



## Small Business Stabilization Grant

In order to help stabilize businesses that have been impacted by the COVID-19 pandemic, emergency funds have been made available and will be distributed in the form of grants to local business owners. To request assistance, you must meet the program requirements and submit required documentation for expenses incurred between March 1st, 2020 and the date of the application.

Grant amounts are up to \$10,000. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

**Small businesses may not be reimbursed by multiple funders for the same cost (double-dipping), and this principle also applies to any recipients of CARES funding: No duplicate payments or supplanting of other costs is allowed.**

**Please Print:**

<b>Owner Name(s)</b>			
<b>Owner Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Owner Phone</b>	<b>Business Phone</b>		
<b>Business Name</b>			
<b>Business Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Business Type</b>	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp
	<input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietor	<b>Opening Date</b>

**Business Description**

<b>Business Structure</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Construction
	<input type="checkbox"/> Auto/Marine	<input type="checkbox"/> Restaurant/Food Service	<input type="checkbox"/> Other	

<b>Proposed Uses Of Funds</b>	<input type="checkbox"/> PPE	<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Utilities
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Other	_____

*\*Note: Please attach invoices, bills, rental/lease agreement, etc.*

<b>Minority Business Enterprise</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Veteran Owned Business Enterprise</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Women's Business Enterprise</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Business TIN:</b>	<b>Business UBI:</b>
<b>Number of Full-Time Employees, 20 or fewer (Whitman County – Up to 50 Employees):</b>	
<b>On January 1<sup>st</sup>, 2020 #:</b>	<b>Current #:</b>

Is your business in good standing with Washington State and/or Federal entities?

Yes       No

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Has your business received funding from either the state, county or federal government in relation to COVID-19?

Yes       No

If Yes, what type and amount?

EIDL \$ \_\_\_\_\_       PPP \$ \_\_\_\_\_       WWSBEG \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_       Other \$ \_\_\_\_\_       Other \$ \_\_\_\_\_

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As a granting entity we reserve the right to request documentation of what invoices, bills, etc. you were reimbursed for with these funds. As the granting entity, it is our responsibility to ensure to our Federal partners the payments made with these grant funds have not been paid with other grant dollars from other funding entities. Whereas, if it come forward funding has been received for the same invoices, bill, etc. from two or more different funding entities, the funding would need to be returned and future funding for your business could be at risk.

**Please complete the attached spreadsheet and provide receipts and/or invoices, along with any additional supporting documentation, in .pdf format.**

**INCOMPLETE APPLICATIONS  
CANNOT BE CONSIDERED**

**Conflict of Interest Disclosure:** I hereby declare that this business is not affiliated with any member of the Local Government's governing body, other public official of such locality or the Southeast Washington Economic Development Assoc., who exercises any functions or responsibilities in connection with the planning or carrying out of this grant.

**Applicant Certification:** I certify the information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by federal, state and local government representatives and will provide supporting documentation required (e.g. payroll records, tax fillings, bank account statements, etc.), if necessary.

**Business Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the form to: SEWEDA  
845 Port Way, Clarkston, WA 99403  
or E-mail: [info@seweda.org](mailto:info@seweda.org)