

SEWEDA

Southeast Washington Economic Development Association

Asotin County Nonprofit Grant

In order to help stabilize nonprofit 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 request assistance, you must meet the program requirements and submit required documentation for expenses incurred between March 2020 and the date of the application.

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.

Nonprofit 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. Previous funding awarded does not immediately disqualify a business.

Please Print:

Business EIN:		Business UBI:		
Opening Date				
Owner Name(s)				
Owner Address		City	State	Zip
Owner Phone		Business Phone		
Email				
Business Name				
Business Address		City	State	Zip
Business Type	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)(6)	<input type="checkbox"/> Other: 501(c)___	

Business Description

Proposed Uses of Funds

- PPE Rent/Mortgage Utilities
 Inventory Other _____

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

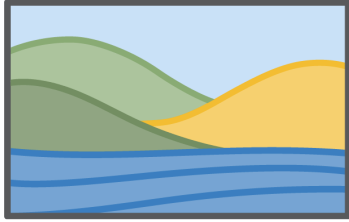
Number of Full-Time Employees, 20 or fewer:

On January 1st, 2020 #:

Current #:

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

- Yes No



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Number of Full-Time Employees, 20 or fewer:

On January 1st, 2020 #:

Current #:

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

Yes No

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 \$ _____
 Other \$ _____

PPP \$ _____
 Other \$ _____

WWSBEG \$ _____
 Other \$ _____

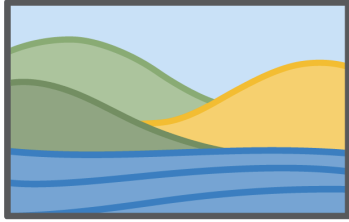
Please complete the attached spreadsheet and provide receipts and/or invoices, along with any additional supporting documentation, in .pdf format.

**INCOMPLETE APPLICATIONS
CANNOT BE CONSIDERED**

Please ensure you have completed and sent the following:

- 1. Asotin County Nonprofit Grant Application**
- 2. Expenses Spreadsheet**
- 3. Invoices/Receipts**

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. If it comes 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.



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Conflict of Interest Disclosure: I hereby declare that this nonprofit 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.

Authorized Signature: _____ **Date:** _____

Title: _____

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