

Palouse Regional Small Business Recovery Fund Application

Business Legal Name		Business TIN	Business Phone
Business Address		Primary Contact	Email Address
Purpose of the Grant: <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Public Utilities <input type="checkbox"/> Internet <input type="checkbox"/> Electricity <input type="checkbox"/> Other			

****NOTE:** The grant is not a cash payment to your business, it pays directly to landlord, financial institution, or utility company.

Questions	Yes	No
1. Number of employees including owner(s) ? (<10 FTE)	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your business receive Federal, State or Local funding? Please list funding sources.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your business physically located in (insert county name(s) here)?	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATIONS Insert qualifications to receive grant below, see examples

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

- _____ The applicant was in operation February 2020 and was in good standing with Rent/Mortgage and utilities.
- _____ Current economic uncertainty makes this request necessary to support ongoing operation.
- _____ I understand that if the funds are knowingly used for unauthorized purposes, I maybe held liable, such as charges of fraud.
- _____ If the grant is approved the Applicant will provide requested rent/mortgage/utility bills or other receipts within 72 hours of acceptance.
- _____ We do not sell/distribute cannabis, tobacco, or vaping products.
- _____ We have no more than 10 FTEs - including owner(s)
- _____ We are physically located in (insert county name(s) here).

Signature of Authorized Representative of Applicant

Date

Print Name

Title