



SMALL BUSINESS RAPID RELIEF PROGRAM APPLICATION PROCESS

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Business Name:	UBI:	Date of Application:
Business Physical Address: (Must be within City limits)		
Business Mailing Address: (If different from physical)		
Phone Number:	Website Address:	
Primary Contact:		
Grant amount requested: (Maximum of \$15,000)		

GRANT ELIGIBILITY REQUIREMENTS

- Only available for small business (fewer than 50 employees)
- Must have a Sequim business license and be within the city limits of Sequim as of March 1, 2020
- Maximum funding limit of \$15,000 per applicant
- Business must have been in business for one full calendar year
- Must be current on all State licensing and other regulatory requirements
- Must have experienced a loss of income due to COVID-19
- Payroll or other employee-associated costs will not be funded under this grant due to availability of other funding sources
- Businesses that have suffered financial losses, but still have sufficient revenue to sustain minimum operations are not eligible
- Franchises and any business owned or partially owned by an individual or immediate family member, manager, or director of the Chamber Executive Committee or a Sequim City Councilor or employee are not eligible for this grant
- Applications will be accepted from May 4, 2020 through close of business May 15, 2020

BACKGROUND—Describe your business - addressing each of the following:

- A brief description of the purpose and history of the business
- Your mission and goals

PROPOSAL: Please address each of the following:

- Briefly describe why your business is requesting this grant
- What is your strategy to address ongoing concerns?

- Form of business (S corp., partnership, etc.)
- Number of employees on March 1, 2020 and number of employees on stand-by, furloughed, or laid off as of April 30, 2020
- Provide sale/revenue as of March 1, 2019 v. sale/revenue as of March 1, 2020 and demonstrated ability to sustain normal business operations during this period
- Provide documentation of business losses starting March 1, 2019 directly related to COVID-19
- Did you apply for federal grant funding? If not, or if denied, please explain
- Do you have an established business plan? If yes, what is the quality of the business plan?
- Is your business registered with SBDC (Small Business Development Council), CIE (Center for Inclusive Entrepreneurship), SCORE or another approved business advisor?
- What was your ability to operate after March 23, 2020? If able to operate, under what restrictions, if any?
- Did your business apply for the City's Utility Relief Program?

AUTHORIZATION:

I, (print name) _____ the (print title) _____
of (print business name) _____ have approved the submission of this proposal.

If I/we receive a grant, I/we agree to enter into a contract with the Chamber promising to:

1. Use the grant funds in the intended manner;
2. Work with the SBDC (Small Business Development Council), CIE (Center for Inclusive Entrepreneurship), SCORE or other approved business advisor for a minimum of 6 months after the award; and
3. Provide all documentation necessary for the Chamber to verify the use of the funds.

Name and Title of Authorizing Member _____

Signature _____

Date: _____

Proposals can be mailed to: **Sequim-Dungeness Valley Chamber of Commerce**
P.O. Box 907
Sequim WA, 98382

OR submitted via email to: director@sequimchamber.com

Please include a **completed and signed application** and **proposal with "Small Business Rapid Relief Program" on the subject line.**