



Community Action Center

Community Development Block Grant (CDBG) Microenterprise Assistance Application & Verification Form

Up to \$5,000 in grant funding is available for qualifying microenterprise owners impacted by COVID-19 to stabilize businesses in our Whitman County communities. To request assistance, you must meet the program requirements, submit required documentation, and certify this form before **May 27, 2020**, or as directed at the time of inquiry. Unlike other assistance being offered to businesses, these grant funds are based on COVID-19 impact to your business and to your personal household income.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure. Applicants must live in Whitman County and own a business operating in Whitman County to be eligible.

Please print:

Owner Name(s)			
Owner Address			
Owner Phone		Business Phone	
Business Name			
Business Address (Qualifying business must be operate from "brick & mortar" locations)			
Business Type	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	In business since date	
Business Description			
Proposed Uses of Funds	<input type="checkbox"/> Payroll <input type="checkbox"/> Rent/ Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Inventory <input type="checkbox"/> Other		
Business Qualification Questions	Data	YES	NO
<i>MICROENTERPRISE</i> Are you a WA St registered business having five or less employees, including the owner(s)?	# of FTE employees, including owner(s): # _____ <i>If # is greater than 5, business is ineligible</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business impacted by COVID-19 resulting in a revenue loss of 25% or more from one year previous?	EST. % loss of revenue from one year previous: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business temporarily closed or services reduced by official order?	EST. # of days closed/reduced: # _____	<input type="checkbox"/>	<input type="checkbox"/>
Are your business, and you personally, current (and not delinquent) on any city, state, or federal taxes; child support; or other penalties, as applicable?		<input type="checkbox"/>	<input type="checkbox"/>

➤ If you answered YES to all above, attach proof of business loss of revenue, such as Income or P & L Statement, income and expense journal, or other valid documentation of business loss, as well as prior year statements for comparison.

LMI Household Income Qualification Questions							
Total Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), <i>from all adult family and non-family members</i> in the household. (Do not use business gross income.)							
Total Household Income during the last tax year or the last 12 months						\$	
Total Household Income <i>anticipated</i> during the next 12 months						\$	
SELECT THE CIRCLE next to the number of people in your household, including yourself:							
1	2	3	4	5	6	7	8+
\$40,150	\$45,850	\$51,600	\$57,300	\$61,900	\$66,500	\$71,100	\$75,650
Is your <i>anticipated</i> total household income LOWER or HIGHER than the \$ amount listed below the number of people circled above?						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>

- If you answered **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements)
- If you answered **HIGHER**, you may not qualify for CDBG microenterprise assistance without additional household income documentation, or you may be eligible for other assistance. Contact the *Community Action Center* for further instruction.

Conflict of Interest Disclosure: I hereby declare that any person(s) employed by the *Community Action Center*, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived therefrom, has been identified and the interest disclosed below (or attached):

Describe: _____

➤ Ethnicity/Race & Special Group Questions

Please provide the following confidential information:

Ethnicity (select one)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (select one)		
White	<input type="checkbox"/>	Asian
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial
<input type="checkbox"/> I decline to answer Ethnicity/Race questions		
Female Head of Household	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Minority- or Women's Business Enterprise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business DUNS number		

Please continue by answering the Supplemental Question on pages 3-4.

Other funds

5. Describe your business revenues during COVID-19 and during a similar period prior to COVID-19 (provide income statements or P&L statements, or other documentation to show the comparison).

6. Describe other funds for which you have applied or intend to apply, and the amounts and sources of those funds and total amount (e.g. SBA loan, EIDL, PPP, WEDC SB 20/20f, unemployment insurance benefits, etc.).

7. Indicate if you are receiving any "Business Interruption Insurance" and the amount.

Applicant Certification: *I certify the information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by federal, state, and local government representatives and will provide supporting documentation required (e.g. payroll records, tax fillings, bank account statements, etc.), if necessary.*

Business Owner Signature: _____ **Date:** _____

Fully completed applications with responses to all questions will help reviewers better understand your situation. Please use additional pages or items as needed.

For Questions about your application and this process, email microgrants@cacwhitman.org

For assistance completing your application, please contact the Whitman County representative of the Washington Small Business Development Center, Aziz Makhani

Phone: 509-432-1650 OR email aziz.makhani@wsbdc.org

Return application to Community Action Center, 350 SE Fairmont Road, Pullman WA 99163
Email: microgrants@cacwhitman.org OR Fax: 509-334-9105

For Program Office Use Only	
Business and LMI Qualification Verified: _____	Initials/date
Funding Approval: _____	Authorized initials/date
PO: _____	
Account Number: _____	Approved Amount: \$ _____