



## ***Kalama City Council - Council Agenda Item Information Form***

**Agenda Item: 4A – CARES FUNDING – Business Aid**

**Meeting Date June 4, 2020**

**Prepared by: Coni McMaster, Clerk/Treasurer**

**Subject: CARES Funding – Economic Business/Resident Aid**

**Summary:** At the Council meeting on May 21<sup>st</sup> Staff received direction to develop an application for businesses and residents to submit to request aid to be provided from the CARES funding available to the City. The draft application as developed by the committee of Councilmembers Macias, Merz and myself is attached. The application allows a request for aid to help residents with either rent/mortgage or utilities and businesses to request aid for those items, plus costs associated with addressing needs to meet the COVID-19 requirements for operating their business open to the public. At this time there is no limit of funds listed on the application and that is one question the Council will need to provide, if they want to set an upper limit on funding per application. No limit is required and this would allow for flexibility in the award process.

The other decision before the Council is the evaluation process for the application and awarding of funds. Below are two options that can be considered, or if the Council has other thoughts for consideration.

**City Council review** - The City Council can choose to review the applications and make the awards. Depending on the number of applications and the availability of the Council this could be a viable option. Since the Council has to meet in public, this option could require additional meetings and publications. Awarding of the funds could take longer if the Council chooses this option and only holds regular meetings every two weeks.

**Committee review** - The City Council could have the Mayor appoint a committee that includes two Council members, a Chamber representative, and two or three citizens (non-business owners) to evaluate applications and make the awards, reporting back to the Council at each meeting what awards have been made and to what businesses. A list of potential committee members could be submitted by email to the Council who could then reject any of the candidates or rank them for appointment. The Committee could plan to meet on no less than a weekly basis as applications come in. Any application denied an award by the Committee could automatically be sent to the Council for a reconsideration of that decision.

**Draft Motion for Consideration: I move the City Council approve the application for CARES Funding (including a limit of \$XXX per resident application and a limit of \$xxx per Business application) and setting out an evaluation and award process to conducted by (the City Council or a Committee as appointed by the Mayor from a Council approved list of citizens)**



## Kalama's Covid 19 Relief Fund Application

The Kalama Covid 19 Relief Fund is for Businesses and Residents of Kalama's 98625 zip code. To be eligible complete this application and supporting documents and submit to [CityClerk@kalama.com](mailto:CityClerk@kalama.com) or bring into City Hall during business hours. You will be notified of results within 30 days.

### Instructions: For Residents

1. If you are a resident claiming personal relief skip all Business question.
2. You must be at least 18 years of age to apply.
3. You must reside in the 98625-zip code.
4. You must submit documents to support your request.

### Instructions: For Businesses

1. Please complete entire application providing contact person name, address, and phone.
2. Business must have been in business for one full year with less than 25 employees.
3. Your business must reside in the 98625-zip code and have a Kalama business license.
4. Must be current on all State and other regulatory requirements.
5. You must submit documents to support your request.

### PLEASE PRINT:

<b>Name: First Middle Last</b>		
<b>Name: Business</b>		
<b>Address: Street, City, Zip</b>		
<b>Mailing Address: Street, City, Zip</b>		
<b>Contact Phone:</b>	<b>Contact Email:</b>	<b>UBI Number</b>

During the Covid 19 event I have been impacted financially because of: (check all boxes that apply)

<input type="checkbox"/> Laid off from work	<input type="checkbox"/> Reduced to part time	<input type="checkbox"/> Reduced to on call
<input type="checkbox"/> Closed my business	<input type="checkbox"/> Reduced business to take-out	<input type="checkbox"/> Reduced business to web based

Industry Type:  Retail     Restaurant/Food Business     Service     Hospitality

Manufacturing    Other: \_\_\_\_\_

If Closed – Do you plan to reopen?    Yes    No    If Yes, Approximate Date: \_\_\_\_\_

I am asking for assistance with: Must submit copy of bill/Invoices to support the amount.

<b>Rent/Mortgage</b>	<b>Amt. Requested</b>	<b>Amt. Approved</b>
<b>Utility Relief</b>	<b>Amt. Requested</b>	<b>Amt. Approved</b>
<b>Covid Expense PPE – Cleaning Supplies – Screening Materials – Signage – Guidelines, Thermometers</b>	<b>Amt. Requested</b>	<b>Amt. Approved</b>

Number of Employees: Normally on Staff \_\_\_\_\_ Laid Off \_\_\_\_\_

Number of Persons in Home \_\_\_\_\_ Number in Home Working \_\_\_\_\_

I have Applied for and/or Received aid from: (check all that apply) Received (circle)

- |                          |                                                               |     |    |         |
|--------------------------|---------------------------------------------------------------|-----|----|---------|
| <input type="checkbox"/> | Unemployment Compensation                                     | Yes | No | Pending |
| <input type="checkbox"/> | IRS Stimulus Funds                                            | Yes | No | Pending |
| <input type="checkbox"/> | Economic Injury Disaster Loan Advance                         | Yes | No | Pending |
| <input type="checkbox"/> | Paycheck Protection Program                                   | Yes | No | Pending |
| <input type="checkbox"/> | SBA Debt Relief                                               | Yes | No | Pending |
| <input type="checkbox"/> | Express Bridge Loan                                           | Yes | No | Pending |
| <input type="checkbox"/> | USDA Resources for Rural Communities & Agricultural Producers | Yes | No | Pending |
| <input type="checkbox"/> | Cowlitz Economic Development Council                          | Yes | No | Pending |
| <input type="checkbox"/> | Small Business Relief Initiative and Fund                     | Yes | No | Pending |
| <input type="checkbox"/> | Verizon Small Business Recover Fund                           | Yes | No | Pending |
| <input type="checkbox"/> | Good Farmer Fund                                              | Yes | No | Pending |
| <input type="checkbox"/> | Red Backpack Fund                                             | Yes | No | Pending |
| <input type="checkbox"/> | Other: _____                                                  |     |    |         |

Please attach copies of any denial or award letters for the items above.

Provide Sale/Revenue for period of March – May 2019 and March – May 2020 to document reduction in business during the COVID-19 event. Note: City may request copies of Excise Tax returns to verify income stated.

2019 \_\_\_\_\_

2020 \_\_\_\_\_

All of the above information is true and correct as signed by the applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date