

# Small Business Spokane Valley CARES Grant Program - 2

*Innovia Foundation*

## *Introduction*

**DEADLINE:** This application is due by **5:00 PM (PST) on Wednesday, October 21, 2020**. Late applications will not be accepted or reviewed.

**ELIGIBILITY REQUIREMENTS:** For more information about eligibility requirements visit **Greater Spokane Valley Chamber of Commerce**.

**QUESTIONS:** Email Greater Spokane Valley Chamber of Commerce at [grantinfo@spokanevalleychamber.org](mailto:grantinfo@spokanevalleychamber.org) or call 509-924-4994

**TRANSLATION SERVICES:** For assistance with this application, please contact Maria, with ASAP Translations at (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

Chinese:

□□□□□□□□□□□□□□ □□ □ **ASAP Translations**□□□□□□□□□□□□  
**(509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)**

Vietnamese:

Đề đợc hợ trợ bợng tiợng Việt khi điợn vào biệu mợu này, vui lòng liên hợ vớ ASAP Translations tợi  
**(509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)**

Spanish:

Para obtener ayuda con esta aplicaci3n en ESPAÑOL, comuníquese con ASAP Translations:  
**(509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)**

## *Eligibility Questions*

**Does this business have an active business license with the City of Spokane Valley, WA?\***

*Note: must be in good standing*

### **Choices**

Yes

No - Sorry your business does not qualify

**Was this business established on or before March 1, 2020?\***

**Choices**

Yes

No - Sorry, businesses established on or after March 1, 2020 do not qualify

**Is the primary physical location of your business in Spokane Valley?\***

**Choices**

Yes

No - Sorry, businesses outside Spokane Valley do not qualify

**Did your business have 49 FTE employees or less as of March 1, 2020?\***

*\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Valley Chamber of Commerce website to determine FTE count.*

**Choices**

Yes

No - Sorry, businesses with more than 49 FTE do not qualify

**Did your business experience a financial loss due to the COVID-19 public health emergency?\***

*Note: An increase in expenses or loss of revenue qualifies.*

**Choices**

Yes

No - Sorry your business does not qualify

**Is your business in good standing with Washington Department of Labor and Industries?\***

**Choices**

Yes

No - Sorry your business does not qualify

Does not apply. I am a sole proprietor or contract employee.

**Is your business a licensed marijuana operation in the state of Washington?\***

**Choices**

Yes - Sorry your business does not qualify

No

**Is your business currently in bankruptcy?\***

**Choices**

Yes - Sorry, your business does not qualify

No

**Is your business one of the following?\***

*K-12 school (including charter, public, private); college or university; library, nonprofit organization, government entity/agency*

**Choices**

Yes - Sorry, you do not qualify for the small business grant program.

No

**Did your business have gross revenues greater than \$10,000 in 2019 or 2020?\*****Choices**

Yes

No - Sorry, your business does not qualify

**Public Disclosure\***

If selected as an award recipient, I understand our business name may be publicly released due to Washington State public disclosure laws.

**Choices**

Yes

No - by not accepting this provision, your application will not be eligible

## *Business Impact*

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**2019 Gross Revenue: March 1, 2019 through August 30, 2019\***

*Character Limit: 20*

**2020 Gross Revenue: March 1, 2020 through August 30, 2020\***

*Character Limit: 20*

**COVID-19 incurred expenditures - March 1, 2020 through August 30, 2020\***

*What were the organization's incurred (actual) expenditures from March 1 through August 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? See Q & A for examples.*

*Character Limit: 20*

**Projected COVID-19 related expenses September 1, 2020 through November 30, 2020\***

*What are the organization's **projected** expenses from September 1, 2020 through November 30, 2020 that will be necessary to respond to the COVID-19 public health emergency? See Q & A for examples.*

*Character Limit: 20*

**How many FTE employees did your business have as March 1, 2020?\***

*\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Valley Chamber of Commerce website to determine FTE count.*

*Character Limit: 20*

**How many FTE employees did your business have as of May 1, 2020?\***

*\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Valley Chamber of Commerce website to determine FTE count.*

*Character Limit: 20*

**How many FTE employees did your business have as of July 1, 2020?\***

*\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Valley Chamber of Commerce website to determine FTE count.*

*Character Limit: 20*

**Did you apply to the Paycheck Protection Program?\***

**Choices**

Yes

No

**Did you receive federal Paycheck Protection Program funding?\***

**Choices**

Yes

No

**Paycheck Protection Program Loan Amount**

*If you received federal Paycheck Protection Program funding, please enter the amount:*

*Character Limit: 20*

**Did your business receive an SBA Economic Injury Disaster (EIDL) Advance?\***

**Choices**

Yes

No

**If your business received an EIDL Advance, please select the amount:**

*Note: The amount of the EIDL Advance was determined by the number of employees indicated on the EIDL application at \$1,000 per employee, in increments of \$1,000, up to a maximum of \$10,000*

**Choices**

N/A

\$1,000

\$2,000

\$3,000

\$4,000

- \$5,000
- \$6,000
- \$7,000
- \$8,000
- \$9,000
- \$10,000

**OPENTogether Grant Program\***

**Did your business apply for the OPENTogether Small Business & Nonprofit Grant Program presented by Greater Spokane Inc. & Spokane County?**

*Note: Organizations/businesses that **received** a grant through the Spokane County OPENTogether Grant Program will not be eligible to receive a Small Business Spokane Valley CARES Grant - 2.*

**Choices**

- Yes
- No

**Spokane Valley Cares Grant Program**

**Did your business apply for the first round of the Spokane Valley Cares Small Business & Nonprofit Grant Program?**

*Note: Organizations/businesses that **received** a grant through the Spokane County OPENTogether Grant Program will not be eligible to receive a Small Business Spokane Valley CARES Grant - 2.*

**Choices**

- Yes
- No

**Has your business received any additional federal, state or local COVID financial assistance?\***

**Choices**

- Yes
- No

**Total amount of other federal, state or local assistance received**

*Note: Grant or forgivable funds. Do **not** include any EIDL (loan or advance) or PPP amount in this total*

*Character Limit: 20*

**Was your business required to close by government mandate following March 1, 2020?\***

**Choices**

- Yes
- No

**Is your business still closed due to government mandate?\***

Choices

Yes

No

**If your business is now open, how many weeks was it closed due to government mandate?**

*Character Limit: 3*

**Was your business mandated to reduce service capacity following March 1, 2020?\***

Choices

Yes

No

**Number of weeks with limited or reduced services mandated between March 1 and June 30:**

*Character Limit: 3*

## *Business Information*

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**Are you a sole proprietor and/or contract employee?\***

Choices

Yes

No

**Business Name\***

*If sole proprietor or contract employee, list what is on business license:*

*Character Limit: 250*

**If you operate under a dba, please list that here**

*Character Limit: 50*

**What is the business UBI number?\***

*Please only enter numbers. If you are a sole proprietor or independent contractor enter*  
**1234567890**

*Character Limit: 10*

**What is the street address for the primary physical business location?\***

*(Example: 3586 Main St.)*

*Character Limit: 100*

## What is the city for the primary physical business location?\*

*Character Limit: 100*

## What is the zip code for the primary physical business location?\*

*Character Limit: 5*

## Date business established\*

*Character Limit: 10*

## Industry/Business NAICS Classification\*

*Learn more: <https://www.naics.com/search/>*

### Choices

- 11: Agriculture, Forestry, Fishing and Hunting
- 21: Mining
- 22: Utilities
- 23: Construction
- 31-33: Manufacturing
- 42: Wholesale Trade
- 44-45: Retail Trade
- 48-49: Transportation and Warehousing
- 51: Information
- 52: Finance and Insurance
- 53: Real Estate Rental and Leasing
- 54: Professional, Scientific, and Technical Services
- 55: Management of Companies and Enterprises
- 56: Administrative and Support and Waste Management and Remediation Services
- 61: Educational Services
- 62: Health Care and Social Assistance (includes daycare or childcare services)
- 71: Arts, Entertainment, and Recreation
- 72: Accommodation and Food Services
- 81: Other Services, includes personal services (except Public Administration)
- 92: Public Administration

## Business website and or/social media site

*Character Limit: 2000*

## Is your business majority owned (51% or greater) by one or more of the following?\*

### Choices

- Multi-ethnic
- Tribal member
- Veteran
- Woman
- N/A

## *Additional Information*

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### **Request Amount - use whole numbers only\***

*Awards will be allocated up to \$7,158 for eligible businesses. Sole proprietors and contractors whose income is primary through their business may apply for up to \$7,158 in funding.*

*Please see Q & A on the **Greater Spokane Valley Chamber of Commerce** website for guidance on eligible expenses*

*Character Limit: 20*

### **How will your business use the funds?\***

#### **Choices**

Debt services and expenses related to shifts in operations

Payroll

PPE

Rent or mortgage payment(s)

Utilities

Vendor invoices

Other

### **If selected other, please describe:**

*Character Limit: 100*

### **Why is this grant funding important to your business?\***

*Character Limit: 1000*

### **How has COVID-19 impacted your business operations?\***

*Character Limit: 1000*

### **Is there anything else you would like us to know about your business?**

*Character Limit: 1000*

## *Certification*

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### **Certification I\***

I certify that I am authorized to submit this proposal on behalf of the organization.

#### **Choices**

Yes

No

### **Certification II\***

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed,



race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veterans status, pregnancy or genetic information.

### Choices

Yes

No

### Certification III\*

I certify the information provided is accurate and duly reflects the applicant business activities. I attest that, if awarded Spokane Valley Cares Small Business Grant funding, the award will be used to cover expenses incurred between March 1, 2020 and November 30, 2020 related to business interruption caused by required closures due to the COVID-19 public health emergency. I acknowledge my business may be asked and may be required to provide receipts or additional documentation for up to two years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Washington State Department of Commerce, Federal Treasury, or application guidelines, I agree to reimburse the City of Spokane Valley the full amount of the grant award.

### Choices

Yes

No

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements
- (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

### Name\*

*Character Limit: 250*

### Title\*

*Character Limit: 150*

### Date\*

*Character Limit: 10*

**Clicking on the SUBMIT button at the end of the application will submit your application and your application becomes locked to edits. Clicking SAVE will allow you to continue to work on your application.**

## *INTERNAL USE*

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### **Request Amount\***

*Adjusted to eligible request*

*Character Limit: 20*

### **Gross Revenue Delta\***

*(negative number if business lost revenue, positive number if business gained revenue)*

**Calculation:** *Gross Revenue 2020 March 1, 2020 through August 30, 2020 - Gross Revenue 2019 March 1, 2019 through August 30, 2019*

*Character Limit: 20*

### **Percent Gross Revenue Delta Loss (negative %)\***

**Calculation:** *Gross Revenue Delta / Gross Revenue 2019 March 1 2019 through August 30 2019*

*Character Limit: 20*

### **Total COVID19 Related Expenses (positive number)\***

**Calculation:** *COVID19 incurred expenditures March 1 2020 through August 30 2020 + Projected COVID19 related expenses September 1 2020 through November 30 2020*

*Character Limit: 20*

### **Additional Assistance Received (positive number)\***

**Calculation:** *PPP\*40% + EIDL Grant + Other Funding*

*Character Limit: 20*

### **Remaining Expenses After Assistance (positive number)\***

**Calculation:** *Total COVID19 Related Expenses – Additional Assistance Received*

*Character Limit: 20*

### **COVID-19 Financial Impact\***

**Calculation:** *Gross Revenue Delta - Total COVID19 Related Expenses + Additional Assistance Received*

*Character Limit: 20*

### **Lottery Draw (Eide Bailly)\***

*Character Limit: 100*

### **Normalized application ID\***

*Character Limit: 100*