



# Stanwood SOARING Grant Program Application

Deadline 5:00 pm, June 23, 2020

## Introduction

The Stanwood SOARING Grant Program is made possible from funding provided by the Federal 2020 CARES Act, and Coronavirus relief Fund (CRF) which allows the City of Stanwood to award grants up to \$10,000 to small businesses. The Stanwood City Council authorized use of CRF Funding on May 28, 2020.

## Funds Available

Stanwood will receive a total of \$210,600 from the CARES Act of which up to \$170,600 may be used for the grant program. All eligible applicants that submit a complete and timely application will have an equal opportunity to receive a grant of up to \$10,000 for eligible costs. Priority will be given to assist restaurants, retail, and service businesses with a commercial address (home based businesses not eligible).

COVID-19 is causing a catastrophic economic impact on Stanwood's small business community. The Stanwood SOARING Small Business Grant Program is a positive step, but it may not provide enough funding for every injured business to receive a grant, nor will it fix all the damage caused to those businesses that receive a grant. Unfortunately, many businesses that qualify and are deserving may not receive a Stanwood SOARING grant. Other small business funding opportunities are available through Snohomish County, the State of Washington or SBA.

## Eligibility Determination

**In order to be eligible for City of Stanwood CRF funds for COVID-19 relief, the following eligibility requirements must be met:**

- a. Geographic Location Requirement:** Must be a Stanwood, Washington Business located within the City of Stanwood
  - Have been a going-concern for at least six months prior to March 23, 2020
  - Provide a registered UBI Number and Stanwood Business License in good standing
- b. Discover Stanwood Camano PLACES:** Businesses must have their business listed in the Discover Stanwood Camano PLACES business directory on [www.discoverstanwoodcamano.com](http://www.discoverstanwoodcamano.com)
- c. Business Size:** Businesses must have 15 or fewer employees (including the business owner of 51% ownership)
- d. COVID-19 Related Reduction:** Businesses must certify at least a 25% reduction in revenue attributable to the COVID-19 pandemic
- e. Profit Mastery Program:** Must successfully complete the Profit Mastery Program
  - A financial management workshop series
  - Paid for by the City of Stanwood (\$900 value)

Priority will be given to restaurants, retail and other service businesses and non-profits who have a commercial address (home based businesses not eligible).

Eligible expenses include rent, utilities, inventory and equipment, PPE supplies and preparing business for re-opening

## Application Availability and Deadline

Applications for CRF funds are available on the City of Stanwood SOARING Grant Program webpage. Applications are also available in alternative formats by contacting the City of Stanwood at [krista.hintz@stanwoodwa.org](mailto:krista.hintz@stanwoodwa.org). Application period opens June 15 and closes June 23, 2020. Screening and award of grants to be completed by June 30, 2020. Grant funds will be distributed July 1 through August 30.

- The application must be received by June 23, 2020 no later than 5:00 pm
- No applications will be accepted after this deadline. Mailed applications must be post-marked in time to be received by the deadline. Applications will not be accepted by e-mail or fax

**If mailing your application, mail to: City of Stanwood City Administrator, 10220 270th St NW, Stanwood, WA 98292**



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## Applicant Information ▲

### Submitted By

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name (including DBA) \_\_\_\_\_

Business Location Address \_\_\_\_\_

Number of years in business in Stanwood \_\_\_\_\_

Business Mailing Address (if different than location address) \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

Contact Person (first and last name) \_\_\_\_\_

Contact Telephone \_\_\_\_\_

Contact Email \_\_\_\_\_

DUNS Number \_\_\_\_\_ UBI NUMBER \_\_\_\_\_

Business Organization Type:    Sole Proprietor    Corporation    Limited Liability Company    Partnership

Current City of Stanwood Business License Number \_\_\_\_\_

Date business originally licensed in City of Stanwood \_\_\_\_\_

1. Provide a short description of your business



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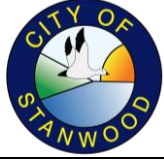
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2. Describe how your business has been negatively impacted by COVID-19.

3. Provide a list of qualifying expenses that will be submitted for reimbursement if awarded a grant. These include payroll, lease/mortgage, utilities, debt payments, and inventory expenses. Note: if you are awarded a grant, you will be required to provide documentation.

4. How many employees, including yourself, does the business currently employ?

**PLEASE ATTACH:** Documentation to help verify the economic hardship suffered as a result of COVID-19 including financial statements and other data as applicable. Suggestions include year-to-date (YTD) profit & loss statements compared to 2019, revenue statements comparing 2020 to previous years, and Balance sheets.



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## Required Certifications ▲

By checking the boxes below, the undersigned hereby certifies that the statement is true and correct to the best of their knowledge.

I certify that my business is located within the City of Stanwood and the business maintains all proper licenses and permits for operation.

I certify that the business is current with all local, state, and federal taxes.

I certify that I have not applied for or received funds to cover the same costs this grant is intended to be used for. Duplication of grants is explicitly prohibited by DOC.

Business Name

Authorized Representative

Date

Title

I certify that the above information is true and correct to the best of my knowledge. I will provide the information required to verify this data (e.g. payroll records, tax filings, account statements, etc.). I understand that the City of Stanwood will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in disqualification of the grant application, default of the grant, and/or request for repayment of money given. I hereby certify that the information contained on this form is accurate and complete to the best of my knowledge, under penalty of law and verifiable by federal government representatives.

First and Last Name

Signature

Date