



Address:
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SMALL BUSINESS RELIEF GRANT APPLICATION

The City of Enumclaw Small Business Relief and Recovery Grant Program is intended to ensure the economic health of the City of Enumclaw, and thereby improve the public health and welfare for Enumclaw's residents. The grant funded allocated hereunder is designed to help small businesses keep their doors open, protect local jobs threatened by the COVID-19 pandemic, support community recovery, and increase the resiliency of local businesses in our community.

Through the program, eligible small businesses (60 employees or less) operating in the City of Enumclaw have the opportunity to apply for cash assistance to help mitigate the impacts of revenue reductions associated with COVID-19. Grants will be awarded to eligible businesses on a first come first serve basis until all grants funds have been awarded.

Applications will be accepted between **September 7, 2020** and **September 30, 2020** and shall be submitted **via email** to Maureen Burwell, City Clerk, at mburwell@ci.enumclaw.wa.us or mailed to her attention to 1339 Griffin Ave Enumclaw, WA 98022.

Legal Name of Business: _____ Opening Date of Business: _____

Business Address: _____

UBI #: _____ SIC Code: _____ City of Enumclaw Business Lic #: _____

Number of Employees (including owner) as of Jan 1, 2020: _____ As of August 1, 2020: _____

Provide brief description of your business (products, services, etc.): _____

Provide brief description of how business has been affected by COVID-19: _____

Has your business experienced income loss due to COVID-19? ____ If yes, estimate on revenue impact: _____

Grant amount requested: _____ Of that amount, how much will go towards the following:

Salaries & Benefits: _____ Facilities: _____ Cost of Goods & General & Admin Expense: _____

Will this grant help you hire and/or retain jobs? _____ If yes, how many? _____

Was your business required to close due to the pandemic? _____

If yes, is the business allowed to open during the current phase of Governor's Safe Start plan? _____

Owner/Applicant Name: _____

Owner/Applicant Address: _____

Owner/Applicant Phone #: _____ Owner/Applicant Email: _____

By signing below, I certify that my business is not debarred, suspended, otherwise excluded from, or are ineligible for the participation in Federal Assistance programs under Office of Management and Budget 2 CFR Parts 180 and 215. I further certify that my business will not contract with a subcontractor that is debarred or suspended.

Signature

Printed Name

Date