



## 2020 CITY OF MONROE SMALL BUSINESS RELIEF GRANT APPLICATION

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### NOTICE OF AVAILABLE FUNDING

The City of Monroe is accepting applications for the Small Business Relief Grant. Funding is intended to support business sustainability through the COVID-19 public health emergency. The City has allocated \$39,630 to assist businesses with expenses incurred between March 1, 2020 and October 15, 2020. Grants are anticipated to be awarded between \$1,000 and \$5,000. It will take applicants approximately 30 minutes to complete this Grant Application.

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### CHECKLIST

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/or incomplete applications will not be accepted. If you have questions regarding your application, please contact Rich Huebner at (360) 722-1684 or [RHuebner@MonroeWA.gov](mailto:RHuebner@MonroeWA.gov).

(initial each statement after reading)

- Did you sign the certification page and initial all the certification statements?
  - Does the Applicant Business meet the criteria detailed below?
  - If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted and late applications will be disqualified.
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To be considered for funding, the Applicant Business must meet the following criteria:

- Storefront or primary office space physically located within city limits of Monroe.
- Applicant Business is current on all state and local business licensing requirements, or was so on March 23, 2020 (date the Stay Home/Stay Healthy Order was issued).
- Applicant Business has experienced a 25% or greater decrease in revenue, directly attributable to COVID-19.



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## CERTIFICATION

By signing this application, I understand and affirm that: (initial each statement after reading)

\_\_\_\_\_ If awarded, requested funds will be used only for purposes described in this application. I understand the use of funds are subject to audit by the Washington State Auditor.

\_\_\_\_\_ If awarded, the Applicant Business intends to enter into a municipal services contract with the City of Monroe, provide liability insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City. In addition, the Applicant Business will provide proof of or obtain a City of Monroe business license, if required.

\_\_\_\_\_ Grants awards will be determined by the City of Monroe in its sole discretion. Applications may be awarded for the full or a partial amount of the grant requested, or declined.

\_\_\_\_\_ Small Business Relief Grant funds are to provide funds for expenses incurred due to the COVID-19 public health emergency between March 1, 2020 and October 15, 2020. The Applicant Business cannot obligate any Small Business Relief Grant funds to expenses incurred or anticipated outside that date range.

\_\_\_\_\_ The City of Monroe will only issue funds for those costs actually incurred by the Applicant Business, and only after a municipal services contract detailing the approved expenses has been executed between the parties, and a signed Request for Payment form (or other form acceptable to the City) has been submitted to the City.

\_\_\_\_\_ I certify that I have the legal authority of the Applicant Business represented in this application to submit this request for funding on its behalf, and I further certify that the information submitted in this application is true and correct to the best of my knowledge. I understand that the City of Monroe will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in a repayment of grant funds.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CITY OF MONROE  
2020 SMALL BUSINESS RELIEF GRANT  
APPLICATION PACKET



SUBMISSION DEADLINE:  
Friday, August 14, 2020  
4:30 p.m.

Applications must be mailed or emailed to:

City of Monroe  
Monroe City Hall  
Attn: Rich Huebner  
806 W. Main Street  
Monroe, WA 98272  
[rhuebner@monroewa.gov](mailto:rhuebner@monroewa.gov)

Completed applications must be received by the date and time specified. Postmarks will not be accepted.  
If mailing, be sure to allow enough time for delivery.



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### Applicant Business Contact Information

Legal Name of the Business \* \_\_\_\_\_

Doing Business As (DBA) Name (if applicable) \_\_\_\_\_

Unified Business Identifier (UBI) Number \* \_\_\_\_\_

Business Street Address \* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(if different from street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Website \* \_\_\_\_\_  
(Please enter "N/A" if none)

Date Applicant Business Established in Monroe \* \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_  
(if different from business mailing address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Phone: (     ) \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

Briefly describe the Applicant Business and its products/services:

Maximum 500 characters



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## About the Applicant Business

Applicant Business Industry Sector:

Arts / Entertainment / Recreation

Personal / Professional Services

Construction

Retail

Hospitality & Travel

Restaurant / Dining / Bar

Manufacturing

Other: \_\_\_\_\_

- All applicant businesses will be evaluated equally. Industry categorization is for informational and statistical purposes only.
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Applicant Business Ownership:

Business qualifies as a minority-owned business

Business qualifies as a veteran-owned business

Business qualifies as a woman-owned business

Business qualifies as an LGBTQ-owned business

None of the above

- Please check all that apply. Business Ownership is for informational and statistical purposes only.
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Total Employee Compensation Hours, January 2020:

Applicant Business is a Sole Proprietorship:

\_\_\_\_\_

Yes

No

Total Employee Compensation Hours, May 2020:

\_\_\_\_\_



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### COVID-19 Impacts

Briefly describe how the Applicant Business has been impacted by the COVID-19 pandemic:

*Maximum 500 characters*

Date the impact began: \_\_\_\_\_

Briefly describe the anticipated duration and long-term effect of the above-described impact:

*Maximum 500 characters*

The goal of the Small Business Relief Grant is to provide assistance to as many businesses as possible, and grants are anticipated to be awarded between \$1,000 and \$5,000. What is the minimum grant amount that would assist the Applicant Business to remain solvent?: \$ \_\_\_\_\_

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Is the Applicant Business currently closed due to the Governor's Proclamation?

Yes

No

In what Phase of the Safe Start Washington Plan did the Applicant Business reopen?

If not open as of the date of submission of this application, in what Phase will the Applicant Business open?

Phase 1

Phase 2

Phase 3

Phase 4

What is the likelihood of the Applicant Business closing permanently **if awarded a grant**?

High

Medium

Low



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## COVID-19 Funding Assistance

Briefly describe how the Applicant Business will use grant funds, **if awarded**: *Maximum 500 characters*

Has the Applicant Business applied for other Federal, State or local funding related to COVID-19?

Yes

No

If yes, briefly describe the source(s) and amount(s) applied for, and any awards received:

*Maximum 500 characters*

If yes, briefly describe how the Applicant Business will use grant funds, **if awarded**, differently:

*Maximum 500 characters*

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Briefly describe how a grant, **if awarded**, will assist the Applicant Business to remain solvent:

*Maximum 500 characters*

Any additional comments or information the Applicant Business would like to provide:

*Maximum 500 characters*