



## **City of Scappoose Emergency Small Business Grant Program Application**

Under the CARES Act, the City of Scappoose has received funding to address hardships created by the COVID-19 Pandemic. City Council has allocated \$75,000 for a Small Business Grant Program to provide financial assistance directly to businesses and non-profit organizations located within the City that have been adversely affected by the economic conditions associated with the COVID-19 Pandemic.

Applications for the City of Scappoose Emergency Small Business Grant Program are available now. Applicants may apply by printing out and completing a hard copy, then scanning and attaching all necessary information and sending as email attachments to Susan Reeves, City Recorder, at [sreeves@cityofscappoose.org](mailto:sreeves@cityofscappoose.org).

All applications are due by 5:00 pm on November 9, 2020. Grant funds are expected to be distributed by mid December.

It is intended that these state funds are equally accessible to all community members in Scappoose. Outreach is being conducted to encourage businesses to participate in the program and Sole Proprietor business owners are encouraged to apply as well, even especially.

### **Grants will be awarded in an amount up to \$5,000**

An Ad Hoc Committee composed of members of City Council and the Economic Development Committee will make all final award selections. To access the application online, please download from the City's website at <https://www.ci.scappoose.or.us/>. For additional information or questions, please contact Susan Reeves, City Recorder at [sreeves@cityofscappoose.org](mailto:sreeves@cityofscappoose.org).



Business Name: \_\_\_\_\_

Business Type

- Sole
- Corporation
- 501c(3)
- Prop Partnership
- LLC

**This application is for a business that meets all of the following eligibility requirements:**

- The Business is located in Scappoose, headquartered in Oregon and has a City of Scappoose Business License.
- If required by Oregon law to be registered with the Oregon Secretary of State to do business in Oregon, the Business is so registered.
- The Business has 50 or fewer employees.
- The Business was adversely affected in either one of the following two ways:
  - For-profit and non-profit (limited to 501(c)(3) corporations) businesses that were prohibited from operation as directed by Executive Order 20-12.
  - For-profit businesses that can demonstrate a one-month decline in sales greater than 50% in the month of March 2020 or April 2020 as compared against sales in the month of January 2020 or February 2020. Those non-profit businesses (limited to 501(c)(3) corporations) that can demonstrate a decline in revenue greater than 50% across the months of March 2020 and April 2020 as compared against the same period of time in 2019.

The following Businesses are ineligible to apply for or receive funding under the Program:

- Passive real estate holding companies and other entities holding passive investments.
- Non-profit entities that do not have federal 501(c)(3) status.
- Businesses that are delinquent on federal, state or local taxes that were due before April 1, 2020.
- Businesses that do not comply with all federal, state and local laws and regulations.
- Businesses that do not otherwise meet the eligibility requirement set forth above.



Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Identification Number (Federal EIN): \_\_\_\_\_

Business Identification Number (Issued by Oregon Employment Dept): \_\_\_\_\_

NAICS Code (as listed on businesses most recent federal tax filing): \_\_\_\_\_

Description of product(s) or service(s) offered:

**Company Principals**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Percent Ownership: \_\_\_\_\_



**Amount of funding requested (up to \$5,000):** \_\_\_\_\_

**If a Business has been awarded funds in 2020 from another COVID-19 Relief fund, such as CCET's Program, the Paycheck Protection Program, Small Business Administrations' Economic Injury Disaster Loan Emergency Advance Program or other federal programs, please list the award amount here:** \_\_\_\_\_.

\*The receipt of grant funds from another program does not automatically mean a business is ineligible for the City's program. However, if a business has received funding from another program, this will be considered in the event that the amount of funds requested by eligible applicants exceeds the total amount of grant funds available.

**How many jobs will be retained at your business as a result of the grant?** Include jobs lost since February 29, 2020 that can now be retained because of the grant.

\_\_\_\_\_

**Verification of Eligible Expenses and Employment (if applicable)**

(Check all attached)

- Copy of rent/lease agreement
- Electricity
- Phone
- Cell Phone
- Water/Sewer
- Garbage
- Natural Gas
- Broadband
- Other: (specify) \_\_\_\_\_

**Oregon Employment Department Form 132**

\*For business with more than 5 employees, provide a copy of Q4 2019 or Q1 2020 Oregon Employment Department Form 132 (redact employee names and Social Security numbers)

**Please describe the hardship sustained by your business as a result of COVID-19 and the positive impact this grant would have on your operations moving forward:**



**Certifications and Representations:**

The information in this application, including all attachments and certifications, are, to the best of the knowledge of the undersigned, complete current and accurate. The application presents fairly the conditions of the eligibility of the undersigned. Proceeds of the award are intended to solely support the operations and reopening expenses of the applicant business. Initial all of the following certifications that apply:

- The applicant business was adversely impacted as a direct result of the COVID-19 crisis.
- The applicant business had 50 or fewer employees as of February 29, 2020.
- The applicant business:
  - Was determined to be a non-essential business in accordance with the Governor’s Order 20-12 or
  - Experienced a 50% or more reduction to sales as a result of the COVID-19 crisis.
- The applicant business is current on all federal, state and local taxes as of the date of application.
- The applicant business is located in Scappoose, headquartered in Oregon and has a City of Scappoose Business License.
- The applicant business is currently registered with the Oregon Secretary of State to do business in Oregon if such registration is required.
- The applicant business is compliant with all federal, state and local laws. The applicant business agrees to provide business, financial and ownership information necessary to determine and verify eligibility.
- The applicant business will only use these proceeds to support business-related expenses to maintain operations and/or re-open and that Oregon COVID-19 Emergency Business Grant Program proceeds will not be used for personal purposes.
- Unless otherwise directed by Executive Order, the applicant is open, or has re-opened for business.

Failure to comply with eligible use of proceeds or making a material misrepresentation about the business and its operations to qualify for an award, will be a provision of default of the award and subject the award to recapture. The City of Scappoose reserves the right to request additional documentation from the applicant to verify the accuracy and authenticity of the information provided.

Should the City determine a misrepresentation exists creating a default, the award may be forfeited and subject to repayment. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third part collection services or the Oregon Department of Revenue. The applicant agrees to allow the City to pursue such collection actions.



**General Certification**

I certify to the best of my knowledge that all information, contained in this application including all attachments and certifications, is valid and accurate. I further certify that, to the best of my knowledge:

- The application has been reviewed and approved by the authorized owner(s), managers with appropriately delegated authority, and/or in accordance with the organization’s articles of incorporation, articles of organizations or bylaws and;
- Signature authority is verified.

Check one:

Yes, I am authorized to submit on behalf of the applicant within authority granted in the applicant’s articles of incorporation, articles of organization, or bylaws (e.g. President, Secretary, Chief Executive Officer, Board Chair, etc.)

No, I am not authorized to submit on behalf of the applicant within authority granted in the applicant’s articles of incorporation, articles of organization, or bylaws so I have attached documentation that verifies my authority to sign on behalf of the applicant.

The City will only accept applications with proper signature authority documentation.

Business Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name Printed Title