



## **CITY OF BANDON COVID-19 BUSINESS RELIEF APPLICATION Program Guidelines and Instructions**

The Bandon Business Relief Initiative is a program designed to provide financial assistance to the City's small businesses disrupted by COVID-19.

It is imperative that the information provided via this application is accurate and truthful. We acknowledge that there are many small businesses and private nonprofits that need assistance during this difficult time. Regrettably, this program cannot support every applicant that applies due to limited available funds. Inaccurate or misleading information deprives other applicants that strive to be honest operators from receiving the help that they deservedly need.

Grant Award: \$2,500

**Complete applications will be accepted starting December 1, 2020 at 9:00 am.**

### **TARGET APPLICANT:**

- Organizations must operate within the City of Bandon's legal geographic boundaries
- Only organizations that have been unable to receive federal CARES Act funding including Small Business Administration's PPP, Economic Injury Disaster Loan Emergency, or other Federal programs for emergency pandemic funding to date.
- For-profit enterprise with 1-10 employees, including the owner(s)

- For-profit businesses prohibited from operation as directed by Governor’s Executive Order 20-12 **or** can demonstrate a decline in gross revenue greater than 50%
- **Sole Proprietorships are preferred applicants** under this round of funding
- Primarily Sole Proprietorships whose businesses are based within Bandon’s legal geographic boundaries
- Businesses must be registered to do business in the State of Oregon
- Only businesses that have been **unable** to receive federal CARES Act funding including Small Business Administration’s PPP, Economic Injury Disaster Loan Emergency, or other Federal programs for emergency pandemic funding to date.
- Businesses that are delinquent on federal, state, or local taxes that were due before April 1, 2020 are not eligible.

### **NECESSARY DOCUMENTS TO ACCOMPANY APPLICATIONS**

Applications are not fully complete without the required eligible attachments. Please provide the following information with the application. **One Application Per Person/Applicant**

- Profit/Loss Statements (the month of February 2020 vs the month of April 2020)
- W-9 IRS Form

### **OPTIONS FOR SUBMITTING APPLICATIONS**

1. The applicant may submit the application online along with the required documents to: [citymanager@cityofbandon.org](mailto:citymanager@cityofbandon.org)
2. The applicant may bring a completed hard application with required documents to City Hall. If City Hall is not open, you may drop the application into the utility payment box in the parking lot.

### **INSTRUCTIONS ON ANSWERING APPLICATION QUESTIONS**

#### *SECTION 1: BUSINESS INFORMATION*

- Self-explanatory

#### *SECTION 1A: BUSINESS CONTACT INFORMATION*

- Self-explanatory

#### *SECTION 2: BUSINESS DETAILS*

1. Company Principals and Percent Ownership (self-explanatory)
2. Amount Requested \$2,500 (**This amount is set; it is the only answer allowed**)

3. How many jobs will be retained at your business as a result of the grant (self-explanatory)

*SECTION 3: CERTIFICATIONS AND REPRESENTATIONS*

- The answers to all these questions are either YES or NO
- Provide signature, print name, print your title (owner, president, etc.) and date the certification

*THE DEMOGRAPHIC QUESTIONNAIRE*

- Fill out the questionnaire and sign it.

**HOW TO SUBMIT THE APPLICATION FORM AND ATTACHMENTS**

After the application has been completed, save and download the form to your computer. Then email the completed application and the appropriate attachments that have been scanned in your computer to [citymanager@cityofbandon.org](mailto:citymanager@cityofbandon.org). Please put "business grant" in the subject line.

You may also bring a hard copy to city hall.

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*Cannot use grant funds to pay for late business license fees and/or an outstanding illegal activity lien imposed against the applicant, initiated by a governmental entity.*

## Section 1: Business Information

Business Name \_\_\_\_\_ Business Type  
 Sole  Prop Partnership  
 Corporation  LLC  
 501(c)(3)

Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Employer Identification Number (Federal EIN) \_\_\_\_\_

Business Identification Number (issued by Oregon Employment Department) \_\_\_\_\_

NAICS Code (as listed on the businesses most recent federal tax filing) \_\_\_\_\_

Description of product(s) or service(s) offered:

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## Section 1A: Business Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Section 2: Business Details

### Company Principals

Name \_\_\_\_\_ Title \_\_\_\_\_

Percent Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Percent Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Percent Ownership \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Percent Ownership \_\_\_\_\_

**Total Percent Ownership**

**Amount requested**

**How many jobs will be retained at your business as a result of the grant?** (Include jobs lost since February 29, 2020 that can now be retained because of the grant.)

**Number of Employees:**

\_\_\_\_\_  
Employee headcount on February 29, 2020.

**Verification of Eligible Expenses and Employment (if applicable)**

(Check all attached)

Copy of rent/lease agreement

Copy of recent business utility bills

- |             |                             |             |
|-------------|-----------------------------|-------------|
| Electricity | Water/Sewer                 | Natural Gas |
| Phone       | Garbage                     | Broadband   |
| Cell phone  | Business Mortgage statement |             |

Other: \_\_\_\_\_

Oregon Employment Department Form 132

\* For businesses with more than 5 employees, provide a copy of Q4 2019 or Q1 2020 Oregon Employment Department Form 132 (redact employee names and Social Security Numbers)

### Section 3: Certifications and Representations

The information in this application, including all attachments and certifications, are, to the best of the knowledge of the undersigned, complete, current and accurate. The application presents fairly the conditions of the eligibility of the undersigned. Proceeds of the award are intended to solely support the operations and reopening expenses of the applicant business. Initial all the following certifications that apply:

- \_\_\_\_\_ o The applicant business was adversely impacted as a direct result of the COVID-19 crisis.
- \_\_\_\_\_ o The applicant business had 10 or fewer employees as of February 29, 2020.
- \_\_\_\_\_ o The applicant business:
  - \_\_\_\_\_ ▪ Was determined to be a non-essential business in accordance with Governor's Executive Order 20-12, or
  - \_\_\_\_\_ ▪ Experienced a 50% or more reduction to sales as a result of the COVID-19 crisis.
- \_\_\_\_\_ o The applicant has not received federal financial funding relief through the CARES Act of 2020 (Paycheck Protection Program or Emergency Injury Disaster Loan assistance program) or any subsequent federal act that provides emergency pandemic funding as of the date of application.
- \_\_\_\_\_ o The applicant business is current on all federal, state and local taxes as of the date of application.
- \_\_\_\_\_ o The applicant business is headquartered in and has primary operations in Oregon.
- \_\_\_\_\_ o The applicant business is currently registered with the Oregon Secretary of State to do business in Oregon if such registration is required.
- \_\_\_\_\_ o The applicant business is compliant with all federal, state and local laws.
- \_\_\_\_\_ o The applicant business agrees to provide business, financial and ownership information necessary to determine and verify eligibility.
- \_\_\_\_\_ o The applicant business will only use these proceeds to support business-related expenses to maintain operations and/or reopen and that Oregon COVID-19 Emergency Business Grant Program proceeds will not be used for personal purposes.
- \_\_\_\_\_ o Unless otherwise directed by Executive Order, the applicant is open, or has reopened for business.

Failure to comply with eligible use of proceeds, or making a material misrepresentation about the business and its operations to qualify for an award will be a provision of default of the award and subject the award to recapture. The City reserves the right to request additional documentation from the applicant to verify the accuracy and authenticity of the information provided.

Should the City determine a misrepresentation exists creating a default, the award may be forfeited and subject to repayment. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third party collection services or the Oregon Department of Revenue. The applicant agrees to allow the State to pursue such collection actions.

As these funds are being provided by the State of Oregon, Business Oregon and affiliated state agencies may use your company in future promotions of their programs and services.

**General Certification**

I certify to the best of my knowledge that all information, contained in this application, including all attachments and certifications, is valid and accurate. I further certify that, to the best of my knowledge:

1. The application has been reviewed and approved by the authorized owner(s), managers with appropriately delegated authority, and/or in accordance with the organization’s articles of incorporation, articles of organization or bylaws, and
2. Signature authority is verified.

**Check one:**

- Yes, I am authorized to submit on behalf of the applicant within authority granted in the applicant’s articles of incorporation, articles of organization or bylaws. (e.g., President, Secretary, Chief Executive Officer, Board Chair, etc.)
- No, I am not authorized to submit on behalf of the applicant within authority granted in the applicant’s articles of incorporation, articles of organization, or bylaws so I have attached documentation that verifies my authority to sign on behalf of the applicant.

**The city will only accept applications with proper signature authority documentation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name Printed Title

**PLEASE DO NOT CALL THE CITY FOR A STATUS OR TO FIND OUT WHEN GRANTS WILL BE AWARDED. WE WILL REACH OUT AS SOON AS WE HAVE INFORMATION.**