



Address:
1339 Griffin Ave
Enumclaw, WA 98022

Phone & Fax:
Ph.: (360) 615-5608
Fax: (360) 615-5632

Website:
<http://www.cityofenumclaw.net>

ARPA SMALL BUSINESS ASSISTANCE AND SUPPORT GRANT APPLICATION

The City of Enumclaw Small Business Assistance and Support Grant Program is intended to assist small businesses that were hard-hit by the COVID-19 public health emergency.

Applications will be accepted between September 20, 2021, and October 15, 2021, and shall be submitted via email to Jessica Rose, Deputy City Clerk, at jrose@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 #: _____ City of Enumclaw Business License #: _____

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

Minority, Woman, or Veteran Owned Business (yes/no): _____ If yes, specify which One: _____

Owner/Applicant Name: _____

Owner/Applicant Address: _____

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

COVID-19 IMPACTS:

Amount of Money Being Requested: _____ Eligible Use Category: Negative Economic Impact

Please describe the negative financial and operation impact COVID-19 has had on your business: _____

Please briefly describe how you would use any funds that were awarded under this program: _____

Please briefly describe the impact to your business if you do not receive the funds requested: _____

Please indicate how much, if any, other COVID-relief funding your business has received and what it was used for: _____

Please indicate any other COVID-related relief that you have applied for or will be applying for that you are awaiting a response: _____

In submitting this application, I swear under penalty of perjury under the laws of the State of Washington that the foregoing information contained in this application is true and correct to the best of my knowledge and belief. That I also 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

Please provide the following documentation that would help assist us in assessing your application:

- **Excise Tax Returns for Entire 2019 Year or Certified Profit and Loss Statement**
- **Excise Tax Returns for Entire 2020 Year or Certified Profit and Loss Statement**
- **Completed W-9**
- **Completed Detailed List for Proposed Use of Funds (See Attached)**

**Prior to submitting your application, please visit: [Overview of ARPA Funds](#),
for more information on what funds are eligible for.**

(<https://www.naco.org/resources/featured/us-treasury-interim-final-rule-guidance-state-and-local-fiscal>)

**If you need assistance in completing this application, please contact Jessica Rose, Deputy City Clerk, at 360-615-5627
or stop by City Hall, Monday – Friday, 9:00 a.m. – 5:00 p.m.**

**Si necesita ayuda para completar esta solicitud, comuníquese con Jessica Rose, Secretaria Adjunta de la Ciudad, al
360-615-5627 o pase por el Ayuntamiento, de lunes a viernes, de 9:00 am - 5:00 pm.**

