

# CITY OF ANACORTES

## SMALL BUSINESS STABILIZATION GRANT

(Maximum Business Size - 30 Employees; Businesses Open since 2019)

The City of Anacortes has developed an emergency relief package for small businesses in jeopardy as a result of COVID-19 public safety measures.

This program is funded through HUD's Community Development Block Grant Program. Certain eligibility criteria must be met in order to be eligible for this funding source. All information provided will be subject to Washington State Public Records Act (RCW 42.56) and HUD monitoring. Eligibility for the award will be based on FTE job retention of 51% of the employees with a SINGLE PERSON income of 80% or less of the area median income (current AMI - \$43,900– see attached income limits for reference)

### BUSINESS INFORMATION

Applicant Business Name:

Doing Business As (DBA) if different than business name:

Applicant/Business owner name(s):

Business Address:

Applicant Home Address:

Mailing Address (if different):

Business Phone:

Applicant Phone:

Email:

UBI No. & Anacortes Business License  
No

Date of Incorporation/Start Up:

Current number of  
employees:

Number of employees retained if  
business receives grant:

Has the business ever been subjected to criminal or civil fines and penalties including from City of Anacortes code or regulatory violations or in bankruptcy? Is the business or business owner delinquent in any city, federal, state taxes, child support?  Yes  No

BUSINESS TYPE:  LLC  Partnership  Sole Proprietor  Other

**BUSINESS DESCRIPTION AND SUMMARY OF OWNER'S EXPERIENCE IN INDUSTRY,  
INCLUDING NUMBER OF YEARS IN BUSINESS**

**PROPOSED USES OF FUNDS**

AMOUNT OF REQUEST	USE
\$	Payroll expenses
\$	Rent/mortgage
\$	Utilities
\$	Inventory
\$	Other(specify):
<b>Total Relief Grant Funds Request (Max \$10,000):</b>	
\$	

Please specify below the jobs your business intends to retain through the funds provided by the Relief Fund. **If Owner works at business, include position and hours per week.**

Position Title:	Hours Worked per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:
Position Title:	Hours per Week:

*Please indicate any additional jobs retained on a separate sheet*

## EMERGENCY NEED

1. Describe the negative impact the COVID-19 pandemic has had on your business. Include the number of employees (including working owner) whose hours have been reduced or have been laid off, if any.
2. Please use the space below to explain how the funding will help your business remain viable:
3. Does your business provide necessary supplies and services to other Anacortes businesses:
4. Please provide the value your business brings to the community:
5. **If applicable**, describe how will you create new lines of business and services to meet new demand during the COVID-19 pandemic and the number of new jobs created:

## Other Funds

1. Describe your business revenues during COVID-19 and during a similar period (1 year max) prior to COVID-19:
2. Describe other funds you have applied for or intend to apply for and the amounts and sources of those funds and total amount requested (e.g. SBA loan, unemployment insurance benefits, etc. INCLUDE ANY FUNDING RECEIVED BUT NOT SPENT).
3. If you received any other funding from other agencies that was used to assist your business in response to the COVID-19 pandemic, provide the full amount received, specify the type of assistance (grant, loan, forgivable loan), and how you applied those funds. Provide documentation as to how the funding was spent.
4. Describe any shortfalls you may be experiencing with your business caused by the COVID-19 pandemic that is not included in the Proposed Use of Funds on the previous page. This will include your current needs that you do not have sufficient funds to cover those needs. If you do have other shortfalls, how do you intend to fill those to prevent employee layoff (i.e., business loans, etc.)?

**APPLICANT STATEMENT:** I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of Anacortes. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

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

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

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

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

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

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).

Please submit <u>copies</u> of documents along with application	
	Small Business Relief Grant Application (this document)
	Owner Income(s) self-verification form using template in Appendix A
	Owner's prior year of recently completed IRS Form 1040 (all owners 51% of business or more)
	Business Operating Agreement – (for businesses with multiple partners)
	Copy of liability insurance (or willing to obtain)
	Previous four weeks of payroll or other documents showing a history of employees on payroll as of the application submission date
	Any addition documentation in response to Question 3 under Other Funds

**NOTE-** Staff will follow-up with applicants for required additional information and documents after application submission, including income self-certification forms for all employees (Appendix A).

**Email completed application to:** [joanns@cityofanacortes.org](mailto:joanns@cityofanacortes.org)

# APPENDIX A- Business Owner Income Documentation and Conflict of Interest Certification

**INCOME** is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household. For Corona virus responses, only the individual employee's income will be used to determine eligibility. All sources of income must be counted from the employee based on the anticipated income expected in the next 12 months. The annual income will be calculated based on IRS Long Form 1040. All certification information requested is required by the U.S. Dept. of Housing and Urban Development Community and Planning Development Program. **DO NOT PROVIDE SOCIAL SECURITY NUMBERS**

**Individual employees are considered 1 family for this grant. Please indicate if employee earns less than or more than \$43,900 annually and provide documentation (i.e., payroll accounts):**

Number of Family Members in Household (Select one)	Annual Income	Select Which Household Size and Income Applies to You	
1	\$43,900 or less		Above \$43,900

**Please check your ethnicity (pick 1 of 2):**     Hispanic/Latino     Non-Hispanic/Latino

**Please check your race (pick 1 of 10 choices):**

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

**APPLICANT STATEMENT:** I hereby declare that any person(s) employed by the City of Anacortes, 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. (Please include in your disclosure any interest which you know of. An example of a direct interest would be a City of Anacortes employee, City of Anacortes Council Member, City of Anacortes Community Development Block Grant Committee, who would be paid to perform services under this proposal. An example of indirect interest would be a City of Anacortes employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known). I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

**Name:** \_\_\_\_\_  
(printed)

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

**Disclosed Conflict of Interests, All Other Funding Requests:**

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