



SMALL BUSINESS Rapid Relief Program GRANT APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

State of Washington Registered Business Name:		Business License #:	Date of Application:
Doing Business As:		Business Description:	
Business Physical Address: (Must be within city limits)			
Business Mailing Address: (If different from physical)			
Phone Number:		Email Address:	
Primary Contact Person:			
Is your business women owned? Yes___No___			
Is your business minority owned? Yes___No___			
Is your business veteran owned? Yes___No___			
Race/ National Origin:			
African American___ American Indian or Alaska Native___ Asian___			
Native Hawaiian or Other Pacific Islander___ Hispanic or Latino___ White___			
Other (Specify)_____ I wish not to specify___			

Current number of employees: _____

Grant Amount Requested:

\$2,500 for 1-2 employees____ \$5,000 for 3-10 employees____ \$7,500 for 11-15 employees____

Did you receive a Paycheck Protection Program Loan or an Economic Injury Disaster Loan? Yes____No____

Date Business was Opened (must be before March 1, 2020): _____

Was your business considered “non-essential” and closed by the State’s “Safe Start Washington” order?

Yes_____ No_____

If your business was considered “essential” and you remained open, were you able to operate at 100% capacity due to COVID-19 and the State’s “Safe Start Washington” order?

Yes_____ No_____

If “No”, you will need to complete the Economic Injury Worksheet.

Applications will be accepted from October 16 – November 3, 2020 by 5 p.m.

GRANT ELIGIBILITY/CRITERIA REQUIREMENTS

- The small business or community organization must have no more than fifteen (15) full-time equivalent employees (FTEs). Unique circumstances will be considered as exemptions to this requirement.
- Grants may not exceed \$7,500. The City of Covington may choose to give full or partial funding of the requested amount at its sole discretion.
- Small businesses and community organizations that were considered a “non-essential business” and were forced to close due to the State’s “Safe Start Washington” order, and had a physical location in Covington city limit prior to March 1, 2020.
- Small businesses and community organizations that were considered an [“essential business”](#) and remained open to the public, and had a consistent or growing level of business for at least one (1) year prior to March 1, 2020. They must document a revenue loss with federal tax or tax returns and/or similar financial documentation.
- The small business or community organization must be current on all state licensing and other regulatory requirements.
- The small business must be a current Covington business and have had a Covington business license and not been delinquent in payment on any taxes or fees owed to the City of Covington.

- Home occupation businesses operated from the owner’s primary residence may qualify if the residence is physically located in Covington city limits, although priority will be given to brick-and-mortar businesses.
- If it is a small business, the small business must be engaged in a type of business eligible to receive funding by the U.S. Small Business Administration (SBA).

AUTHORIZATION:

I, (print name) _____, the (print title) _____

of (print business name) _____, certify that my statements contained herein are true and correct to the best of my knowledge.

Signature: _____ Date: _____

(If document is filled digitally, please sign digitally in order to retain document details.)

SUBMISSION:

Email completed and signed application, along with the Economic Injury Worksheet if applicable, to the City of Covington:

PermitServices@covingtonwa.gov

Include “**Rapid Relief Program**” in the email subject line.

If necessary, the completed and signed application and Economic Injury Worksheet may be sent via U.S. Mail to

Attention: Gina Estep
City of Covington
16720 SE 271st St, Suite 100
Covington, WA 98042-4964

It must be postmarked no later than November 3, 2020