



SEWEDA

Southeast Washington Economic Development Association

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 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.

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"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp
	<input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietor	
Business Description			
Business Structure			
<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	
Proposed Uses of Funds			
<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.*



SEWEDA

Southeast Washington Economic Development Association

Small Business Stabilization Grant

Number of Full-Time Employees, 20 or fewer (Whitman County, 50 or fewer):

On January 1st, 2020 #:

Current #:

Are you OMWBE certified?

Yes No

Veteran Owned Business Enterprise

Yes No

Women's Business Enterprise

Yes No

Minority Business Enterprise

Yes No

Please check one of the following below:

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Pacific Islander

White

Other Race

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 \$ _____

PPP \$ _____

WWSBEG \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

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 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.



SEWEDA

Southeast Washington Economic Development Association

Small Business Stabilization Grant

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. Small Business Stabilization Grant Application**
- 2. Expenses Spreadsheet**
- 3. Invoices/Receipts**

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 filings, 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**