

KITSAP CARES

Small Business Rental Relief Grant Program

www.KitsapCaresSmallBiz.com

The [Kitsap Economic Development Alliance](#) is partnering with Kitsap County to administer a small business rental relief grant and committed up to \$880,000 of federal Corona Aid, Relief and Economic Security (CARES) Act funding. These funds must be fully distributed by November 31, 2020. The intent of this funding is to reimburse **business-related commercial rent or lease expenses** and/or **expenses related to personal protection equipment (PPE), business retrofits and supplies** paid between March 1, 2020 and date of the grant application. This application period is open to ALL small businesses with a physical location in Kitsap County.

CARES grants are also available to businesses in Kitsap cities. For a complete list of grants available, click [here](#).

*Funds will be awarded on a first-come-first served basis to businesses meeting all eligibility and application requirements. Businesses may receive **up to \$10,000 based** upon eligible COVID-19 impacts. (See Gross Revenue reporting on next page.) Businesses who were previously funded at a lower amount may be eligible for increased funding. **Reapplication is required.***

Funds will be distributed on a first-come, first-served basis via an online application

Applications are open now through noon, September 30. Go to www.KitsapCaresSmallBiz.com to apply.

WHAT'S DIFFERENT WITH PHASE 4 FUNDING:

- COVID-19 related PPE retrofits & supplies now eligible for reimbursement.
- Employee cap now up to 50 with no minimum. Owners may be considered employees.
- Receipt of EIDL/EIDG and PPP do NOT disqualify businesses. Double-dipping on reimbursements for the same months is still prohibited.
- Reimbursements may be for rent/lease and/or PPE paid March 1 through October 1, 2020.

ELIGIBLE BUSINESSES

- Be active and licensed in Washington, with a physical business address in Kitsap County
- **501(c)3 nonprofits are eligible**
- Grant limitations: one per owner/business entity or franchise holder (not per location)
- Able to demonstrate a documented loss of income due to COVID-19 and/or the Governor's related orders
- Declaration must show at least \$5,000 impact – **Demonstrated impact determines loan amount**
- Have no more than 50 employees FTE (not including owner) as of January 15, 2020
 - FTE defined as 32-40 hours or FT salaried
- Have been in business as of March 1, 2019
- Have gross revenues not to exceed \$5 million per year
- Have NOT received previous business CARES grant (from any Kitsap County CARES program) and/or Working Washington Small Business Emergency Grant
- Receipt of Paycheck Protection Program (PPP) and EIDL/EIDG funds does not disqualify applicants, however applicants can NOT seek rent or PPE reimbursement under this program AND the PPP/EIDL program for the same time period.

Businesses MAY NOT use the funding for the following activities:

- Any expense that would not be considered an eligible business expense by IRS rules.
- Political contributions
- Bonuses to owners or employees.
- Charitable contributions, gifts, or parties
- Draw or salary to owner that exceeded the amount that they were paid on a weekly or monthly basis for the same period in 2019
- Pay down or pay off debt by more than required in underlying debt instrument

BE READY TO APPLY

Applications will be accepted on a first-come, first-served basis via the online application.

Please have this information and required documentation (pdf files for uploading) on hand when applying.

Funds will be awarded to those meeting all eligibility and application requirements.

<https://www.kitsapcaressmallbiz.com/>

☐ **WA STATE UBI**

☐ **Completed IRS W9 FORM**

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

☐ **WA DEPT OF REVENUE 4-DIGIT LOCATION CODE**

<https://webgis.dor.wa.gov/taxratelookup/SalesTax.aspx>

(NONPROFITS will be reviewed based upon physical address of its main office rather than DOR tax rate)

☐ **GROSS REVENUE**

Eligible businesses will have a gross revenue NOT exceeding \$5 million per year

☐ **DETERMINING ELIGIBLE COVID-19 IMPACTS:**

The following report/comparison of gross revenue will be used to determine your COVID related impacts:

2019 Q2 GROSS REVENUE \$ _____

2020 Q2 GROSS REVENUE \$ _____

BUSINESS STRUCTURE

- ☐ Sole Proprietorship
- ☐ General Partnership
- ☐ Limited Liability Company (LLC)
- ☐ Cooperative
- ☐ Close corporation
- ☐ Corporation
 - ☐ C Corp
 - ☐ S Corp
 - ☐ B Corp
- ☐ Nonprofit 501(c)3
- ☐ Limited Partnership (LP)
- ☐ Limited Liability Partnership (LLP)
- ☐ General Partnership

☐ **DATE BUSINESS OPENED**

Eligible businesses will have been in business before March 1, 2019

☐ **NUMBER OR EMPLOYEES (FTE)**

Eligible businesses will have fewer than 50 employees (FTE) not including owner as of January 15, 2020

Calculations: Full Time Equivalent = FTE

Final numbers to be rounded up.

Full-Time Employees are employees (not volunteers) working 30-40 hours per week = 1 FTE

Part-Time Employees are employees (not volunteers) working less than 30 hours per week.

For multiple part time employees add their hours together and divide by 40.

Example: 3 Employees working the following 11+29+20 hours = 60 Hours/40 hours = 1.5 FTE

☐ **REQUIRED DOCUMENTATION**

- ☐ commercial lease/rent agreement
- ☐ monthly invoices equal to your COVID impact up to \$10,000 (A memo from landlord can be accepted in lieu of invoice.) *Applicable rent dates are March 1, 2020 to date of application.*
- ☐ Receipts for PPE purchases and COVID related retrofits (plexiglass, hand sanitizer, masks, etc)

Applications without uploaded documentation will be considered incomplete and ineligible.

www.KitsapCaresSmallBiz.com

PREPARATION PURPOSES ONLY

Phase 4 - Kitsap CARES Small Business Reimbursement Grants



This grant program is for firms operating in Kitsap County with up to 50 FTE (including owner) and holding a current WA business license. Funding made possible by CARES funds distributed by Kitsap County.

More details at <https://www.kitsapcaressmallbiz.com>

Company Information

Legal Company Name *

DBA (if applicable)

Address *

State



Date Business Opened *



UBI Number *

Is the business L&I account current?

☐ Yes

☐ No

you can look up and verify the status here: <https://secure.lni.wa.gov/verify/>

NOTE: you may not have an L&I account if you have no employees

CEO/President/Owner

Name *

Email *

Phone *

Company Website (if applicable)

Person Filling Out Form (if different from CEO/President/Owner)

Name

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Email

Phone

Industry *

- | | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Childcare | <input type="checkbox"/> Construction/Building Trades |
| <input type="checkbox"/> Food Services/Restaurant | <input type="checkbox"/> Hospitality/Rec/Accomm | <input type="checkbox"/> Healthcare/Medical/Dental |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Real Estate/Property Management | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Salon/Spa | <input type="checkbox"/> Supplies/Wholesale | <input type="checkbox"/> Technology/Research |
| <input type="checkbox"/> Transportation/Logistics | | |

Does your business REQUIRE in-person (physical) interaction? *

☐ Yes ☐ No

Does business have a public facing storefront? *

☐ Yes ☐ No

Company Background

Number of FTE (1/1/2020) *

Number of FTE today (date of application) *

FTE Calculations: Full Time Equivalent = FTE. Final numbers to be rounded up.

- **Full-Time Employees** (Not Volunteers) = Employees working 30-40 hours per week = 1 FTE
- **Part-Time Employees** (Not Volunteers) = Employees working less than 30 hours per week, add their hours together and divide by 40. Example: 3 Employees working the following 11+29+20 hours = 60 Hours/40 hours = 1.5 FTE.

Business Structure *

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> C-Corp | <input type="checkbox"/> Close Corporation |
| <input type="checkbox"/> B-Corp | <input type="checkbox"/> S-Corp |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Partnership (LP) |

Is your business HOME BASED? *

☐ Yes ☐ No

Signed Business W-9 *

Upload or drag files here.

You can find a fillable W-9 here. <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Applications with an unsigned w9 are considered incomplete

Company description. Describe the company and its products/services. *

Is your business OMWBE (WA Office of Minority and Women Business Enterprises) certified?

☐ Yes ☐ No

Are you a veteran?

☐ Yes ☐ No

Is your business woman owned? (51% or more ownership)

☐ Yes ☐ No

Is your business minority owned? (51% or more ownership)

☐ Yes ☐ No

Please check one of the following:

☐ White☐ Black or African American☐ Asian☐ Other Race☐ Hispanic or Latino☐ American Indian or Alaskan Native☐ Native Hawaiian or Pacific Islander

Economic Impact

Economic Impact. Describe the effect of the public health crisis on the business *

COVID response - did you implement new products or services to recoup or increase revenue? *

☐ Yes ☐ No

New Product or Service Details -- this must be completed if you checked Yes.

Q2 2019 Gross Revenue *

This is earned revenue only. Do not include loans or grants.

Q2 2020 Gross Revenue *

This is earned revenue only. Do not include loans or grants.

Are you able to operate and be open under the current Safe Start guidelines? *

☐ Yes☐ No

Date business closed due to COVID 19 (if applicable) *



Date business re-opened (if applicable)



2019 Annual Gross Revenue *

☐ \$1 - \$500,000☐ \$500,000 - \$2.5M☐ \$2.5M - \$5M☐ \$5M and above

Additional comment about revenue impact *

Likelihood of Permanently closing the business *

☐ High ☐ Medium ☐ Low

Business closed due to Governor's Directive? *

☐ Yes ☐ No

Number of potential jobs lost. *

Will this grant help retain jobs? If so, how many? *

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Choice *

- ☐ Working WA Small Business Emergency Grant
- ☐ Kitsap CARES rent relief grant
- ☐ Port Orchard CARES grant
- ☐ Bremerton CARES grant
- ☐ Traditional bank loan
- ☐ Dept of Child, Youth and Families Child Care grant
- ☐ Bremerton Chamber grant
- ☐ Other local or state grant
- ☐ I did not receive a state or local grant

If you checked any of the state or local grant programs - please list the

You noted you received a local or state grant. Please list the grant program and grant amount above.

Award of SBA funds does not impact the business scoring; we must confirm the use of this potential grant is different from the loan funding uses.

Federal funds such as EIDL, PPP and CARES cannot be used for same use twice -- i.e. if you used funds for April rent, this grant cannot be used for April rent.

You may NOT be reimbursed by multiple funders for the same cost (double-dipping). "No duplicate payment or supplanting of other costs is allowed"

Determining Eligible Expenses

Explain how funds will be used to help the business. This information is necessary to ensure that proposed expenses are eligible for reimbursement.

If you can answer YES to all questions below, the costs may be eligible:

- the expense is connected to the COVID-19 emergency
- The expense is "necessary" to continue business operations
- The expense is NOT filling a shortfall in government owed payments (i.e. taxes, licenses, state/county/federal and/or city fees)
- You will self-attest by signature that the expense is NOT funded by any other funder, whether private, state or federal
- You would not be seeking this grant IF you had NOT been impacted by COVID-19

Detail how funds will be used to help the business. This information can help us ensure that proposed expenses are eligible for reimbursement. *

Be as specific as possible. General statements like "it will make a huge difference" and "I will probably buy something to help" are not adequate.

Amount of CARES grant money being requested (up to \$5,000) *

This grant may reimburse a business up to \$5,000 of eligible rent and/or PPE expenses.

Lease Documentation

or drag files here.

For rent reimbursement, the following are required:

- lease (or just the pages showing landlord, business owner, and monthly lease amount)

- invoice, receipt and/or memo showing months paid

PPE Reimbursement

or drag files here.

For PPE reimbursement, you must provide receipts of all products and/or retrofit (such as plexiglass surrounds) required to operate safely.

Self Certifications

I certify my business has been negatively impacted by emergency public health protections in place and/or mandatory closure buy executive order due to COVID-19.

Affirmation *

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- | | |
|---|---------------|
| I certify my business has not been debarred by the Federal Government. | Affirmation * |
| I certify my business is licensed in Washington State, has an active UBI number. Note: Tribal Businesses without a UBI number may submit a certification from the Tribe recognizing them as a business in good standing | Affirmation * |
| I certify my business does not have any L&I Tax debts, or any license violations. | Affirmation * |
| I certify my business acknowledges and agrees to comply with the Governor's phasing plan applicable to my business. | Affirmation * |
| I certify that if the business receives a grant the funds will only be spent on expenses connected to the COVID-19 emergency. | Affirmation * |
| I certify that if the business receives a grant the funds will not be spent on filling a short fall in government revenues. (i.e. taxes, licenses, state, county, federal and/or city fees) | Affirmation * |
| I certify that if my business receives a grant the funds will not be spent on an expense that is funded by any other funder, whether private, State or Federal. | Affirmation * |
| I certify that if my business would not be applying for this grant IF it had NOT been impacted by COVID-19. | Affirmation * |

Declararation Signature

Signature *

Title of application signer *

Date Signed *