



City of Banks Small Business Emergency Assistance Program Application

City of Banks is offering Small Business Assistance grants to provide financial support to businesses that have been adversely affected by economic conditions associated with the COVID-19 pandemic between March 2020 through June 2020.

The program, provided in cooperation with Washington County will provide a total of \$75,000 in grant funds, with individual grants starting at \$1,000 up to \$10,000.

Applications will be available online or at City Hall, and will be accepted from 8:00 a.m., Monday, August 10, 2020 through 3:00 p.m., Friday, August 28, 2020. All completed applications received by the deadline will be considered. Checks will be mailed by September 15, 2020.

Businesses with questions are invited to contact City of Banks – Jolynn Becker, City Manager at jbecker@cityofbanks.org at 503-324-5112..

Business Information

Business Name (as it appears on W-9): _____

Business Tax Identification Number, EIN (W-9) _____

Business Contact

Contact Name: _____

Title: _____

Phone Number: _____ Email: _____

Business Address

Street Address: _____

City: _____ State: _____ Zip: _____

Business Mailing Address (if different from business address)

Street Address: _____

City: _____ State: _____ Zip: _____

Business Details

Is your business within the City of Banks City Limits boundary?

- Yes
- No

Is this business a franchise of a national chain?

- Yes
- No

If yes, is it locally owned? (A locally owned franchise of a national chain is eligible for assistance)

- Yes
- No

Do you have a City of Banks business license? (Required before reimbursement)

- Yes
- No

If so, what is your City of Banks business license number? _____

How many employees does your business currently have? (Please convert part-time employees to full-time equivalent. 40 hours = 1 FTE, i.e. two 20-hour employees = 1FTE. Round to nearest quarter.) _____

Verification of Eligible Expenses, Employment and Sales Decline (if applicable)

- Copy of Income Statement showing the comparison of the decline of revenue for the months that apply
- Cost of rent/lease agreement with Mortgage or Lease statement
- Copy of recent business utility bills
 - Electricity
 - Water
 - Sewer
 - Natural Gas
 - Phone
 - Garbage
 - Broadband
 - Cell Phone
 - Other:
- Retro Fit Building – Summary of activity and cost with copies of the invoices.
- Start-up Cost to re-open business – Summary of activity and cost with copies of the invoices.

COVID-19 Impact

Was your business directly affected by a government-ordered mandatory change in service due to COVID-19? (Either [Executive Order 20-07, issued 3/17/20](#) or [Executive Order 20-12, issued 3/23/20](#))

- Yes
- No

If so, please describe how you have been impacted, please included if you received funding related to the COVID-19 and the amount of the award.

Size of grant requested (from \$1,000 up to \$10,000): _____

Acknowledgements

I have read the program eligibility criteria for the City of Banks Emergency Assistance Program, and I certify that I am authorized to sign this application on behalf of the Applicant. I agree to assist the City of Banks in verifying any of the information contained in this application from any available source. By signing below, I certify that all of the statements and information in this application, and all information furnished in support of this application, is given for the purpose of obtaining an emergency assistance grant and that any such statement or information is true, accurate and complete, to the best of my knowledge. I understand that if any information or statements are shown to be false or misrepresented, this application may be rejected.

By entering my name, title and date below, I am signing my application.

Name: _____

Title: _____

Date: _____