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# SeaTac Small Business CARES Act Funding Grant

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## SeaTac Small Business CARES Act Funding Grants

SeaTac City Logo

Dear Valued SeaTac Business

We empathize with you and your families during these trying times. We are hopeful that the CARES Act grant funding we received and are able to disburse to you will support your business resiliency and recovery. Our partner-Evergreen Business Capital is administering this funding process for the City of SeaTac.

Please contact us and our partners for additional help or technical assistance.

### **Small Business Development Center (SBDC) at Highline College**

[www.sbdh.highline.edu](http://www.sbdh.highline.edu)

Email: [sbdh@highline.edu](mailto:sbdh@highline.edu)

Phone: (206) 592-4151

### **Seattle Southside Chamber of Commerce**

[www.seattlesouthsidechamber.com](http://www.seattlesouthsidechamber.com)

Email: [Staff@SeattleSouthsideChamber.com](mailto:Staff@SeattleSouthsideChamber.com)

Phone: (206) 575-1633

### **SeaTac Economic Development Division:**

Aleksandr Yeremeyev: [ayeremeyev@seatacwa.gov](mailto:ayeremeyev@seatacwa.gov) 206.973.4843

Tanja Carter: [tcarter@seatacwa.gov](mailto:tcarter@seatacwa.gov) 206.973.4838

## About the Business

Legal Name of Business

DBA ('Doing Business As') Name of Business

### **If Applicable**

Washington State Unified Business Identifier (UBI) Number (must be nine digits)

Washington State Unified Business Identifier (UBI) number – please re-enter (must be nine digits)

City of SeaTac Business License number

City of SeaTac Business License number

Primary Business Address (physical location)

Primary Business Address (physical location) - please re-enter

Do you operate additional retail locations under the same business name?

How many other outlets or locations does your business have?

Business website

My business is: (choose one)

## Business Contact

Contact first name

Contact last name

Contact job title

Contact phone number

Contact Email

Contact email - please re-enter

Contact's preferred language

## Business Details

### When did your business begin operating?

Month

Year

What is your business North American Industry Classification System (NAICS)/Business Activity code? (can be up to six digits)

**Tip: Your NAICS code can be found in your business tax returns (Box B or C); or in your personal tax return Schedule C, Box B.)**

How many full-time employees did you have on January 31, 2020, including owner(s)?

**Tip: This means any employee that worked 35 hours or more in a work week. Contractors do not count as employees.**

How many full-time employees do you have today (when making this grant application), including owner(s)?

**Tip: This means any employee that worked 35 hours or more in a work week. Contractors do not count as employees.**

Is your business a home-based business?

Is your business involved with the production, promotion, processing, distribution, or sale (wholesale or retail) of marijuana or cannabinoid products, concentrates, or extracts?

## Business Financial Information

What were your business gross sales in 2019?

**Tip: Gross sales means your total sales before any deductions. You can find it in box 1/1a of your business tax return, or Schedule C of your personal tax return.**

What was your ordinary business income or (loss), also known as net profit or (loss), in 2019?

**Tip: This is your business income after expenses and deductions. You can find it in Box 22 of your business tax return or in Box 31 of Schedule C in your personal tax return.**

## Business Ownership

**Note: Disclosure of demographic information is voluntary.**

Is this business woman-owned? Evergreen Business Capital considers a business “woman-owned” and controlled if a woman, or a group of women, is the majority owner (more than 50% ownership).

Is this business veteran-owned? Evergreen Business Capital considers a business “veteran-owned” and controlled if a veteran, or a group of veterans, is the majority owner (more than 50% ownership).

What is the racial identity of the business owner(s) with majority ownership? (more than 50% ownership)

For the majority business owner, how many people are in their household?

For the majority business owner, what was their combined household income in 2019?

Are you currently an employee of City of SeaTac?

Are you immediate family of a current employee of City of SeaTac?

**Tip: The following relatives are considered to be immediate family - employee’s legal spouse or state registered domestic partner, daughter or son (step also), daughter or son-in-law, mother or father (step also), mother or father-in-law, sister or brother (step also), sister or brother-in-law, grandparents, grandparents-in-law, and grandchildren (step also).**

## Impacts of COVID-19

How has COVID-19 already impacted your business to date? Please check all that apply.

### When did the impact begin?

Month

Year

In addition to employee health and safety, what is your primary concern for the future of your business? Please choose one.

Have you already received federal or state COVID-19-related grants, loans, or other financial support for your

business?

## **Grant Amount**

**Grant awards must be used to pay for business expenses incurred or outstanding from March 1, 2020 through the date of the grant award. These expenses can include rent/lease payments, payroll, utilities, and other expenses necessary to continue operations**

**If you receive this grant from City of SeaTac, how would you use these funds? Check all that apply.**

**If you receive this grant, do you expect your business to resume operations when local and state guidelines permit it to do so?**

## **Additional, Unscored Information**

**Is there anything else you'd like to share with us regarding the impacts of COVID-19 on your business and/or the lives of your employees?**

**How did you hear about the grant opportunity?**

**If possible, please tell us specifically who told you about this grant opportunity (please name the organization, person, etc.).**

**I certify that the information submitted in this application is true and correct to the best of my knowledge and that I am an authorized representative of this business. I understand that City of SeaTac and Evergreen Business Capital will rely on the accuracy of the submittals and certifications made with this application. Any misrepresentation or inaccurate information may result in forfeiture of grant funds. I further understand I may be required to submit backup documentation proving the accuracy of my answers if I receive a grant.**

**By submitting this grant application, I affirm that I will be able to comply with the U.S. Treasury Health & Human Services Terms & Conditions posted on the City of SeaTac website at [SeaTacWA.gov/BusinessGrant](http://SeaTacWA.gov/BusinessGrant).**

## **Document Upload**

**Most recent tax return or other documentation of business income for the prior year**

**| No files uploaded.**

## **Disclosure**

**By completing and submitting/returning this form, I/we (hereafter "Applicant") acknowledge that Applicant has read, understands, and agrees to each of the following provisions.**

**This is not a letter of intent or a letter of commitment. Submission of this application does not commit or obligate City of Seatac or Evergreen Business Capital in any way to provide a grant.**

**All information submitted by applicants is a public record and is therefore subject to public disclosure.**

**Applicant understands City of Seatac and Evergreen Business Capital's ability to share information**

concerning the status of this grant application with partners (e.g., referral partners, other local municipalities, vendors, etc.). Applicant therefore authorizes City of Seatac and Evergreen Business Capital to share application status and grant award (i.e. applied, approved, document signing status, funded) information with such partners upon their request.

The security of the information Evergreen Business Capital collects and that is provided, including personally identifiable information, is important to us, and so we take commercially reasonable steps to maintain the security of that information.

'Project Information' consists of personally identifiable information and non-personally identifiable information and may include the ethnicity, gender, household size, name, address, or household income. However, Project Information shall not include any other personally identifiable information as defined in Evergreen Business Capital's Privacy Policy. Applicant agrees that Evergreen Business Capital may include some or all Project Information related to the grant for which Applicant is submitting this application in reports or other documents submitted to program funding and delivery partners including Federal, State, and Local government or similar entities, and foundations. Applicant acknowledges and agrees that City of Seatac and Evergreen Business Capital may collect and report to third parties aggregate, non-personally identifiable Project Information (e.g., socio-economic and demographic profiles of borrowers; total number of grants, grant amounts and/or grants in a geographic area).

Applicant, submits this application, including any attachments hereto (collectively, the "Application"). All information in this Application is true and complete to the best of Applicant's knowledge and is submitted so that City of Seatac and Evergreen Business Capital can decide whether to extend a grant to Applicant. Applicant authorizes City of Seatac and Evergreen Business Capital to make all commercially reasonable inquiries necessary to verify the accuracy of the statements made.

If you are completing this form on behalf of a grant applicant please enter your name (First and Last) and organization if applicable.