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# SMALL BUSINESS RELIEF GRANT APPLICATION

The City of Pacific Small Business Relief and Recovery Grant Program is intended to ensure the economic health of the City of Pacific, and thereby improve the public health and welfare for Pacific's residents. The grant funded allocated hereunder is designed to help small businesses keep their doors open, protect local jobs threatened by the COVID-19 pandemic, support community recovery, and increase the resiliency of local businesses in our community.

Through the program, eligible small businesses operating in the City of Pacific have the opportunity to apply for cash assistance to help mitigate the impacts of revenue reductions associated with COVID-19.

Applications will be accepted between **August 3, 2020** and **October 2, 2020** and shall be submitted **via email** to [nschunke@ci.pacific.wa.us](mailto:nschunke@ci.pacific.wa.us).

Legal Name of Business: \_\_\_\_\_ Opening Date of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

UBI#: \_\_\_\_\_ SIC Code: \_\_\_\_\_ City of Pacific Business Lic #: \_\_\_\_\_

No. of Employees (including owner) as of Jan 1, 2020: \_\_\_\_\_ As of May 1, 2020: \_\_\_\_\_

Provide brief description of your business (products, services, etc): \_\_\_\_\_

Provide brief description of how business has been affected by COVID-19: \_\_\_\_\_

Has your business experienced income loss due to COVID-19? \_\_\_\_ If yes, estimate on revenue impact: \$ \_\_\_\_\_

Grant amount requested: \$ \_\_\_\_\_ Of that amount, how much will go towards the following:

Salaries & Benefits: \$ \_\_\_\_\_ Facilities: \$ \_\_\_\_\_ Cost of Goods & General & Admin Expense: \$ \_\_\_\_\_

Will this grant help you hire and/or retain jobs? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Was your business required to close due to the pandemic? \_\_\_\_\_

If yes, is the business allowed to open during the current phase of Governor's Safe Start plan? \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_

Owner/Applicant Address: \_\_\_\_\_

Owner/Applicant Phone #: \_\_\_\_\_ Owner/Applicant Email: \_\_\_\_\_

*By signing below, I certify that my business is not debarred, suspended, otherwise excluded from, or are ineligible for the participation in Federal Assistance programs under Office of Management and Budget 2 CFR Parts 180 and 215. I further certify that my business will not contract with a subcontractor that is debarred or suspended.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**