



# CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295  
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August 25, 2021

## City of Sumas – Small Business Grant Notice

(Grant funds provided from American Rescue Plan Act (ARPA) money received by the City of Sumas)

The City of Sumas is offering an opportunity for local small businesses who have been affected by COVID-19 to apply for a small business grant up to \$10,000.

Eligible uses of grant funds (see application attachment A for full list of eligible/ineligible uses):

- Payment of rent or required monthly loan payments
- Payments of regular wages, employee benefits and taxes
- Expenditures involved in typical operating costs
- Expenses for compliance with COVID-19-related public health measures

**Applications are due and must be received at Sumas City Hall by 11:59 pm on September 15, 2021.**

Final grant awards for individual businesses will be determined based on total number of applications received and needs identified on the application. Maximum grant amount per small business is \$10,000.

Applications can be submitted:

- in person at Sumas City Hall, 433 Cherry St, Sumas, WA 98295
- by email to [jbelle@cityofsumas.com](mailto:jbelle@cityofsumas.com)
- by mail, PO Box 9, Sumas, WA 98295

For questions, please contact City Hall at 360-988-5711, or email questions to [jbelle@cityofsumas.com](mailto:jbelle@cityofsumas.com)

# City of Sumas - Small Business Grant Application

This application must be received no later than September 15, 2021 at 11:59pm. Late applications will not be accepted.

## Legal Requirements

Business meets all the minimum requirements below:

☐ Yes

- Paid all City, County, State and Federal taxes prior to application deadline; and child support or regularity fines, actions or penalties.
- Free of any pending litigation or legal action, suspension/debarment from use of federal funds, and federal restrictions on the use of the funds.
- Licensed in the state of Washington and registered with the City of Sumas (if operating within city limits).
- Self-attests support and compliance with the Washington State Health Department directives and guidelines related to reducing the transmission of COVID-19.

## Business Info

Legal Name of Business:	
Doing Business As (DBA) Name:	
Majority Business Owner Resident of Whatcom County:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Majority Business Owner Email:	
Majority Business Owner Phone:	
Person Completing this Application is the Majority Business Owner:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Primary Physical Address:	
Primary Physical Address City:	
Primary Physical Address Zip:	

Business Mailing Address if Different from Physical Address:  (Mailing address, City, Zip)	
Unified Business Identification Number (UBI):	
Number of Years in Business:	
Business Sector:	<input type="checkbox"/> Accommodations/Food <input type="checkbox"/> Admin/Professional Services <input type="checkbox"/> Agriculture/Fishing <input type="checkbox"/> Arts/Entertainment <input type="checkbox"/> Construction <input type="checkbox"/> Health/Social Services <input type="checkbox"/> Licensed Childcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____
Business Profile:  <i>Please indicate if your business is designated as any of these (select all that apply). Ownership must be more than 50%.</i>	<input type="checkbox"/> Woman Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> HUD Section 3 <input type="checkbox"/> Registered nonprofit in WA State <input type="checkbox"/> Federal government 501(c)(3) nonprofit
Number of Full-Time Employees:  <i>As of Jan 31, 2020, at least 40 hours per week. (if multiple locations, only indicate number of employees at local location)</i>	
Number of Part-Time Employees:  <i>As of Jan 31, 2020, less than 40 hours per week. (if multiple locations, only indicate number of employees at local location)</i>	
Total Full-Time Equivalent (FTE) Positions:  <i>Add all part-time employee hours together for a week and divide by 40. Then add the number of full-time employees. Round down to the nearest whole number. If the business is seasonal, use the average monthly number of FTE positions for 2019.</i>	
Sole Proprietorship with Single Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief Description of Business:	

<b>Local Supply Chain:</b>  <i>Does the business supply products or services to other businesses in Whatcom County.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Local Impact:</b>  <i>Ways in which the business supports other local business or the local supply chain.</i>	
<b>Cultural and Economic Role:</b>  <i>Community and economic impact or contribution.</i>	

## Economic Impact

*How COVID-19 has impacted the business.*

<b>Current Business Status:</b>  <i>As of time of application.</i>	<input type="checkbox"/> Open <input type="checkbox"/> Limited Operations: _____ <input type="checkbox"/> Closed due to Governor's Order <input type="checkbox"/> Closed for other reason: _____			
<b>Business Adaptation:</b>  <i>Describe how the business has adapted or adjusted the business model due to COVID-19 related challenges.</i>				
<b>Other Impacts to the Business:</b>	<input type="checkbox"/> Reduced payroll expenses (health insurance, retirement benefits, etc) <input type="checkbox"/> Reduced or suspended lease payments for business location <input type="checkbox"/> Laid off employees <input type="checkbox"/> Other reason: _____ _____			
<b>Number of Employees Laid Off:</b>				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
2019 Net Profits:	\$	\$	\$	\$
2020 Net Profits:	1 <sup>st</sup> Quarter \$	2 <sup>nd</sup> Quarter \$	3 <sup>rd</sup> Quarter \$	4 <sup>th</sup> Quarter \$
2021 Net Profits:	1 <sup>st</sup> Quarter \$	2 <sup>nd</sup> Quarter \$	3 <sup>rd</sup> Quarter \$	4 <sup>th</sup> Quarter \$

<b>Profit and Loss Statement Available:</b>  <i>Are you able to provide a monthly profit and loss statement verifying this information?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Economic Injury:</b>  <i>Economic injury to the business due to COVID-19</i>	<input type="checkbox"/> Less than 25% <input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or more
<b>Economic Injury Details:</b>  <i>Describe the timeframe and type of economic injury that has occurred.</i>	

## Financial Aid

*Expenses already reimbursed by other funding sources, such as Paycheck Protection Program (PPP) or Economic Injury Disaster Loan (EIDL) may not be duplicated.*

**See Attachment A for eligible uses of program grant funds.**

<b>Other Funding Sources:</b>  <i>The business has already received federal COVID-19 related grants, loans, or other financial support such as PPP or EIDL.</i>	<input type="checkbox"/> Source of Funds #1: _____  <input type="checkbox"/> Amount Received: \$ _____  <input type="checkbox"/> Source of Funds #2: _____  <input type="checkbox"/> Amount Received: \$ _____  Other: _____
<b>Intended Use of Grant Funds:</b>  <i>If a grant is awarded, how will the business use the funds? Select all that apply.</i>	<input type="checkbox"/> Rent or loan payments <input type="checkbox"/> Wages and payroll <input type="checkbox"/> Expenses for compliance with COVID-19-related public health measures <input type="checkbox"/> Other: _____
<b>Requested Amount:</b>  <i>(Maximum grant amount is \$10,000 per business.)</i>	\$

## Signature and Acknowledgement

*I declare under penalty of perjury that:*

- The information contained in this application is true and complete and that it is my responsibility to notify the City if any of that information changes prior to October 31, 2021.
- The funds requested are necessary to remain operational and are not duplicative of any other funding received.
- The funds will be used to pay or reimburse only eligible expenses incurred between March 1, 2020 and December 31, 2022.
- If awarded a grant, I agree to maintain and provide records, if requested, of the uses of the grant funds.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

## **Attachment A**

### **A. Eligible Uses of Program Grant Funds:**

- a. Payment of rent or required monthly loan payments.
- b. Payments of regular wages, employee benefits and taxes; provided such expenses have not been and, to the best knowledge of Recipient, will not be reimbursed under any federal, state or regional program, including any grant or loan programs.
- c. Expenditures involved in typical operating costs, including those set forth on an income statement as a regular, ongoing cost of operating the business.
- d. Typical draws or wages paid on a regular interval to the owner; provided such draws or wages are consistent with those paid to the owner in previous corresponding quarters, years or other appropriate time intervals.
- e. Expenses for compliance with COVID-19-related public health measures, including personal protective equipment and supplies reasonably necessary for the protection of public health and the health of Recipient owners and employees.

### **B. Ineligible Uses of Program Grant Funds:**

- a. Political campaign contributions or donations.
- b. Charitable contributions or gifts.
- c. Bonus payments to Recipient owners, officers or employees.
- d. Payment of wages to any member of the Recipient owner's family who is not a bona fide employee.
- e. Draws or salary to Recipient owner that exceeds the amount paid over a corresponding interval, quarter, or in year 2019.
- f. Paydown or payoff of debt by more than the monthly amount required by the underlying debt instrument.
- g. Payroll and other employee or business associated costs for which the Recipient has received or expects to receive reimbursement from other federal, state or regional funds (*e.g. Payroll Protection Program (PPP) or unemployment insurance*).
- h. Damages covered by insurance.
- i. Reimbursement to donors for donated items or services.
- j. Severance pay.
- k. Legal settlements.
- l. Any expenses not considered an eligible business expense by the Department of the Treasury Internal Revenue Service.