



Malheur County CARES Oregon Business Grant Application

Through the Governor's Office and State of Oregon, Malheur County received \$768,183 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 Malheur County to distribute to businesses who have been financially impacted as a direct result of the COVID-19 pandemic, with priority for the hospitality industry, businesses impacted by the freeze and Executive Orders 20-12 or 20-65, small businesses, and women, Black, Indigenous, People of Color and Tribal-owned businesses. Applications can be submitted via USPS to the Malheur County Court at 251 B. Street West. #5, Vale, Oregon 97918; dropbox behind the Courthouse or email to countygrant@malheurco.org.

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. Attach to your application the OED Form 132 used to complete this FTE calculation. Businesses not required or have elected not to file OED Form 132 are still eligible for this grant. Proof, such as payroll records, are required to verify FTE. Explain if OED Form 132 not filed _____.

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

- Black or African American women Other minority _____ Native Hawaiian or Pacific Islander
- Hispanic Latino or Latinx Tribal-owned/member or Native American or Alaska Native Asian
- Service-disabled veteran owned emerging small business

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 _____

Applicant and primary contact must be an owner operator

Sec E: Additional Business Information

15. Malheur County is Applicant's

- Only or headquarters location
- Branch location with headquarters in another Oregon county _____
- Applicant's business has operated in Malheur 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

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 20-12 or 20-65 and COVID-19 to your operations.

Yes. I was prohibited from operations under Executive Order 20-12; but the business reopened and remains open. My type of business per Executive Order 20-12 is _____. Sales verification is not required. Proceed to question 19.

Yes. The business is closed due to Executive Order 20-65; but the business intends to reopen. My type of business per Executive Order 20-65 is _____. Sales verification is not required. Proceed to question 19.

No. The business is open and remains open from March 1, 2020 to the present. 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 is attached to this application:

Profit and Loss Statements (like periods in 2019 and 2020); or

Income Statements (like periods in 2019 and 2020).

Business is requesting grant funds solely because during March 1, 2020 to December 30, 2020 the business incurred necessary and unbudgeted expenditures due to the COVID-19 public health emergency. Attach a detailed itemization of such expenditures including date incurred, dollar amount expended and what was purchased.

18. Amount of grant requested \$_____. Explain basis for requesting this grant amount below:

19. Did you receive or apply for any CARES Act Funds including, the Paycheck Protection Program (PPP) or Economic Injury Disaster Loan Emergency Advance Program (EIDL), or other emergency pandemic federal or state or local program (ie. Oregon Emergency Business Grant Application, Grant with City of Ontario)? If yes, how much was received or applied for \$ _____ and under what program _____.
A copy of loan agreement or award may be requested by the County.
20. *(For nonprofits only)* What is your revenue losses (March 1- Nov. 30, 2020) due to cancelled fundraiser events?
- More than \$30,000 \$20,001-\$30,000 \$10,001 and \$20,000 \$5,001-\$10,000 Up to \$5,000 None

Sec G: Include the following

- Profit and Loss Statements (like periods in 2019 and 2020) or Income Statements (like periods 2019 and 2020) or itemization.
- Non-profit determination letter from the IRS (**non-profit only**)
- W9 form
- Copy of Applicant's Drivers license
- Proof of number of FTE employees (OED Form 132 used) or other business record
- Demographic Questionnaire

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

The Applicant certifies that:

- 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 Malheur 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 Malheur, and the application review committee to the extent such disclosure is necessary and made in connection with the application and this grant program. _____ **(initial)**

4. 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 Malheur, 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)**
5. 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)**
6. 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)**
7. The business/Applicant is current on all federal, state and local taxes as of the date of certification. _____ **(initial)**
8. The business/Applicant was adversely impacted as a direct result the COVID-19 crisis and incurred necessary expenditures due the COVID19 public health emergency _____ **(initial)**
9. The grant award will be used for business-related expenses and not for personal purposes. _____ **(initial)**
10. By submitting this application, I agree that this application is final and cannot be edited. _____ **(initial)**

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 Malheur 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. The County will pursue any remedies available to it, including termination of this Agreement. Failure to repay or cure a default of the terms herein by the Applicant will result in any and all collection actions permissible by law, including through third party collection services or the Department of Revenue. The Applicant agrees to allow the County to pursue such collection actions. 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