



City of Quincy

Emergency Response Grant Program Application

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The City of Quincy has contracted with Washington State Department of Commerce for reimbursable federal CARES Act funding. The City has created the Emergency Response Grant Program to offer financial assistance to eligible small businesses within the corporate city limits. These grants are available through an application process and may be awarded up to \$5,000.00. Funds must be used in accordance with section 601(d) of the Social Security Act for expenditures that occurred after March 1, 2020. Only one application will be accepted per business, regardless of multiple locations. Successful applications will be awarded on a first come, first serve basis. **Applications will be accepted until the program ends on June 30, 2020 or when the money has been fully allocated, whichever occurs first.**

Grant Eligibility Requirements:

1. Limited to small businesses as defined as 10 Full-time equivalent (FTE) or less within the City corporate limits. FTE can be calculated by taking total number of hours worked in a week divided by 30 hours;
2. Must be a for-profit business with a physical storefront establishment and possess a current Quincy business license, be up to date on all State licensing and all other regulatory requirements, have been in business for a period of one year and provide a UBI number;
3. Available to small businesses that have not received any Federal and/or State funding related to the COVID-19 Health Crisis and have experienced a loss of income due to COVID-19. This excludes funding received from the Paycheck Protection Program (PPP); and
4. Qualifying businesses will need to fill out an application and submit required documents. **Expenses to be reimbursed once proof of expenditure has been provided. Expenses must have incurred after March 1, 2020.**

Essential businesses whose operations were not significantly restricted by the Governor's Stay Home, Stay Healthy order, and/or any businesses owned or partially owned by an individual or immediate family member of City of Quincy elected official or employee are ineligible. Regarding franchises, preference will be given to franchises with local owners.

Eligible Uses of Funds

Necessary expenditures incurred due to the public health emergency with respect to COVID-19 only, including rent/mortgage, non-City utilities, normal operating costs, supplies for operation due to COVID-19 requirements, and marketing.

Ineligible Uses of Funds

Payroll related expenses, City utilities, any taxes (including property), and capital purchases unrelated to COVID-19 losses.

Applicants must agree to:

1. Use grant funding for eligible expenses in accordance with section 601(d) of the Social Security Act for expenditures that occurred after March 1, 2020;
1. Submit itemized invoices and receipts of eligible expenditures to the City Finance Officer/City Clerk for reimbursement by **July 31, 2020**; and
2. Submit reporting requirements on how the funds were used and how they benefited the business during the public health emergency to the City Finance Officer/City Clerk by **July 31, 2020**.

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APPLICATION PROCESS

Completed and signed applications shall be submitted to the City Finance Officer/City Clerk. Applications may be mailed (PO Box 338, Quincy, WA 98848) or delivered in person no later than 5:00pm on June 30, 2020. All applications must be filled out completely with original wet signature, required documents and any other supporting documentation for the application to be considered.

Required Documents:

2. Completed application;
3. Copy of State and City business licenses;
4. Current signed W-9 Form; and
5. Financial Statement that includes a) Income Statement, b) Balance Sheet, c) Statement of Cash Flows covering the periods of March 1, 2019 to May 31, 2019 and March 1, 2020 to May 31, 2020, documenting the businesses loss.

A committee appointed by the Mayor will convene and evaluate all applications, and determine eligibility and funding. Applications that do not meet the submission requirements will not be eligible for funding. Priority will be given to applications received on a first come, first serve basis along with proof of significant need.

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Business Name: _____ Business License # _____

Business Owner Full Name: _____

Business Physical Address: (must be within city limits) _____

Business Mailing Address: (if different from physical) _____

Business Mailing City/State/Zip: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

Federal Tax ID # / EIN #: _____ UBI #: _____

Type of Business: (please list usual activities) _____

Funds will be used for: _____

Amount of Funding Requested (up to \$5,000): \$ _____

CERTIFICATION

I hereby state on behalf of _____ that these funds will be used for eligible expenses in accordance with section 601(d) of the Social Security Act for expenditures that occurred after March 1, 2020; _____(Initial)

I understand the City of Quincy will only reimburse those costs actually incurred by the applicant and only after the service is rendered, paid for, and reporting has been submitted to the City, including copies of invoices and payment documentation necessary to verify the use of the funds; _____(Initial)

I understand the funds awarded may be subject to tax; and _____(Initial)

I affirm that I will not, in any contract we undertake pertaining to the use of these funds, unlawfully discriminate against anyone by reason of age, race, color, ethnicity, sex, religion, military status, creed, place of birth, or disability and that I will abide by all local, state, and federal laws; _____(Initial)

SIGNATURE

DATE

PRINT NAME

For City Use Only	Grant Number _____
Reimbursement Authorization: _____	Final Reporting Received _____
Reimbursement Amount Approved: _____	BARS # _____

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4. ESTIMATED ADVERSE ECONOMIC IMPACT (Pre March 1, 2020 and Post March 1, 2020):
- a. What was your sale/revenue year to date (YTD) as of May 31, 2019 versus sale/revenue YTD as of May 31, 2020?

 - b. What was your ability to operate after March 23, 2020? If able to operate, under what restrictions, if any?

 - c. How has your business been impacted by COVID-19? (Example: Sales decline in dollars, walk in traffic, etc.)

 - d. When did the impact start?

 - e. What is your recovery plan? (Example: Stay current on state and local guidelines)

 - f. Is the owner of the business also an employee of the business?

 - g. How many full-time equivalent (FTE) employees did you employ prior to COVID-19? (Prior to March 1, 2020). Owner included if an employee of the business. (FTE can be calculated by taking total number of hours worked in a week divided by 30 hours.)

 - h. How many full-time equivalent (FTE) employees do you currently employ? How has this number changed? (Post March 1, 2020) Owner included if an employee of the business. (FTE can be calculated by taking total number of hours worked in a week divided by 30 hours.)
5. FINANCIAL INFORMATION:
- a. Please list the operating expenses that this award would pay for and attach verification of costs/expenses. Include a description and amount, such as rent, COVID-19 required supplies to re-open, etc.

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- b. Please list other sources of funding for business expenses; including revenues, personal funds, grants, and loans applied for and/or received. Include funding source and amount within the year.

 - c. Have you applied for any other relief funding? If so, what and when?

 - d. Have you received any other relief funding? If so, how much?
6. Please provide any additional comments describing your need of this grant. (Optional)