



CITY OF MILTON

Small Business Assistance Program Policy

PURPOSE

The City of Milton has created a Small Business Assistance Program to provide financial assistance to qualifying local small businesses that have been negatively affected by the COVID-19 pandemic. The purpose of the program is to help these businesses mitigate the economic impacts of COVID-19, lessen disruptions to workers, and maintain availability of local goods and services.

FUNDING

The City is allocating \$100,000 from the City's portion of CARES Act funding to implement a Small Business Assistance Program available to eligible local small businesses.

ASSISTANCE INFORMATION

Assistance up to \$3,000 for non-home-based local small businesses and up to \$1,000 for other local small businesses will be available to assist those establishments that were closed in compliance with Governor Inslee's *Stay Home, Stay Healthy* order, as well as those businesses whose hours of operation were affected and suffered a severe loss of revenue due to COVID-19 and the *Stay Home, Stay Healthy* order. Only one application may be submitted for each business regardless of the number of business locations.

ELIGIBILITY CRITERIA

To be eligible, businesses must meet each of the following criteria:

- Private, for-profit business.
- Located within the City of Milton.
- Current City of Milton business license.
- Fully operational and open for business on or before March 11, 2020.
- Twenty-five (25) or fewer full-time equivalent employees.
- Negatively impacted by COVID-19.
- Ability to demonstrate the negative financial impacts of COVID-19 with financial statements, excise or income tax returns, or other similar documentation.
- Business or any owner may not be suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal transactions.

APPLICATION PROCESS

All applications for assistance must be received by the City by November 25, 2020. All required supporting documentation must be submitted with a completed application in order to be considered for assistance.

Submission of an application is not a guarantee of assistance. Businesses will be notified by e-mail once their application has been approved. Recipients will be required to complete a W-9 form and sign a contract with the City. Assistance amounts will be paid directly to the applicant business after receipt of a signed contract and W-9 form.

Limited funds are available and will be awarded on a first come, first served basis, determined by completed applications and proper documentation. If incorrect, misleading, fraudulent, or incomplete information is submitted on an application, it will be deemed ineligible.

ELIGIBLE USES OF PROGRAM FUNDS

All eligible expenses must be incurred between March 11, 2020 and November 25, 2020.

- Payment of business rent or required monthly business loan payments.
- Payment of regular wages, employee benefits and taxes, provided such expenses have not been and will not be reimbursed under any federal, state or regional program.
- Typical draws or wages paid to owners, provided such draws or wages are consistent with those paid to owners in previous corresponding quarters, years or other appropriate time intervals.
- Typical operating expenses, including those set forth on an income statement as regular, ongoing costs of operating the business.
- Expenses for compliance with COVID-19 related public health measures, including personal protective equipment and supplies, plexiglass barriers or other similar equipment, and expenses reasonably necessary for the protection of public health and the health of business owners and employees.

INELIGIBLE USES OF PROGRAM FUNDS

- Bonus payments to owners, officers or employees.
- Draws or wages paid to owners that exceed amounts paid in previous corresponding quarters, years or other appropriate time intervals.
- Payment of wages to any member of an owner's family who is not a bona fide employee.
- Paydown or payoff of debt by more than the monthly amount required by the underlying debt instrument.
- Expenses for which the business has received or expects to receive reimbursement from other federal, state or regional programs.
- Damages covered by insurance.
- Severance pay.
- Legal settlements.
- Political or charitable contributions, donations and gifts.
- Reimbursement to donors for donated items or services.
- Any expenses not considered eligible business expenses by IRS rules.

Application deadline is Wednesday, November 25, 2020

This program may be closed on November 25th, or such date as allocated funding has been used, whichever is earlier. The program may be extended in the event additional funding is allocated or CARES Act funding deadlines are extended.

This project was supported by a grant awarded by US Department of the Treasury. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of the Treasury. Grant funds are administered by the Local Government Coronavirus Relief Fund thru the Washington State Department of Commerce.



SMALL BUSINESS ASSISTANCE PROGRAM APPLICATION

Application for small business assistance as funded by and allowed under the
Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

All sections of this application must be completed for consideration.

Contact Information

Business Name _____

Business Address _____

Mailing Address _____

(if different) _____

Contact Name _____

Phone Number _____

Email Address _____

Business Information

Amount Requested _____

Assistance up to \$3,000 for non-home-based local small businesses and up to \$1,000 for other local small businesses is available.

Number of Employees _____

Years in Business in Milton _____

UBI Number _____

Business Description _____

- Yes No Is this a private, for-profit business?
- Yes No Is this a home-based business?
- Yes No Does this business have a current City of Milton business license?
- Yes No Was this business fully operational and open for business on or before March 11, 2020?
- Yes No Is this business or any of its owners currently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a federal transaction?
- Yes No Has this business received any other federal, state or regional financial assistance?
If yes, please describe. _____

Operational and Financial Impacts of COVID-19

- Yes No Was this business closed in compliance with Governor Inslee's *Stay Home, Stay Healthy* order, or were business hours of operation affected by COVID-19 and the *Stay Home, Stay Healthy* order?
- Yes No Did this business suffer a severe loss of revenue due to COVID-19 and the *Stay Home, Stay Healthy* order?

Please briefly describe the operational and financial impacts this business has suffered as a result of COVID-19 and Governor Inslee's *Stay Home, Stay Healthy* order.

If awarded, how will the funds be used? *Please select all that apply.*

- Payment of business rent or required monthly business loan payments
- Payment of regular wages, employee benefits and taxes
- Payment of regular operating expenses or ongoing costs of operating the business
- Payment of expenses for compliance with COVID-19 related public health measures
- Other _____

Certification

I, *(name and title)* _____
of *(business name)* _____

have approved the submission of this application and certify that the information is true and correct to the best of my knowledge. If assistance is awarded, the applicant agrees to enter into an agreement with the City of Milton and agrees to use the funds awarded in the intended manner consistent with the City's eligibility requirements. The applicant also agrees to provide all documentation necessary for the City to verify use of the funds, if requested.

I understand that I may or may not receive assistance under this program and, if provided, assistance amounts will be paid directly to the applicant business. I also understand this application and any information submitted to the City is a public record and may be subject to disclosure under RCW 42.56.

Signature _____ Date _____

Application deadline is Wednesday, November 25, 2020

Please submit completed applications and documentation to the City of Milton:

BY EMAIL	accounts payable@cityofmilton.net	BY DROP BOX	Drop boxes are located at:
BY MAIL	City of Milton		Milton City Hall
	Small Business Assistance Program		1000 Laurel Street
	1000 Laurel Street		Milton, WA 98354
	Milton, WA 98354		

Small Business Assistance Program Review (for City use only)

Approved Yes No Amount _____

Approval Signature _____ Date _____