



Electric City, WA Coronavirus Relief Funds Grant Application

Business Information		Number of Years in Business	UBI Number
Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____			
Contact Information		<input type="checkbox"/> Minority-owned <input type="checkbox"/> Tribal-owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Veteran-owned	
Contact Name: _____ Email: _____ Phone: _____			
Type of Business			
<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Food Business <input type="checkbox"/> Hospitality/Tourism <input type="checkbox"/> Non-profit <input type="checkbox"/> Contractor <input type="checkbox"/> Healthcare <input type="checkbox"/> Other _____			
Current Status & Fund Amount Requested			
Has your business been affected by emergency/mandatory closures due to executive orders issued in relation to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Funds Being Requested (up to \$5,000): \$ _____ Likelihood of Permanently Closing Business? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		Is your L&I account current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure Are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Total number of full-time employees (including yourself) as of 01/2020: _____ Average employee weekly wages (including benefits if benefits are offered): \$ _____ Number of employees laid off due to COVID-19: _____			

Describe your business structure (LLC/Partnership/Sole Proprietorship/Non-Profit), and your products/services.

Describe the effect of the public health crisis on your business and why funding is critical to your business.

What are your current plans for reopening (if closed) and/or continuation of business in today's economy?

Currently, is your company facing any pending litigation or legal action?

Please list any Federal, State, or Local assistance you have received to-date related to COVID-19.

Please sign this application affirming that all information is correct and accurate to the best of your knowledge.

Signature

Date