

Spokane County Hospitality Relief Grant

Innovia Foundation

Introduction

DEADLINE: This application is due by **5:00 PM (PST) on Monday, November 16, 2020**. Late applications will not be accepted or reviewed. All submitted answers are considered final and accurate.

ELIGIBILITY REQUIREMENTS: For more information about eligibility requirements and to access the updated Q & A document, [click here](#).

QUESTIONS: [Click here](#) to email questions or call 509-924-4994. Emails and calls for assistance must be received by 12:00 pm on Friday, November 13 to be guaranteed a response.

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

Eligibility Questions

Does this business have an active business license with the Washington State Department of Revenue?*

Note: [Click here](#) to check the status of your business license.

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

Was this business established on or before March 1, 2020?*

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

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

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

Did your business have 249 or fewer employees as of March 1, 2020?*

Please see the Q & A on the [Spokane Hospitality Website](#) to help determine employee count.

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

Did your business experience negative financial impact 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 and your application will not be considered

Did your business' annual gross revenues surpass \$10 million from 1/1/2020 through 9/30/2020?*

Note: Include revenue total from all locations registered under the same UBI.

Choices

Yes - Sorry your business does not qualify and your application will not be considered

No

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

You can verify your business is in good standing by visiting: <https://secure.lni.wa.gov/verify/>

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

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

Choices

Yes - Sorry your business does not qualify and your application will not be considered

No

Is your business currently in bankruptcy?*

Choices

Yes - Sorry your business does not qualify and your application will not be considered

No

Is your business one of the following?*

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

Choices

Yes - Sorry, your business does not qualify and your application will not be considered

No

Did your business have gross revenues greater than \$5,000 in either 2019, or 2020?*

Note: Include revenue total from all locations registered under the same UBI.

Choices

Yes

No - Sorry your business does not qualify and your application will not be considered

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 Impact

2019 Gross Revenue: March 1, 2019 through September 30, 2019*

Note: If no revenue from March 1, 2019 through September 30, 2019, please enter \$0

Character Limit: 20

2020 Gross Revenue: March 1, 2020 through September 30, 2020*

Note: If no revenue from March 1, 2020 through September 30, 2020, please enter \$0

Character Limit: 20

2020 Gross Expenses: March 1, 2020 through September 30, 2020*

Character Limit: 20

2020 Rent or Mortgage: March 1, 2020 – September 30, 2020*

Character Limit: 20

2020 Payroll (wages only): March 1, 2020 – September 30, 2020*

Please see the Q & A on the [Spokane Hospitality Website](#) to help determine payroll (wages only).

Character Limit: 20

2020 Utilities: March 1, 2020 – September 30, 2020*

Please see the Q & A on the [Spokane Hospitality Website](#) to help determine utilities.

Character Limit: 20

Financial Impact

Instructions: You will need to complete the **COVID-19 Expense Calculation Worksheet** to generate responses to the following two financial impact questions.

1. Download the **COVID-19 Expense Calculation Worksheet** as an [Excel File](#) or [PDF File](#)
2. Save the template to your computer.
3. Complete the information on the **COVID-19 Expense Calculation Worksheet** and enter the responses in the appropriate field of the application.
4. In addition, be sure to keep a copy of the filled out **COVID-19 Expense Calculation Worksheet** with your application for six years with all other documentation related to your grant should you receive a grant award.

Financial Impact 1) COVID-19 Incurred Expenditures*

*What were the organization's **incurred (actual)** expenditures from March 1 through September 30, 2020 that were necessary expenses to respond to the COVID-19 public health emergency? Please use the **COVID-19 Expense Calculation Worksheet** to help determine this amount.*

Character Limit: 20

Financial Impact 2) Projected COVID-19 Related Expenses*

*What are the organization's **projected** expenses from October 1, 2020 through December 30, 2020 that will be necessary to respond to the COVID-19 public health emergency? Please use the **COVID-19 Expense Calculation Worksheet** to help determine this amount.*

Character Limit: 20

Did your business receive assistance from the federal Paycheck Protection Program?*

Choices

Yes

No

Paycheck Protection Program Assistance 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 select the amount:*

Note: The amount of the EIDL Advance was determined by the number of employees indicated on the EIDL application at \$1,000 per employee, in increments of \$1,000, up to a maximum of \$10,000

Choices

\$1,000
 \$2,000
 \$3,000
 \$4,000
 \$5,000
 \$6,000
 \$7,000
 \$8,000
 \$9,000
 \$10,000

N/A - my business did not receive an EIDL Advance

Additional federal, state, or local COVID-19 assistance*

Please select additional federal, state, or local COVID-19 financial assistance received through CARES Act Dollars

Choices

Department of Commerce
 City of Spokane CARES Grant Program
 OPENTogether Grant Program
 Spokane Valley CARES Grant Program
 Working Washington Small Business Emergency Grant
 OTHER
 No, my business did not receive any federal, state or local COVID-19 financial assistance

If selected OTHER in the previous question, please share the name of the CARES Grant received:

Character Limit: 250

Total amount of additional COVID-19 financial assistance

Note: Only include grant or forgivable funds. Do not include any EIDL (loan or advance) or PPP amount in this total.

Character Limit: 20

Please describe how you have utilized additional COVID-19 financial assistance funding to date:

Character Limit: 500

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

**(full time and/or equivalent part time employees). Please see the Q & A on the [Spokane Hospitality Website](#) to help 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 the Q & A on the [Spokane Hospitality Website](#) to help 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 the Q & A on the [Spokane Hospitality Website](#) to help determine FTE count.*

Character Limit: 20

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

**(full time and/or equivalent part time employees). Please see the Q & A on the [Spokane Hospitality Website](#) to help determine FTE count.*

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

N/A - my business was not closed due to government mandate

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

Character Limit: 100

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 September 30:

Character Limit: 100

Business Information

Business Name*

If sole proprietor, list what is on business license:

Character Limit: 250

If your business operates under a dba, please list that here

Character Limit: 50

What is the business UBI number?*

Please only enter numbers.

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

Industry/Business NAICS Classification*

Select your primary business NAICS code from the following list (North American Industry Classification System).

Note: this should match the business NAICS code on your Washington Department of Revenue License. Learn more here: <https://www.naics.com/search/>

Choices

- 711110 - Performing Arts Companies
- 711310 - Promoters of Performing Arts, Sports, and Similar Events with Facilities
- 711320 - Promoters of Performing Arts, Sports, and Similar Events without Facilities
- 712110 - Museums
- 713120 - Amusement Arcades
- 713950 - Bowling Centers
- 721110 - Hotels (except Casino Hotels) and Motels
- 721191 - Bed-and-Breakfast Inns
- 722330 - Mobile Food Services
- 722320 - Caterers
- 722410 - Drinking Places (Alcoholic Beverages)
- 722511 - Full-Service Restaurants
- 722513 - Limited-Service Restaurants
- 722514 - Cafeterias, Grill Buffets, and Buffets
- 722515 - Snack and Nonalcoholic Beverage Bars

- 311811 - Retail Bakeries
- 312120 - Breweries
- 312130 - Wineries
- 312140 - Distilleries

Business website and or/social media site

Character Limit: 2000

Additional Information

Request Amount*

Note: Use whole numbers only. Grants will range from \$1,000 - \$20,000

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

Mailing Address

If funding is awarded, please provide the mailing address where payment will be sent. Accuracy of the mailing address is the sole responsibility of the applicant. Inaccurate information will result in a delay in receiving payment or loss of payment entirely.

Street Address*

Character Limit: 250

City*

Character Limit: 250

State*

Character Limit: 10

Zip*

Character Limit: 12

I have verified the mailing address above is accurate*

Choices

Yes

Certification

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 Spokane County Hospitality Relief Grant funding, the award will be used to cover expenses incurred between March 1, 2020 and December 30, 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 six years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Washington State Department of Commerce, 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. Please verify all information is accurate prior to submitting.