

MILWAUKIE ECONOMIC DEVELOPMENT EconDev@milwaukieoregon.gov www.milwaukieoregon.gov

Business Relief Fund Application

Please submit your completed application by email to the City of Milwaukie

Economic Development Department at <a>EconDev@milwaukieoregon.gov no later than

5 p.m. on Friday, April 10, 2020.

Be sure to DOWNLOAD and SAVE your application prior to submitting.

ELIGIBILITY DETERMINATION:

Check that you meet each requirement:			
	The business has a current City of Milwaukie business license.		
	The business is a public-facing business (e.g. retail, coffee shop, food service) directly impacted by the Oregon Governor's Executive Orders 20-07 and 20-12 OR ,		
	The business is experiencing 25% or higher decline in revenue or sales due to COVID-19.		
	To my knowledge, I do not have any current liens or fees owed to the City of Milwaukie.		
Check the statements that apply to your business:			
	Business is a National Franchise		
	Business is a National Franchise Business is a Nonprofit Organization		
	Business is a Nonprofit Organization Business or individual(s) whose primary revenue is generated from rental/income producing		
	Business is a Nonprofit Organization Business or individual(s) whose primary revenue is generated from rental/income producing properties		

APPLICATION:

LEGAL BUSINESS NAME:				
Business Address:	Email:			
Business Owner Name:	Phone:			
Business Owner Race:	Business Owner Ethnicity:			
Business Owner Gender:	Veteran Status:			
City of Milwaukie Business License #:	State of Oregon Business Reg. #:			
General Business Description:	# of Years in Business:			

City of Milwaukie Business Relief Fund

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Are you a solopreneur (owner is only employee)?				
Yes, I am the only full-time employee.			Home-Based Business?	
□ No, I have at least one full-time employee not	including myself	-		
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Please provide dollar amounts by category:	2019 Gross Anr	nual Revenue	e: \$	
Business rent, lease, or commercial mortgage pay	ments: \$			
Payroll: \$	Utilities: \$			
Insurance: \$	Inventory: \$			
Other: \$	Other:		\$	
Number of Employees Prior to the March 16, 2020, Order 20-17:	Executive	Full-Time:	Part-Time:	
Number of Employees as of the Date of this Applic	ation:	Full-Time:	Part-Time:	
General description of how the business is a:				
Public-facing business (e.g. retail, coffee shop, food service) directly impacted by new public health requirements related to the COVID-19 pandemic:				
OR, how the business is experiencing 25% or higher	r decline in reve	nue due to (COVID-19 pandemic:	
How has the COVID-19 pandemic impacted your number of Full-Time and Part-Time employees and their hours worked?				
General description of COVID-19 impact on business. Please include detail on financial and personal impacts along with other relevant impacts to your daily business operation.				
How do you anticipate using the working capital f	unds?			

Will you be using these funds to make changes to your businesses to be able to sell products during the COVID-19 pandemic? (e.g. increase online ordering, delivery, create or shift in products, teleworking for employees):

Are you in need of business support services to create a strategy to stabilize your business?

What other business resources would be helpful to you in dealing with the COVID-19 pandemic?

AFFIRMATION:

By checking each item below and signing this application, I affirm that:			
	I understand that the grant can be used for working capital expenses such as lease or commercial mortgage payments, utilities, payroll, and essential supplies and that I will have to provide a budget to the City, showing the funds were utilized in accordance with program guidelines.		
	I understand and agree that should my business be selected for a grant I will need to complete and sign a separate Grant Agreement with the City of Milwaukie.		
	I understand that my business name and grant amount received is public record and may be used by the city for external reporting purposes.		
	I understand that information provided in this application is considered a public record and may be subject to public disclosure.		
Business Owner Signature:			
Print Nar	me: Date:		