



## Economic Injury Worksheet (Mandatory)

**Include this Economic Injury Worksheet with the submission of the grant application.**

Small Business or Community Organizations State of Washington Registered Name:			
Number of years in operation within Covington city limits: # _____	Grant amount requested (from \$2,500 to \$7,500): \$ _____	Estimated amount loss due to COVOD-19 and Governor's order: \$ _____	Estimated months of cash reserves remaining: # _____
In-home business or leased space? : _____			
Number of full-time and part-time employees (must be no more than 15): # of full-time: _____ # of part-time: _____	Business type (e.g., LLC, LP etc.):		
Number of full-time employees furloughed or laid off:	Business sector (e.g., hospitality):		
Likelihood of immediate business closure (If Washington remains at Phase 2) within 60 days from now (indicate one): High: _____ Medium: _____ Low: _____	Number of potential jobs lost upon permanent business closure:		
Amount anticipated to be necessary for re-opening: \$ _____  (itemize needs, such as masks, gloves, sanitizer, disinfectant, plastic/acrylic barriers, or other physical improvements)	During which phase of Washington's recovery strategy will business reopen ( <a href="#">Phase 1</a> , <a href="#">2</a> , <a href="#">3</a> , <a href="#">4</a> ):  1: _____ 2: _____ 3: _____ 4: _____		
Is business continuing to pay employee salary and/or benefits during closure? Yes ___ No ___  Reason why:	Is business an ' <a href="#">essential business</a> ' according to the State of Washington? Yes ___ No ___  If yes, please explain:		

Was business open to public or working under normal operating conditions during March – May 2020?  
Yes\_\_\_ No\_\_\_

If business has received funding from alternative sources, please list (for example, PPP, EIDL, Working Washington grant, other cities, etc.):

Has business applied for, but not been approved for, alternative grant sources?

Yes\_\_\_ No\_\_\_

If yes, which alternative grant source did you apply for?: \_\_\_\_\_

Briefly describe why it was not approved:

Intended use of funds (for example, lease/mortgage, wages, taxes, benefits, typical operating costs, personal protective equipment, etc.):

Brief business description of applicant's activities (for example, franchise details, business model, etc.):

Is business pending legal action (for example, eviction, bankruptcy, lawsuits, etc.)?:

Yes\_\_\_ No\_\_\_

If yes, please give a brief explanation:

Briefly describe the economic impact to business from COVID-19 or the Governor's 'Stay Home, Stay Healthy' order:

Briefly describe the difference between the business/organization's Q2 2019 revenue and Q2 2020 revenue:

If funded, would business reopen and likely completely recover? Please give a brief explanation of why or why not:

Please give a brief explanation of why your business will or will not require additional funding beyond this grant to reopen:

Please describe how business/organization has participated in the Covington community (such as supporting local activities, clubs, teams, charities, events, etc.):

Please attach gross receipts or 2019 Tax Return with your application.