

UNION COUNTY BUSINESS ASSISTANCE GRANT 2022 APPLICATION

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **ZIP:** _____

Contact Person: _____ **Phone:** _____

Contact Person e-mail: _____

Business Entity Type : _____ Sole Proprietor _____ Corporation _____ LLC

Oregon Secretary of State Business Registry Number _____

Description of products(s) or services(s) offered:

Length of time in business: _____

Number of employees (FTE): _____

Does at least 50.1% of business ownership reside in Union County full time?

_____ Yes _____ No

Was your business unable to operate in its primary mode of operation due to impacts of COVID-19 or state mandated mitigation efforts? _____ Yes _____ No

Did your business experience a reduction in hours of operation due to the impacts of COVID-19 or state mandated mitigation efforts? _____ Yes _____ No

- **Average weekly hours open before COVID-19 impacts** _____
- **Average weekly hours open as of December 1, 2021.** _____

Did your business experience a reduction in capacity due to the impacts of COVID-19 or state mandated mitigation efforts? Yes No.

- Seating capacity prior to COVID-19 impacts: _____
- Lowest seating capacity between December 1, 2020 and December 31, 2021: _____

Can your business demonstrate a one-month decline in sales of 25% or more, incurred due to the COVID-19 pandemic; between December 1, 2020 and December 31, 2021 as compared against the same period of time in 2019?
 Yes No

Is your business open 12 months per year (not a seasonal or cyclical business?)
 Yes No (If no number of months operational per year _____)

Is your business no longer in operation? Yes No

If yes, do you intend to resume operations? Yes No
(If yes, when? _____)

What is your financial request based on your expenses attributed to COVID 19 losses or shut downs? _____

Explain/justify why you need these grant funds:

Did you receive funding from the 2020 Union County Business Assistance Grant Program? Yes No. If yes, amount received: _____.*

Did you receive COVID-19 grant funding from any other assistance program?
 Yes No. If yes, total amount received: _____.*

**Answering "yes" does not disqualify you from grant eligibility.*

Certifications and Representations

The information in this application, including all attachments and certifications, are, to the best of the knowledge of the undersigned, complete, current and accurate. The application presents fairly the conditions of the eligibility of the undersigned. Proceeds of the award are intended to solely support the operations and reopening expenses of the applicant business. Initial all of the following certifications that apply.

_____ The applicant business was adversely impacted as a direct result of the COVID-19 crisis.

_____ The applicant business has 30 or fewer employees as of the date of this application.

_____ The applicant business is current on all federal, state and local taxes as of the date of the application.

_____ The applicant business is headquartered in and has primary operations in Union County.

_____ The applicant business is currently registered with the Oregon Secretary of State to do business in Oregon if such registration is required.

_____ The applicant business is compliant with all federal, state and local laws.

_____ The applicant business agrees to provide, business, financial and ownership information necessary to determine and verify eligibility.

_____ The applicant business will only use these proceeds to support business-related expenses to maintain operations and/or reopen and that grant program proceeds will not be used for personal purposes.

_____ Unless otherwise directed by Executive Order, the applicant is currently operating, or intends to resume operations.

_____ Is NOT a passive real estate holding company or entities holding passive investments.

Failure to comply with eligible use of proceeds, or making a material misrepresentation about the business and its operations to qualify for an award will be a provision of default of the award and subject the award to recapture.

Union County reserves the right to request additional documentation from the applicant to verify the accuracy and authenticity of the information provided.

Should Union County determine a misrepresentation exists creating a default, the award may be forfeited and subject to repayment. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third party collection services. The applicant agrees to allow Union County to pursue such collection actions.

Printed Name

Title

Signature

Date

**Attach completed W-9
Attach Voluntary Demographic Questionnaire**

**Submit completed and signed application documents to Union County
Administrative Office, 1106 K Avenue, La Grande, OR 97850, or
bizgrant@union-county.org. Applications must be received by April 1, 2022.**