterprise Grant Program

Microenterprise Grant Overview

Grays Harbor County received a Community Development Block Grant from the Washington State Department of Commerce. A portion of those funds are being used to support microenterprises and childcare providers. Greater Grays Harbor, Inc. (GGHI) is administering the Microenterprise Grant Program.

Up to \$5,000 in grant money is available for qualifying microenterprise businesses (5 employees or less, including the owner) impacted by COVID-19 to stabilize your business in our community.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance.

Applications and required documentation are due by November 6, 2021.

Who can receive assistance?

- Business owner must have a Low and Moderate family income (LMI) less than or equal to 80%.
 - *Family income thresholds can be found later in this application.*
- Business must have a documented loss of income due to COVID-19.
 - Impacted losses must have to have occurred between 3/27/20 through 1/31/2023.
- Business must agree to share financial information
- Business or business owner must be in the program's service area (Grays Harbor County)
- Business must have a Washington State business license.
- Business must be legal under federal requirements (i.e., not cannabis retails or disbarred by federal government).
- Business is for-profit.
- Business was not able to access other assistance for claimed losses (duplication of benefit).
 - *If a business has received aid, they ARE eligible, however they cannot submit claimed losses for expenses in which aid has already been received.*

New in this grant cycle is special assistance with completing the application!

- For assistance with the application please contact beth@enterpriseforequity.org

Financial documentation will be required for both the family/owner and the business.

Applicants will need to submit the following financial information:

- Business Tax Returns (2019 and 2020)
- Personal Financial Documentation (pay stubs, bank statements, personal tax returns).
- Monthly business expenses from Q2 (April, May, June) of 2021.

Applicants will need to have a DUNS number. This is a free service that does take several weeks to obtain. Applicants should prioritize applying for a DUNS number.

Enterprises that are funded by the grant *will be required* to complete a 4-part on-demand webinar business assistance series as a condition of the grant. This webinar series can be accessed online at a time and place convenient to the applicant.

Distribution of grant funds is contingent on the completion of the webinar series and participation with a business coach before starting the webinar series and upon completion of watching the webinars.

Funds will be distributed approximately 30 days after reported completion of the webinar series and business coach meetings. The Business assistance webinar series and coaching will be provided by Enterprise for Equity.

Award notices will go out no later than November 17, 2021. Upon notification of award, participants will be contacted by a Business Coach from Enterprise for Equity. The business coach will provide access to the on-demand webinar series.

For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.



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Business Information

Please complete the following information about your business.

* 1. Please complete your business information

Business Name

Business Address

Business City/Town

Business State/Province

Business ZIP/Postal Code

Business Email Address

Business Phone Number

* 2. Business EIN Number

3. Please enter your business website address.

* 4. Business DUNS Number. A DUNS number is required for this application. It is a free registry, but it can take a couple weeks. Please prioritize applying for this number early in the application process. You can learn more at <https://www.dnb.com/duns-number.html>

* 5. Please indicate your business structure type.

- LLC
- Partnership
- Sole Proprietor
- Other

* 6. Please indicate your business industry

- | | |
|--|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Events |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Food/Beverage | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Media |
| <input type="checkbox"/> Agriculture (fishing, timber, hunting, farming) | <input type="checkbox"/> Personal Care Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Other (please specify) | |

* 7. Date you opened for business

Month / Year

Date

* 8. Proposed use of funds

- Payroll
- Rent/Mortgage
- Inventory
- Utilities
- Other (please specify)

9. Total Requested Funds

Applicants may request up to \$5,000. Please note that applicant businesses will be required to declare this as income and should be able to show receipts or proof of expense for the dollar amount requested should they be asked.

*** 10. Please complete your personal information**

Owner Name	<input type="text"/>
Owner Address	<input type="text"/>
Owner City/Town	<input type="text"/>
Owner State/Province	-- select state -- <input type="button" value="v"/>
Owner ZIP/Postal Code	<input type="text"/>
Owner Email Address	<input type="text"/>
Owner Phone Number	<input type="text"/>

11. Ethnicity/Race and Special Group Questions (optional).

Please select one.

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other or Multi-Racial |

12. Female Head of Household (Optional)

- Yes
 No

13. Minority or Women's Business Enterprise (Other)

- Yes
 No



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Emergency Need Questions

Please answer both questions related to your need and the impact of COVID-19 on your business.

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

* 15. Explain how the funding will help your business remain viable and prevent layoffs.



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Business Qualification Questions

The following questions address your eligibility for the program. You will be required to upload financial documentation on the next page.

* 16. Are you a Washington State registered business having five or less employees, including the owner(s)?

Yes

No

* 17. How many employees do you have, including owner(s)?

* 18. Was your business impacted by COVID-19 resulting in a revenue loss of 25% or more from year previous?

Yes

No

* 19. Estimated percentage loss of revenue from year year previous.

20. The business owner is not delinquent in any city, state or federal taxes: child support; or other penalty?

Yes

No

* 21. Was your business temporarily closed or services reduced by official order?

Yes

No

* 22. Estimated number of days business was temporarily closed or services reduced by official order.

1 Week

More than 3 months

2-4 Weeks

5-12 Weeks

Other (please specify)

None of the above



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Financial Documentation

If you answered "YES" to any of the questions on the previous page , please attach the following business financial documentation.

Files can be either a PDF, JPEG or PNG. Please make sure the images are clear and readable.

* 23. Please upload your 2019 Business Tax Return

2019 Business Tax Return

Choose File

Choose File

No file chosen

* 24. Please upload your 2020 Business Tax Return

2020 Business Tax Return. If you do not have your 2020 Business Tax Return please contact beth@enterpriseforequity.org. You will be connected with a business coach to discuss alternative financial documentation options.

Choose File

Choose File

No file chosen

* 25. Please upload your monthly operating expenses for Q2 of 2021 (April, May, June). This grant funder requires this information, but it will not be weighed in your application's competitiveness.

Monthly Operating Expenses for Q2 of 2021.

Choose File

Choose File

No file chosen



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LMI Family Income Qualification Questions

Total Family Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household.

* 26. Total Family Income during the last tax year or the last 12 months.

* 27. Total Family Income anticipated during the next 12 months.

* 28. How many people are in your family, including you?

1

2

3

4

5

6

7

8 or more people



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Anticipated Annual Income

Please respond to the anticipated income question related to the number of people in your family (as answered on the previous page).

You will be required to upload personal financial information on this page.

29. If you family consists of 1 person is your anticipated income lower or higher than \$37,700?

- Lower
- Higher

30. If you family consists of 2 people is your anticipated income lower or higher than \$43,100?

- Lower
- Higher

31. If you family consists of 3 people is your anticipated income lower or higher than \$48,500?

- Lower
- Higher

32. If you family consists of 4 people is your anticipated income lower or higher than \$53,850?

- Lower
- Higher

33. If you family consists of 5 people is your anticipated income lower or higher than \$58,200?

Lower

Higher

34. If you family consists of 6 people is your anticipated income lower or higher than \$62,500?

Lower

Higher

35. If you family consists of 7 people is your anticipated income lower or higher than \$66,800?

Lower

Higher

36. If you family consists of 8 or more people is your anticipated income lower or higher than \$71,100?

Lower

Higher

* 37. If you answered "lower", attach proof of annual family income. Eligible documents include; personal tax returns, pay stubs, or bank statements. Applicants may redact (black out) personal identifying information.

If you answered "higher", you may not qualify for CDBG microenterprise assistance without additional family income documentation, or you may be eligible for other assistance. Contact the Greater Grays Harbor, Inc Microenterprise Assistance Program at beth@enterpriseforequity.org for further instruction.

Proof of Annual Family Income

Choose File

Choose File

No file chosen



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Applicant Certification

* 38. Conflict of Interest Disclosure

I hereby declare that any person(s) employed by the Greater Grays Harbor, Inc, or Enterprise for Equity who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below:

- No conflict of interest
- Please disclose any conflict of interest.

* 39. 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.

Please type "I certify" in the text box below.

* 40. Please sign this application below. You can type your name and date in the text box below.