

Fairfield Small Business/Non-Profit Organizations Grant Program

Grant Details: This is a \$25,000 program granted through Washington's Department of Commerce. Awards will be allocated up to \$5,000 for eligible businesses and be award as reimbursements for expenditures/losses from March 1, 2020 through August 1, 2020.

Eligibility: Businesses must have primary operations within Town of Fairfield city limits with fewer than 10 employees, or equivalent FTE (full-time employees), have all the required business licenses from the county/state, are in good standing with the Washington State Secretary of State and department of Labor & Industries, and must demonstrate expenditures/losses* due to the COVID-19 public health emergency.

*Supporting documentation must be provided for qualified expenditures/losses

SMALL BUSINESS GUIDELINES

Priority consideration given to:

- Businesses deemed non-essential that were forced to close, and additionally with sustained closures, due to COVID-19 related government mandate
- Businesses who have sustained job and revenue loss due to government mandated closure
- Organizations who have not been eligible for any other federal or state emergency funding

Additional consideration given to:

- Multi-ethnic, women or veteran owned businesses
- Businesses with a plan demonstrating economic and community impact from grant award

Exclusion criteria: the following organizations are NOT eligible to apply for the program:

- Organizations located outside of Town of Fairfield's city limits
- Government entities
- Businesses currently in bankruptcy
- Organizations with more than \$1M in annual gross revenue during 2019 tax year

Eligible expenses:

- Businesses must demonstrate they have experience or anticipate they will experience a financial loss due to COVID-19 to qualify for this gran.
- Grants will provide working capital for small businesses to support payroll, rent, utilities, taxes, accounts payable, debt services and expenses related to shifts in operations in order to retain existing businesses, retain current employees or retain business viability for future re-employment
- Funds may not be utilized to pay bonuses, commissions, dividends or salary increases to owner(s) or investor(s)

NONPROFIT ORGANIZATION GUIDELINES

Grant Details: This is a \$25,000 program granted through Washington's Department of Commerce. Awards will be allocated up to \$5,000 for eligible businesses

Eligibility: Active 501(c)(3) registered in Spokane County that have been established and operating prior to July 1, 2019, have not permanently ceased operations, are in good standing with the Washington State Secretary of State and Department of Labor & Industries, and must demonstrate expenditures/losses due to the COVID-19 public health emergency.

Priority consideration given to:

- Organizations with an annual operating budget/contributed revenue above \$25,000
- Nonprofit organizations that mitigate the critical the public health and economic impacts of the COVID-19 crisis for residents who rely on those organizations for critical services. This includes, but is not limited to, organizations providing essential human services.
- Nonprofit organizations that contribute to economic, cultural, and civic vitality.

Exclusion Criteria: the following are not eligible to apply for the program:

- Organizations receiving county-allocated CARES dollars under other programs
- For-profit entities
- Organizations located outside of Town of Fairfield
- Profession societies and associations
- Fund raising/single support organizations
- Churches, except for specific programs with direct service offered to general public

Eligible expenses:

- Nonprofits must demonstrate they have experienced or anticipate they will experience a financial loss due to COVID-19 in order to qualify for this grant.
- Grants will provide working capital for nonprofits to support payroll, rent, utilities, taxes, accounts payable, debt services and expenses related to shifts in operations in order to retain existing operations, current employees or continue organizational viability for future re-employment
- Funds may not be utilized to pay bonuses or reimbursements for board expenses.

TOWN OF FAIRFIELD COVID-19 RELIEF PROGRAM APPLICATION

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Business/NonProfit Name: _____ UBI: _____

Physical Address: (Must be within Town limits) _____

Mailing Address: (If different from physical) _____

Phone Number: _____ Website Address: _____

Primary Contact: _____

Grant Amount Requested: (maximum \$5,000) _____

APPLICATIONS WILL BE ACCEPTED FROM AUGUST 5 THROUGH CLOSE OF BUSINESS SEPTEMBER 4

Describe your business addressing each of the following:

- A brief description of the purpose and history of the business
- Your mission and goals
- Briefly describe why your business is requesting this grant
- What is your strategy to address ongoing concerns?
- Form of business (S corp, partnership, etc.)
- Number of employees on March 1, 2020 and number of employees on stand-by, furloughed, or laid off as of April 30, 2020
- Provide sale/revenue as of March 1, 2019 versus sale/revenue as of March 1, 2020, and demonstrated ability to sustain normal business operations during this period
- Provide documentation of business losses starting 03/01/20, directly related to COVID-19
- Did you apply for federal grant funding? If not, or if denied, please explain
- What was your ability to operate after 3/23/20? If able to operate, under what restrictions-if any?
- Grant is a reimbursement of expenses – so please attach invoices/receipts for expense (normal businesses expenses as well as any additional COVID-19 cleaning expenses).

AUTHORIZATION

I (print name _____) the (print title-owner,CEO) _____ of (print business name) _____ have approved this application submission.

If I/we receive a grant, I/we agree to enter into a contract with the Town of Fairfield promising to:

1. Use the grant funds in the intended manner:
2. Provide all receipts/documentation necessary for the Town to verify the use of the funds.

Name and Title of Authorizing Member: _____

Signature: _____ Date: _____

Submit completed applications to : mayor@fairfieldwa.com by no later than 9/04/20.