



Company Name:			In Operation for at Least 1 Year as of March 1, 2020?		UBI Number:	EIN Number:
Address:						
City:	State: WA	Zip Code:	Yes	No		
Company Owner Name:					Minority Owned	
Email:					Woman Owned	
Phone:					Veteran Owned	
Industry Sector:	Restaurant/Food Business	Hospitality	Retail	Manufacturing	Construction	Other: _____
Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19?			Yes	No		
Amount of Reimbursement Grant Being Requested (not to exceed \$10,000): _____						
COMPANY BACKGROUND						
Total Number of Full-time Equivalent Employees (FTE), including yourself, as of 01/2020: _____				Number of Workers Laid Off Due to COVID-19: _____		
Business Structure (LLC, S Corp, Sole Proprietor, etc): _____						
Company Description:						
Describe the company and its products/services:						
Economic Impact:						
Describe the effect of the public health crisis on the business:						

Likelihood of Permanently Closing the Business?

High

Medium

Low

Number of potential jobs lost? _____

Will this grant help retain jobs? If so, how many? _____

Has the company received any prior awards under COVID-19 stimulus funding; Yes No; if Yes what type and amount:

EIDL _____

PPP _____

WWSBEG _____

Other _____

EXPLANATION OF USE OF FUNDS

Funds from this grant must be used to help promote public welfare and are aimed at assisting small businesses with the costs of business interruption caused by required closures due to COVID-19. This grant may be used to reimburse eligible expenses incurred after March 1, 2020 (see the Grant Program Guidelines for a listing of eligible expenses). A paid invoice or receipt for eligible expenses must be provided in order to receive reimbursement. In the space below provide an itemized list of proposed expenses this grant will fund and approximate amounts.

Do not include expenses reimbursed through insurance, or any other loan or grant programs.

*Payroll **cannot** be reimbursed via this grant program. Please direct all payroll needs to Employment Security Department.*

ADDITIONAL INFORMATION

Currently, is the company facing any pending litigation or legal action? If "yes", please explain below.

Has the company had any compliance/regulatory issues within Washington or other state you are, or have, done business in? If "yes", please explain below.