

SEWEDA
Southeast Washington Economic Development Association

Town of LaCrosse Small Business & Nonprofit COVID Relief Grant

In order to help stabilize businesses that have been impacted by the COVID-19 pandemic, 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 17th 2020 – Date of Application**. This grant will be awarded based on reimbursement only of COVID related expenses.

Grant amounts are up to **\$2,000**. 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.

Businesses must have no more than five employees in order to be eligible.

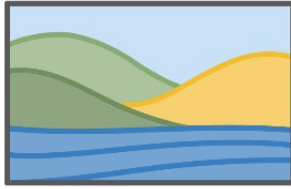
Businesses may not be reimbursed by multiple funders for the same cost (double-dipping), and this principle also applies to any recipients of CARES funding: No duplicate payments or supplanting of other costs is allowed.

Previous funding awarded does not immediately disqualify a business.

****Must provide email address for correspondence**

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"/> Nonprofit	
	<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			
Number of Employees, 5 or fewer:					
On January 1st, 2020 #:			Current #:		



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Proposed Uses of Funds

- PPE Rent/Mortgage Utilities
 Inventory Other _____

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:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race | |

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

Yes No

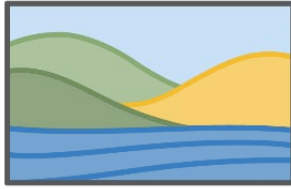
Has your business received funding from either the state, county or federal government in relation to COVID-19?

Yes No

If Yes, what type and amount?

-
- | | | |
|---|---|--|
| <input type="checkbox"/> EIDL \$ _____ | <input type="checkbox"/> PPP \$ _____ | <input type="checkbox"/> WWSBEG \$ _____ |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> 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.



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Please complete the attached spreadsheet along with any additional supporting documentation, in .pdf format.

**INCOMPLETE APPLICATIONS
CANNOT BE CONSIDERED**

Please ensure you have completed and sent the following:

- 1. LaCrosse Small Business & Nonprofit COVID Relief Application**
- 2. Expenses Spreadsheet**

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