



Harney County CARES Oregon Business Grant Application

Through the Governor's Office and State of Oregon, Harney County received 564,855 in federal funds from the Coronavirus Aid, Relief and Economic Security (CARES) Act to assist and support Oregon businesses who have been impacted by COVID-19 restrictions.

These funds were allocated to Harney County to distribute to businesses who have been financially impacted as a direct result of the COVID-19 pandemic, with priority for hospitality & restaurants. Businesses impacted by the freeze and Executive Orders 20 -1 2 or 20 -6 5, Small businesses, women, Black, Indigenous, People of Color and Tribal-owned businesses are also priority.

Applications due 12:00pm (noon) on Monday, December 21, 2020.

Applications can be submitted using the Submit button at the end of this document, or emailed to hccovidgrant@gmail.com or turned in at the Clerks office at the Harney County Courthouse 450 North Buena Vista Burns, Oregon 97720. For questions, please call Harney County Court 541-573-6356.

Sec A: Applicant Information

1. Entity Legal Name _____

(If different than above) Business Name or DBA _____

2. Employer Identification Number (Federal EIN) _____ I do NOT have an EIN
Social Security Number (If no EIN) _____

3. Please select the industry option that most closely represents the majority of the applicant's activities.

- Accommodation/Hospitality/Restaurant Business/Prof. Services Retail Agriculture Healthcare
 Manufacturing/Distribution Non-Profit Gym Entertainment/Recreation
 Other _____

4. Brief
Summary
Services-
Goods Offered
by business

5. NAICS Code: _____ (listed on most recent federal tax filing). <https://www.census.gov/eos/www/naics/>

6. Registry number with Oregon Secretary of State (if such registration is required): _____

7. Business Identification Number (BIN): _____
(BINs are issued by the Oregon Employment Department (OED) and are required for all businesses that have 5 or more employees and for businesses with fewer than 5 employees that file OED Form 132).

8. Number of Full Time Equivalent (FTE) employees: _____

(FTE should be based on hours reported to OED on Form 132 for any of the following quarters: Q4 2019, Q1 2020, Q2 2020 or Q3 2020. **Hired consultants, independent contractors and indirect employees are not considered employees of the applicant for purposes of this grant.** Total hours reported on Form 132 ÷ 455 = FTE. Total hours reported on Form 132 ÷ 455 = FTE. Email OED Form 132 used to complete this FTE calculation to hccovidgrant@gmail.com. Proof, such as payroll records, may also be used to verify FTE.

9. Please check all that apply for your business ownership:

- Black or African American Women Other minority _____ Native Hawaiian or Pacific Islander
- Hispanic Latino Tribal-owned/member or Native American or Alaska Native Asian
- Service-disabled or Veteran Owned

Sec B: Business Location

10. Street Name, City and Zip Code _____

Sec C: Mailing Address

If different than above for fund distribution.

11. Street Name _____ City _____ Zip Code _____

Sec D: Primary Contact/ Applicant

12. First Name _____ Last Name _____

13. Title _____ Phone _____

14. Email _____

Sec E: Additional Business Information

15. Harney County is Applicant's

- Only or headquarters location
- Branch location with headquarters in another Oregon county _____
- Applicant's business has operated in Harney County since _____ (specify date or year)

16. Structure or business type (check all that apply)

- Corporation LLC LLP Sole Proprietorship Partnership Non-Profit 501 (c)(3)

Company Principals- if there are more than 4 owners, provide the additional owners with ownership percentages separately:

Name _____ Title _____ Percent Ownership ____

Name _____ Title _____ Percent Ownership ____

Name _____ Title _____ Percent Ownership ____

Name _____ Title _____ Percent Ownership ____

Sec F: Financial Impact Information & Grant Request Amount

A business can qualify for this grant if the business was adversely affected in either **ONE** of the following three ways:

- a. The business was prohibited from operating as directed by Executive Orders 20-12 or 20-65.
- b. The business can demonstrate a one-month decline in sales of 25% or more, incurred by the COVID-19 pandemic, between March 1, 2020 and November 30, 2020, as compared against the same period of time in 2019.
- c. During March 2020 – December 2020 the business incurred necessary and unbudgeted expenditures due to the COVID-19 public health emergency.

17. Please provide information about the impact of the Governor’s Executive Orders or COVID-19 to your operations.

My business was prohibited from operations under Executive Order 20-12; but my business reopened and remains open. Sales verification is **not** required. Proceed to question 18.

My business is closed due to Executive Order 20-65; but my business intends to reopen. Sales verification is not required. Proceed to question 18

My business is open. However, for a one-month period between March 1, 2020 and November 30, 2020, and for a like corresponding period in 2019 (e.g. April 2019 and April 2020), the business had a decline in sales of 25% or more as demonstrated in **one** of the following documents, *which I will email to hccovidgrant@gmail.com*:

Profit and Loss Statement (like period in 2019 and 2020 e.g.- April 2019 and April 2020); **or**

Income Statement (like period in 2019 and 2020 e.g. April 2019 and April 2020).

My business is requesting grant funds because during March 1, 2020 to December 30, 2020 my business incurred necessary and unbudgeted expenditures due to the COVID-19 public health emergency. *I will email a detailed itemization of such expenditures including date incurred, dollar amount expended and what was purchased to hccovidgrant@gmail.com*

18. Please check the box of the amount of grant that you are requesting.

\$6,000 0-4 Employees (Verification not required for 0-4 employees)

\$9,000 5-9 Employees

\$12,000 10+ Employees

FTE should be based on hours reported to OED on Form 132 for any of the following quarters: Q4 2019, Q1 2020, Q2 2020 or Q3 2020.

Hired consultants, independent contractors and indirect employees are not considered employees of the applicant for purposes of this grant.

Total hours reported on Form 132 ÷ 455 = FTE. Email OED Form 132 used to complete this FTE calculation to hccovidgrant@gmail.com. Proof, such as payroll records, may also be used to verify FTE.

Sec G: Include the following

- Profit and Loss Statement (like period in 2019 and 2020) or Income Statement (like period 2019 and 2020) or Itemization of Necessary Expenditures due to the COVID-19 public health emergency.
- Proof of number of FTE employees (OED Form 132 or other payroll records).

Complete the following forms at the end of this application.

- W9 form
- Demographic Questionnaire

PLEASE NOTE: Your grant application will NOT be processed if you do not include all needed documents. Additional documents can be emailed to hccovidgrant@gmail.com.

Sec H: Harney County CARES Grant Certification by Applicant and Agreement

The Applicant certifies that:

_____(initial) All information and statements contained in this Application, and all documents submitted with this Application, are to the best of Applicant's knowledge, true, accurate, complete, and not misleading, as of the date of this Application. Any further information or documentation submitted by Applicant in connection with this Application shall also be subject to this certification, which shall be deemed to be remade as of the date submitted.

_____(initial) Applicant has fully complied with, and will fully comply with, all federal, state and local laws, regulations and orders applicable to this grant and applicable to Applicant's business, assets and/ or operations, and the Applicant is not currently under investigation with respect to any violation of, or other failure to comply with, any such applicable law or regulation. Applicant is in compliance with 41 USC § 4712-Program for Enhancement of Whistleblower Protections as well as applicable orders by the Governor, Oregon Health Authority and operational restrictions under the Governor's reopening plans. No funds will be used for any purpose or in any manner that violates federal, state or local laws or regulations. All funds will be utilized for purposes consistent with the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act").

_____(initial) Applicant will submit additional information and documentation in support of this application and/or the grant requested or awarded with respect to this Application, in each case, upon request, and will permit the County of Harney or its representatives, to inspect and/or audit the books, records, premises and operations of the Applicant to assure compliance with the requirements of this program. Applicant hereby acknowledges and agrees that all information may be shared by and with the County of Harney and the application review committee to the extent such disclosure is necessary and made in connection with the application and this grant program.

_____(initial) Applicant recognizes that there is no assurance that Applicant will be awarded any grant of any size, regardless of how well the Applicant may meet the criteria used for awarding this grant and regardless of what the Applicant may have been told or read with respect to this grant program. As a condition and in exchange for the consideration of receiving and reviewing this application, the Applicant hereby releases and will hold harmless the County of Harney, Oregon its respective officers, employees, elected officials, agents and representatives in facilitating and administering this grant program from any and all claims and/or causes of action of any kind or type arising from or out of (a) their receipt and review of this application and any information or documentation of or concerning the Applicant, (b) any decisions or recommendations with respect to this application, (c) the administration of this program and/or the award or denial of funds and/or the sufficiency thereof, and (d) any other matter or thing related to this program.

_____(initial) All decisions and recommendations with respect to this application and this grant are final when made and are non-appealable. The Applicant acknowledges that grant award determinations will be made based on both objective and subjective analysis of information available and that award determinations need not follow strictly or consistently a set method utilized to award grants. The Applicant also acknowledges that the identity of funding applicants and recipients and award amounts will become public information.

_____(initial) The individual signing below is legally authorized by the Applicant to submit this application, to sign this certification and to legally bind the Applicant.

_____(initial) The business/Applicant is current on all federal, state and local taxes as of the date of certification.

_____(initial) The business/Applicant was adversely impacted as a direct result of the COVID-19 crisis and incurred necessary expenditures due to the COVID-19 public health emergency.

_____(initial) The grant award will be used for business-related expenses and not for personal purposes.

_____(initial) By submitting this application, I agree that this application is final and cannot be edited.

I _____ (*print name*) agree to all of the above requirements. I certify all information on this application is truthful and complete to the best of my knowledge and I am authorized to submit this application. I acknowledge that Harney County is relying on this application to determine eligibility for this grant, and any false information will result in the repayment of grant funds back to the County. I verify the facts set forth in this Application are true and correct to the best of my knowledge, information, and belief. This statement is made subject to all civil and criminal penalties under Oregon and/or federal law related to falsification such as those under the Oregon False Claims Act.

Applicant Signature _____

Date: December _____, 2020



Harney County CARES Grant Program Demographic Questionnaire

All business owners with 20% or more ownership are required to complete this questionnaire.

We encourage you to answer the voluntary demographic questions below. Answers to the questions will help track programmatic outcomes and advance economic opportunity for all Oregonians. Responses will only be reported in aggregate. If you do not wish to disclose your race, ethnicity and/or gender you may select "Prefer not to answer". Award decisions have been made and thus providing the information or declining to provide the demographic information will not subject you to any adverse treatment. Please note that this information may be subject to public disclosure pursuant to Oregon Public Records Law.

What is your Name?

What is your percentage of business ownership?

What is your race?

What is your ethnicity?

What is your gender?

Business Owner Signature

