



# Town of Coupeville Small Business Reimbursement Grant Program Guidelines Second Application Opportunity – Due October 5

In an effort to assist small businesses with the costs of business interruption caused by required closures due to COVID-19, the Town of Coupeville is accepting grant applications from small businesses operating in the Town of Coupeville. This grant program is being funded by federal CARES funds allocated to the Town from the State.

## **Qualifying Information**

- Grant is for businesses with 50 employees or less full-time equivalent
- Business must operate within the town limits of Coupeville
- This is a reimbursable grant program; expenses must be paid by business and the Town will reimburse the owner
- Eligible expenses may have occurred between March 1, 2020 and the date you submit invoices for reimbursement
- Applicants must have been in business for at least one year as of March 1, 2020
- Awards will be made in the amount of \$5,000 or less

**Examples of Eligible Expenses** – This grant can be used towards operational expenses, including, but not limited to: rent or mortgage payments, utility payments, personal protection equipment, public health signage, business insurance, materials needed for take-out or delivery operations.

**Examples of Non-Eligible Expenses** – Examples of expenses not eligible for reimbursement are payroll and lost revenue and other costs that cannot be directly traced to COVID-19 expenses, such as inventory. This funding is not intended to launch a new business or change a business model but to support existing businesses who are impacted by the “Stay Home-Stay Healthy” order. Any expenses that have already been reimbursed or paid for through other programs, grants or loans (including insurance claims) are not eligible.

**Application Process** – Complete the grant application and send via email to the Coupeville Chamber, [director@coupevillechamber.com](mailto:director@coupevillechamber.com). Applications can also be mailed to the Chamber, PO Box 152, Coupeville, WA 98239. They can also be dropped off at the Chamber office Wednesday through Monday, 9 am to 3 pm. Applications without a list of incurred and/or proposed expenses with estimated or actual costs will be considered incomplete. Please direct questions about the application process to the Chamber Director, Lynda Eccles, by email or phone, 360-678-5434. **Applications must be received by 3:30 pm on October 5<sup>th</sup>.** After notification of award, proof of payment and reimbursement requests must be submitted back to the Chamber by October 30<sup>th</sup>. This grant cycle requires a fast turnaround.

**Total Funds Available** – The Town of Coupeville has received another allocation of Coronavirus Relief Funds for Local Governments through the CARES Act. The Town of Coupeville is making an additional \$25,000 available for small business grant funding. Depending on the response to this grant program, not all applicants may receive an award or an applicant may receive less funding than requested.

**Application Review and Reimbursement** – All applications will be reviewed by a grant selection committee.

- Preference will be given to businesses who have not already received COVID-19 related grants or loans but all businesses are eligible to apply.
- Applications will be rated on demonstrated need due to shut down and showing a clear alignment with COVID-19 impact.
- The expenses are necessary and are not filling a shortfall in revenue.
- The grant selection committee will rank the applications and recommend award amounts to the Coupeville Town Council who will approve the final awards.
- All paid invoices and receipts must be submitted to the Coupeville Chamber no later than October 30<sup>th</sup> but may be submitted earlier.
- Each grantee will be required to provide a copy of their W-9.
- Reimbursement will be paid by the Town within four weeks of the receipt and verification of supporting documents.

### **Important Dates**

- September 25 – application is available on the Town and Chamber website to fill out electronically and submit via email, or US Postal Service to the Coupeville Chamber of Commerce. (Please contact Lynda Eccles for questions about application submission.)
- **October 5 at 3:30 pm – applications due**
- October 13 – Selection Committee reviews and Town Council Approves
- October 14 – grants awarded and recipients notified
- October 30 – proof of paid expenses submitted to the Chamber for reimbursement

*This project was supported by a grant awarded by US Department of the Treasury. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of the Treasury. Grant funds are administered by the Local Government Coronavirus Relief Fund thru the Washing State Department of Commerce.*



# Town of Coupeville

## Small Business Economic Recovery Reimbursement Grant Application

<b>Company Name:</b> <b>Address:</b> <b>City:</b> _____ <b>State:</b> WA <b>Zip Code:</b> _____	<b>In Operation for at Least 1 Year as of March 1, 2020?</b>  Yes    No	<b>UBI Number:</b>	<b>EIN Number:</b>
<b>Company Owner Name:</b> <b>Email:</b> <b>Phone:</b>		Minority Owned Woman Owned Veteran Owned	
<b>Industry Sector:</b>	Restaurant/Food Business    Hospitality    Retail    Manufacturing    Construction	Other: _____	
<b>Has your business been affected by emergency public health protections in place and/or mandatory closure by executive order due to COVID-19?</b>		Yes	No
<b>Amount of Reimbursement Grant Being Requested (not to exceed \$5,000):</b> _____			
<b>COMPANY BACKGROUND</b>			
<b>Total Number of Full-time Equivalent Employees (FTE), including yourself, as of 01/2020:</b> _____		<b>Number of Workers Laid Off Due to COVID-19:</b> _____	
<b>Business Structure (LLC, S Corp, Sole Proprietor, etc):</b> _____			
<b>Company Description:</b> Describe the company and its products/services:			
<b>Economic Impact:</b> 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.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*