

# Small Business OPENTogether Grant Program

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*Innovia Foundation*

## *Introduction*

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**DEADLINE:** This application is due by 11:59 PM (PST) on Monday, August 10, 2020. Late applications will not be accepted or reviewed.

**ELIGIBILITY REQUIREMENTS:** For more information about eligibility requirements visit Greater Spokane Inc.

**QUESTIONS:** Email Greater Spokane Inc. at [grantinfo@greaterspokane.org](mailto:grantinfo@greaterspokane.org) or call 509-624-1393

**TRANSLATION SERVICES:** For assistance with this application, please contact Maria, with ASAP Translations at (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

Chinese:

有关此应用程序的帮助, 请联系珍妮刘 (Jenny Liu), 提供尽快翻译, 请致电(509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

Vietnamese:

Để được hỗ trợ bằng tiếng Việt khi điền đơn này, xin vui lòng liên lạc với Nam Thái, ASAP Translations tại số điện thoại (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com)

Spanish:

Para obtener ayuda con esta aplicación en ESPAÑOL, comuníquese con Maria Lucia Gutierrez, en ASAP Translations: (509)747-5121 [Maria@asap-translations.com](mailto:Maria@asap-translations.com).

## *Eligibility Questions*

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**Does this business have an active business license with the Washington Secretary of State?\***

*Note: must be in good standing*

### **Choices**

Yes

No - Sorry your business does not qualify

Does not apply. I am a sole proprietor or contract employee.

**Was this business established on or before March 1, 2019?\***

**Choices**

Yes

No - Sorry, businesses established on or after March 1, 2019 do not qualify

**Is the primary physical location of your business in Spokane County?\***

**Choices**

Yes

No - Sorry, businesses outside Spokane County do not qualify

**Did your business have 49 FTE\* employees or less as of March 1, 2020?\***

*\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Inc. website to determine FTE count.*

**Choices**

Yes

No - Sorry, businesses with more than 49 FTE do not qualify

**Did your business experience a financial loss due to the COVID-19 public health emergency?\***

*Note: An increase in expenses or loss of revenue qualifies.*

**Choices**

Yes

No - Sorry your business does not qualify

**In 2019, were your business' annual gross revenues under \$10 million?\***

**Choices**

Yes

No - Sorry, business' with annual gross revenue over \$10 million do not qualify

**Is your business in good standing with Washington Department of Labor and Industries?\***

**Choices**

Yes

No - Sorry your business does not qualify

Does not apply. I am a sole proprietor or contract employee.

**Is your business a licensed marijuana operation in the state of Washington?\***

**Choices**

Yes - Sorry your business does not qualify

No

**Is your business currently in bankruptcy?\***

**Choices**

Yes - Sorry, your business does not qualify

No

**Is your business one of the following?\***

*K-12 school (including charter, public, private); college or university; library, nonprofit organization, government entity/agency*

**Choices**

Yes - Sorry, you do not qualify for the small business grant program.

No

**Did your business have gross revenues greater than \$10,000 in 2019 or 2020?\***

**Choices**

Yes

No - Sorry, your business does not qualify

**Public Disclosure\***

If selected as an award recipient, I understand our business name may be publicly released due to Washington State public disclosure laws.

**Choices**

Yes

No - by not accepting this provision, your application will not be eligible

## *Business Information*

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**Are you a sole proprietor and/or contract employee?\***

**Choices**

Yes

No

**Business Name\***

*If sole proprietor or contract employee, list what is on business license:*

*Character Limit: 250*

**If you operate under a dba, please list that here**

*Character Limit: 50*

**What is the business UBI number?\***

*Please only enter numbers. If you are a sole proprietor or independent contractor enter*

**1234567890**

*Character Limit: 10*

**What is the street address for the primary physical business location?\***

*(Example: 3586 Main St.)*

*Character Limit: 100*

**What is the city for the primary physical business location?\***

*Character Limit: 100*

**What is the zip code for the primary physical business location?\***

*Character Limit: 5*

**Date business established\***

*Character Limit: 10*

**Industry/Business NAICS Classification\***

*Learn more: <https://www.naics.com/search/>*

**Choices**

- 11: Agriculture, Forestry, Fishing and Hunting
- 21: Mining
- 22: Utilities
- 23: Construction
- 31-33: Manufacturing
- 42: Wholesale Trade
- 44-45: Retail Trade
- 48-49: Transportation and Warehousing
- 51: Information
- 52: Finance and Insurance
- 53: Real Estate Rental and Leasing
- 54: Professional, Scientific, and Technical Services
- 55: Management of Companies and Enterprises
- 56: Administrative and Support and Waste Management and Remediation Services
- 61: Educational Services
- 62: Health Care and Social Assistance (includes daycare or childcare services)
- 71: Arts, Entertainment, and Recreation
- 72: Accommodation and Food Services
- 81: Other Services, includes personal services (except Public Administration)
- 92: Public Administration

**Business website and or/social media site**

*Character Limit: 2000*

**Is your business majority owned (51% or greater) by one or more of the following\***

**Choices**

- Multi-ethnic
- Tribal member
- Veteran
- Woman
- N/A

**Does your business primarily serve one or more of the following communities\*****Choices**

Multi-ethnic  
Low income  
Tribal member  
Veteran  
LGBTQ+  
N/A

## *Business Impact*

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**2019 Gross Revenue: March 1, 2019 through June 30, 2019\***

Character Limit: 20

**2020 Gross Revenue: March 1, 2020 through June 30, 2020\***

Character Limit: 20

**COVID-19 incurred expenditures - March 1, 2020 through June 30, 2020\***

What were the organization's incurred (actual) expenditures from March 1 through June 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? See Q & A for examples.

Character Limit: 20

**Projected COVID-19 related expenses July 1, 2020 through December 31, 2020\***

What are the organization's **projected** expenses from July 1, 2020 through December 31, 2020 that will be necessary to respond to the COVID-19 public health emergency? See Q & A for examples.

Character Limit: 20

**How many FTE employees did your business have as March 1, 2020?\***

\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Inc. website to determine FTE count.

Character Limit: 20

**How many FTE employees did your business have as of May 1, 2020?\***

\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Inc. website to determine FTE count.

Character Limit: 20

**How many FTE employees did your business have as of July 1, 2020?\***

\*(full time and/or equivalent part time employees). Please see Q & A on the Greater Spokane Inc. website to determine FTE count.

Character Limit: 20

**Did you apply to the Paycheck Protection Program?\***

**Choices**

- Yes
- No

**Did you receive federal Paycheck Protection Program funding?\***

**Choices**

- Yes
- No

**Paycheck Protection Program Loan Amount**

*If you received federal Paycheck Protection Program funding, please enter the amount:*

*Character Limit: 20*

**Did your business receive an SBA Economic Injury Disaster (EIDL) Advance?\***

**Choices**

- Yes
- No

**If your business received an EIDL Advance, please enter the amount:**

*Character Limit: 20*

**Has your business received any additional federal, state or local COVID financial assistance?\***

**Choices**

- Yes
- No

**Total amount of other federal, state or local assistance received**

*Note: Grant or forgivable funds*

*Character Limit: 20*

**Was your business required to close by government mandate following March 1, 2020?\***

**Choices**

- Yes
- No

**Is your business still closed due to government mandate?\***

**Choices**

- Yes
- No

**If your business is now open, how many weeks was it closed due to government mandate?**

*Character Limit: 3*

**Was your business mandated to reduce service capacity following March 1, 2020?\*****Choices**

Yes

No

**Number of weeks with limited or reduced services mandated between March 1 and June 30:**

*Character Limit: 3*

***Additional Information*****Request Amount - use whole numbers only\***

*Awards will be allocated up to \$10,000 for eligible businesses. Sole proprietors and contractors whose income is primary through their business may apply for up to \$2,500 in funding.*

*Please see Q & A on the Greater Spokane Inc. website for guidance on eligible expenses*

*Character Limit: 20*

**How will your business use the funds?\*****Choices**

Debt services and expenses related to shifts in operations

Payroll

PPE

Rent or mortgage payment(s)

Utilities

Vendor invoices

Other

**If selected other, please describe:**

*Character Limit: 100*

**Why is this grant funding important to your business?\***

*Character Limit: 1000*

**How has COVID-19 impacted your business operations?\***

*Character Limit: 1000*

**Is there anything else you would like us to know about your business?**

*Character Limit: 1000*

## Attachments

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### Attachments

Do not upload your organization's audited financial statement or IRS 990 report in lieu of the required financial information below.

#### 2019 Tax Return - First page only\*

*Upload the first page of your 2019 tax return. Please redact any sensitive information before uploading (for example: Social Security Number). If you have not filed 2019 taxes, upload the most recent filing.*

*File Size Limit: 5 MB*

## Certification

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### Certification I\*

I certify that I am authorized to submit this proposal on behalf of the organization.

#### Choices

Yes

No

### Certification II\*

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veterans status, pregnancy or genetic information.

#### Choices

Yes

No

### Certification III\*

I certify the information provided is accurate and duly reflects the applicant business activities. I attest that, if awarded OpenTogether Small Business Grant funding, the award will be used to cover expenses incurred between March 1, 2020 and December 31, 2020 related to business interruption caused by required closures due to the COVID-19 public health emergency. I acknowledge my business may be asked and may be required to provide receipts or additional documentation for up to two years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Federal Treasury or application guidelines, I agree to reimburse Spokane County the full amount of the grant award.

#### Choices



Yes

No

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements
- (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

**Name\***

*Character Limit: 250*

**Title\***

*Character Limit: 150*

**Date\***

*Character Limit: 10*

**Clicking on the SUBMIT button at the end of the application will submit your application and your application becomes locked to edits. Clicking SAVE will allow you to continue to work on your application.**

EXAMPLE