

Walla Walla County - Working Washington Small Business Grants 2.0 (Federal CARES ACT)

Manual Fill-In Application Form

Print the "Manual Fill-in Application Form" from your computer. Manually input in the information in the application. Scan the completed "Manual Fill-in Application Form" into one (1) PDF file and email the "Manual Fill-in Application Form" file as an attachment to grants@portwallawalla.com

Grant Eligibility				Yes	No
Q1: As of March 1, 2020, did your business employ <u>more</u> than 20 employees?					
Q2: Is your business located <u>outside</u> of Walla Walla County, WA?					
Q3: Did your business already <u>receive</u> a Working Washington Small Business Grant this year?					
Q4: Was your business established <u>after</u> January 1, 2020?					
Q5: Is your business <u>out of compliance</u> with Washington State Department of Labor & Industries laws? (Business is required to self-check at https://secure.lni.wa.gov/verify/)					
<u>If you answered "Yes" to Questions 1-5, your business does not qualify for this grant program</u>					
Business Information					
Business Name:					
Business Owner:		Title:			
Business Physical Address:					
Business Mailing Address:					
Business Phone #:		Email:			
Year of Business Established:		WA State UBI Number:			
Industry Sector:		<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food Business <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Salon/Spa <input type="checkbox"/> Healthcare <input type="checkbox"/> Construction <input type="checkbox"/> Childcare <input type="checkbox"/> Other			
Is your Business certified any of the following?		<input type="checkbox"/> OMWBE certified business <input type="checkbox"/> Women-Owned business <input type="checkbox"/> Minority-Owned business <input type="checkbox"/> Veteran Owned business?			
Check only one (1) of the following ethnicity categories:		<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Do not wish to disclose			
Q6: As of March 1, 2020, how many employees did your business employ? (Provide an employee number)					
(Check the Box) _____ 2-5 Employees _____ 6-10 Employees _____ 11-20 Employees					
Q7: Has your business received funding from either the State, County, Federal government, or other public agency related to COVID-19 business impacts? (checkbox) Please list the funding source, type of funding, amount of funding, and what did your business paid for with the funds.				Yes	No
Funding Source	Type of Funding	Amount of Funding	Use of Funds		
		\$			
		\$			
		\$			
		\$			
<i>Important Note: Small businesses <u>may not</u> be reimbursed by multiple funders for the same cost (double-dipping), and this principle also applies to any recipients of CARES funding: No duplicate payments or supplanting of other costs are allowed.</i>					
These funds intend to help businesses cover the immediate and direct costs from impacts of the COVID-19 emergency. Please respond to the following questions with a Yes or No answer.				Yes	No
Q8: Is the expense connected to the COVID-19 emergency?					
Q9: Is the expense "necessary" to continue business operations?					
Q10: Does the business understand it cannot use these grant funds to pay government tax expenses (i.e. property taxes, State B&O taxes, federal taxes, licenses, city fees, other taxes or fees, etc.)?					
Q11: Does the business understand it <u>wouldn't be requesting grant funds</u> if they had not been impacted COVID-19?					

	Yes	No
Q12: Does the business understand it must self–attest that the proposed business expenses are not funded by any other funding source (Private, Local Government, State, or Federal).		
Q13: Does the business understand it must be <u>in compliance</u> with Washington State Department of Labor & Industries laws.		
Q14: Does the business understand the Port of Walla Walla may disclose information if required by applicable law, regulation or legal process, including requests under the Washington Public Records Act (Chapter 42.56 RCW) and any subpoena or other similar form of process.		
Economic Impact Questions		
EI-Q1: Describe how the public health crisis has affected the business and how allocated grant funds would help the business remain open.		
EI-Q2: Is your business in danger of closing due to the COVID-19 pandemic and the Washington State rules and policies for reopening?		
EI-Q3: The requested amount of grant funds? (Maximum grant award is \$2,500)	\$	
EI-Q4: What percentage of your business is down this year compared to last year?		%
EI-Q5: Number of employees that you will retain if you receive a grant?		
EI-Q6: Explanation of Use of Funds should a grant be awarded (Please read the Eligible Expenses below and provide a detailed response to this question):		
Grant funds <u>shall not be used</u> to pay payroll and benefits, travel and associated expenses, taxes, Federal & State expenses (including Federal Taxes), land acquisition, office equipment, software. Eligible Expenses: Losses that small businesses have incurred as a direct result of the emergency and public health declarations and stay-at-home orders due to the COVID-19 pandemic. Eligible Expenses include operational expenses such as rent, utility bills, mortgage payments (associated with the business), and items purchased to protect the public and employees (i.e. protective masks, hand sanitizer, and costs incurred by installing required safety measures to reopen a business).		
Signature Section - Signature and date is required for a complete application.		
I, Business Owner, self-attest to all information provided in this application form is true and correct. I, Business Owner, understand the Port of Walla Walla may disclose information if required by applicable law, regulation or legal process, including requests under the Washington Public Records Act (Chapter 42.56 RCW) and any subpoena or other similar form of process.		
Business Owner Name	Date	

Print the "Manual Fill-in Application Form" from your computer. Manually input in the information in the application. Scan the completed "Manual Fill-in Application Form" into one (1) PDF file and email the "Manual Fill-in Application Form" file as an attachment to grants@portwallawalla.com