

CITY OF PENDLETON GRANT APPLICATION

Business Legal Name	Business TIN (EIN, SSN)
Business Address	Business Phone
Business Owner	Number of Employees

Questions	Yes	No
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- | | | |
|---|--------------------------|--------------------------|
| 1. Has the Business been affected by Covid 19? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the business headquartered with principal operations in Oregon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the business have a physical location within Umatilla County? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the business have less than 5 employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. What is your current household size? | _____ | |
| 6. What is your income? <i>Required to determine eligibility.</i> | _____ | |

Certifications

_____ I certify the grant will be used for operational expenses, payroll expense, accounts payable and other business bills.

I certify the grant will not be used for refinancing, expansion, growth, construction or _____ infrastructure improvements.

_____ At the date of this application, I have not received CARES Act Funds including, Paycheck Protection Program (PPP), Economic Injury Disaster Loan Emergency Advance program (EIDL), or other emergency pandemic federal, state or local programs.

I acknowledge that I need to submit a no duplication of benefits affidavit.

_____ I further certify that the business and its operations are, and will, remain compliant with all local, state and federal laws.

Attachments

- Copy of Driver's License
- Profit & Loss Statements (or tax returns) for previous two years
- Brief description and history of the business, including the year started Documentation showing the number of employees as of February 1, 2020
- W9 Form
- Proof of business expenses between March - June 2020

Business Owner Signature

Date

Affidavit Duplication of Benefit

Sample of content within the affidavit that needs to be incorporated with your application forms:

This affidavit must be completed by all businesses that have applied for and/or received any assistance from the CDBG funded Small Businesses/MicroEnterprise Assistance Programs being offered by City of Pendleton, OR. The information within this affidavit will provide the EUVALCREE with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which your business is applying **and** any program your business has previously received funds from.

- Small Business and MicroEnterprise Assistance Program
- Emergency Assistance—Special Economic Development Assistance Program
- Emergency Assistance—Facilities Improvements
- Emergency Assistance—Public Services

This section identifies any sources of funds that the business has received as a result of the pandemic other than insurance. Sources of funds include but are not limited to: federal, state, and local loan/grant programs; private or bank loans; nonprofit donations or loans. Please indicate below the amount allocated to your business from any and all funding sources not. And provide documentation for each sources of funds acquired.

Source of Funds #1

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan Nonprofit | <input type="checkbox"/> Forgivable Loan |
| <input type="checkbox"/> Private Loan Other: | <input type="checkbox"/> _____ | |

Source of Funds #2

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- Government Loan Government Grant Government Forgivable Loan
- Nonprofit Grant Nonprofit Loan Nonprofit Forgivable Loan
- Private Loan Other: _____

Source of Funds #3

Lender/Grant Provider Name _____

Purpose _____

Amount _____

- Government Loan Government Grant Government Forgivable Loan
- Nonprofit Grant Nonprofit Loan Nonprofit Forgivable Loan
- Private Loan Other: _____

Signature:

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States

Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; **or** (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the _____ day of _____, 2023.

Applicant (Affiant) Signature Print

Applicant name (Affiant)