

SECTION B: CRISIS

CIRCUMSTANCES: (Check all that apply.)

- Business was closed from _____ to _____ due to not being deemed essential.
- Business activity was substantially reduced from _____ to _____ due to Governor Inslee’s various proclamations/orders or TPCHD regulations.
- Business procedures are being/were substantially modified in order to reopen due to Governor Inslee’s various proclamations/orders or TPCHD regulations resulting in increased costs.
- The costs of doing business substantially increased in order to comply with Governor Inslee’s various proclamations/orders or TPCHD regulations.
- Other (Describe below.)

Please give a **brief account** of the circumstances:

By my signature below, I certify the following:

- I have provided and reviewed the information on this application. This information is accurate to the best of my knowledge. I also give my permission for the City of Fircrest’s Business Assistance Program Representative to request/release necessary information that may result in my receiving benefits.
- I understand the eligible and ineligible costs/expenses, as set forth in Section D below, for which CARES Act Funds may be used, and I certify that any grant received under this grant program will adhere to these guidelines.
- I understand that I may or may not receive assistance under this program and if assistance is provided, the payment will be made directly to the person(s) and address indicated on my Fircrest business license.
- I understand that grant funds may be taxable income, and I am advised to consult my financial advisor. A 1099 Form will be issued to each grant recipient as required by the IRS no later than February 2021.
- **I understand that my application is no guarantee of any assistance being awarded to me through this program.**

APPLICANT SIGNATURE _____ DATE _____

Submit completed form to:
 City of Fircrest
 Business Assistance Program
 115 Ramsdell Street
 Fircrest, WA 98466

(*) Please provide proof of your 2020 City of Fircrest business license or endorsement when applying.

SECTION D: ELIGIBLE AND INELIGIBLE COSTS/EXPENSES:

ELIGIBLE Costs/Expenses:

- Payment of rent or required monthly loan payments
- Payment of Utility Costs
- Costs incurred during a reopening process, including the additional business interruption that happens when a small business must limit their accessibility to the public, and for displaying and/or communicating state-based requirements for public access.
- Operating costs for the purchase of items meant to protect the public and employees, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures in order to reopen a business.

INELIGIBLE Costs/Expenses:

- Any expense not related to the impacts of COVID-19.
- Any expense that would not be considered an eligible business expense by IRS rules.
- Political contributions
- Bonuses to owners or employees
- Wages to any member of owner's family who is not a bona fide employee.
- Charitable contributions
- Gifts or parties
- Draw or salary to owner that exceeded the amount that they were paid on a weekly or monthly basis for the same period last year.
- Pay down or pay off debt by more than required in the underlying debt instrument.

SECTION E: BUSINESS ASSISTANCE REVIEWER RECOMMENDATION:

- APPROVED: \$ _____
- DISAPPROVED

REVIEWED BY: _____
DATE: _____

AUTHORIZED BY: _____
DATE: _____

IF FUNDED:
PAYMENT DATE: _____
PAYMENT CHECK NUMBER: _____