COWLITZ COUNTY CARES ACT EMERGENCY BUSINESS GRANT

The information provided allows the CEDC to evaluate your grant application

Company Name:	Year of Establishment:	In Operation for	UBI Number:	
		at Least 1 Year?		
Address:		□ Yes □ No		
City: State: WA Zip Code:				
CEO/President Name:				
Email:				
Phone:				
Industry				
Retail Restaurant/Food Business Service Hospitality Manufacturing Other: Sector:				
Has your business been affected by emergency public health protections in □ Yes □ No place and/or mandatory closure by executive order due to COVID-19?				
Amount of Emergency Grant Money Being Requested: \$	(Maximum re	quest is \$35,000)		
COMPANY BACKGROUND				
Total Number of Full-time Equivalent Employees Including Yourself as of 01/2020:	Number of Workers Off Due to COVID-1			
Business Structure:				
Company Description:				
Describe the company and its products/services.				
Francis Francis				
Economic Impact:				
Describe the effect of the public health crisis on the business and how allocated funds can help the business. Why funding is critical to this business?				
Draft Version. Created on 5/12/2020, 2020 Page 1 of 2				
Likelihood of Permanently				
☐ High ☐ Medium Closing the Business?	□ Low			
Business Closed Due to				
☐ Yes ☐ No Governor's Directive?				

Number of potential jobs lost?		
Will this grant help retain jobs?	? If so, how many?	
Has the company received any	state, federal, or other funding through PPP, EIDL, CDBG or Working Washington State Grant? If yes, please provide details.	
	EXPLANATION OF USE OF FUNDS	
Explain how funds will be used Applications without a list of pr	to help the business. This information can help Commerce ensure that the expenses proposed are eligible for reimbursement. oposed expenses will be considered incomplete. Include outstanding invoices, if possible.	
grant can be used towards of Please consult with Commercian	g can be used towards traditional SRF expenses, such as consulting, marketing, and training. In addition, this emergency perational expenses, such as rent, supplies/inventory, utility bills, etc. Operating expenses are eligible for reimbursement. e if an expense is not on this list.	
	roll cannot be reimbursed via this grant program. Please direct all payroll needs to Employment Security Department. The igible: capitalized equipment, travel, office equipment, and computer software.	
EMPLOYMENT INFORMATION		
Average Salary or Hourly Wage:		
Benefits Paid:	□ Yes □ No	
Is the applicant's LNI account current?	☐ Yes ☐ No ☐ Not Sure You may look up the businesses online at https://secure.lni.wa.gov/verify/	
What measures the company is already taking or trying to take to support employees during the pandemic?		
ADDITIONAL INFORMATION		
	g any pending litigation or legal action? e compliance/regulatory issues within Washington or another state you are or have done business in?	
All of the above information is	true and correct as signed by the applicant – (sign here)	