



City of
Pasco
Washington

Small Business Relief Grant Application

2024



Disclaimer

Small Business Relief Loan Application Processing

The City of Pasco's acceptance of applications for the Small Business Relief Loan program does not guarantee the awarding of a loan. Final approval and funding are subject to two critical conditions: the provision of all required supporting documentation by the applicant and the availability of funds, which may necessitate the reallocation of funds by the City Council. Should applicants fail to provide the necessary documentation, or if the City Council does not approve the reallocation of funds to support this program, any application in question will be rendered null and void. This disclaimer is intended to clearly outline the prerequisites for the application's consideration and processing, underscoring that both complete documentation and fund availability, pending City Council decisions, are essential for the potential approval of a small business relief loan. Applicants are advised to ensure the completeness of their application materials and to stay informed on the status of fund allocation for the program.

Submit applications to:
Community & Economic Development Department
City of Pasco - 2nd Floor | 525 N 3rd Ave
Pasco, WA 99301



City of
Pasco
Washington

Community & Economic Development
525 N. 3rd Avenue
Pasco, WA 99301
509.543.5739

2024 SMALL BUSINESS RELIEF GRANT APPLICATION

LEWIS STREET OVERPASS CONSTRUCTION & STREET CLOSURE

Owner Information

OWNER/AUTHORIZED SIGNERS NAME

OWNER HOME ADDRESS

OWNER PHONE

OWNER EMAIL

Business Information

BUSINESS NAME

BUSINESS TYPE

BUSINESS ADDRESS

BUSINESS PHONE

ESTABLISHED DATE

BUSINESS EMAIL

OF FT EMPLOYEES

WASHINGTON STATE UBI

CITY OF PASCO LICENSE #

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

WORKMANS COMP #

ELIGIBILITY

This program is available to a limited number of microenterprise businesses that meet specific requirements to assist the Lewis Street overpass construction effected businesses. This program will provide emergency assistance for the relief of microenterprises.

Applicants must be a microenterprise (5 or fewer employees, including the owner).

Does your business meet this requirement? ☐ Yes ☐ No

Applicants must be a private for-profit business that is legally operating within the City of Pasco. Non-profit entities are not eligible for small business relief funds.

Does your business meet this requirement? ☐ Yes ☐ No

Has your microenterprise or any owner(s) been suspended, debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in federal transactions?

☐ Yes ☐ No

Has your business temporarily closed or services reduced by construction of the Lewis Street overpass resulting in a revenue loss of at least 15% from one year previous?

☐ Yes ☐ No

Was your business feasible (not failing) prior to the construction of the Lewis Street overpass?

☐ Yes ☐ No

Has your business (or any owner) applied for, been denied, or received financial assistance in the form of grants, subsidized loans, insurance or reimbursement?

☐ Yes ☐ No

*If Yes, complete Duplication of Benefits Form

Is the business owner delinquent in any City, state or federal taxes; child support; or other penalties?

☐ Yes ☐ No

Has your business ever been subjected to criminal or civil fines and penalties, including city code violations and regulatory violations and penalties?

☐ Yes ☐ No

If yes, please explain.

Has this business been funded through any other public sector grant/loan program in the last five years?

☐ Yes ☐ No

Does this business qualify as women or minority owned?

☐ Yes ☐ No

Is the owner of the business a U.S. Citizen or Qualified Alien (with Permanent/Temporary Resident Alien status, work permit ect.

☐ Yes ☐ No

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
INCOME	\$64,700	\$74,000	\$83,200	\$92,400	\$99,800	\$107,200	\$114,600	\$122,000

To qualify for assistance, gross annual income from all household members 18 years and older must not exceed 80% area media income based on how many people reside in the household. Total household income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, ect.) from all adult and non-family members in the household. Based on these income limits, please note whether you will qualify. Check all that apply:

- ☐ Owner is from a LMI household
- ☐ 51% of the business's employees are LMI households

Funding will result in the creation or retention of at least one full-time equivalent (40 hours/week) position to benefit a person from a low to moderate income household. Please check the box for how the funding will be utilized.

- ☐ The funding will retain at least one full-time equivalent position for a person from a LMI household.
- ☐ The funding will create at least one full-time equivalent position for a person from a LMI household.

OWNER LMI VERIFICATION

Applicants must complete this section if the business qualifies for Microenterprise funding based on the Owner of the business being a member of an LMI household. *If the business qualifies for Microenterprise funding based on the 51% of employees being LMI households, you do not need to complete this section*

Household Income Summary		MONTHLY HOUSEHOLD INCOME	
INCOME LIMITS USED	2023 HUD	ANNUAL HOUSEHOLD INCOME	
# IN HOUSEHOLD		ASSET INTEREST INCOME	
APPROVAL THRESHOLD	80%	ANNUAL COMBINED INCOME	
AMI @ THRESHOLD		PERCENT OF AMI	

I certify the applicant meets eligibility requirements for the City of Pasco Business Relief Grant program.

City Staff Certification

EMERGENT NEED QUESTIONNAIRE

Please describe the negative impact the Lewis Street overpass construction project has had on your business. Include the number of employees laid off, if any.

Explain how the funding will help your business remain viable and prevent layoffs.

If applicable, describe how you will create new lines of business and services to meet new demand during the Lewis Street overpass construction and the number of new jobs created.

Describe your business revenues during the Lewis Street overpass construction, and during a similar period prior to construction.

Describe other funds you have received or intend to apply for and the amounts and sources of those funds, including the total amount. (e.g. SBA loan, unemployment benefits, ect.)

Indicate if you are receiving “Business Interruption Insurance,” and the amount.

Describe any gaps in financing you might have to prevent employee layoffs or create new jobs and you plan to fill those gaps.

FUNDING REQUEST

Please state the amount of funding requested:

Please describe how this grant will help your business maintain sustainable operations:

Describe the effect the funds will have on the success of the business and its overall impact on the community:

Total full-time equivalent positions created for a person from an LMI household:

Total full-time equivalent positions retained for a person from an LMI household:

Please note, all expenditures must be reasonable, allowable and necessary for the type of business requesting the funding. Funds under this program may not be used to reimburse expenses incurred prior to Grantee approval of loan or grant.

EMPLOYEES

Total number of current employees:

Provide a list of current employees, including the owner, officers, full/part time and leased employees. Include additional information on another page. Note that income self certification will be required for all employees designated as Low/Moderate Income (LMI).

NAME	JOB TITLE	FULL OR PART TIME?	ANNUAL SALARY	LMI EMPLOYEE?	WILL FUNDING RETAIN THIS EMPLOYEE?

List all Owners owning 20% or more of the business. Provide title and percentage of ownership.

NAME & TITLE	%

DEMOGRAPHICS

Please choose your ethnicity

- ☐ White American
☐ Black American
☐ Native American
☐ Hispanic American
☐ Asian/Pacific American
☐ Hasidic Jew

Please choose your race

- ☐ Latino
☐ Non-Latino

Are you a female head of household? ☐ Yes ☐ No

Is your business minority or women owned? ☐ Yes ☐ No



SMALL BUSINESS OWNER CERTIFICATIONS

I certify I have the authority to apply for this grant on behalf of the business described herein.

I understand, should my business be approved for a Micro-Enterprise loan/grant that I will need to provide income documentation for all owner/employees classified as Low/Moderate Income (LMI).

I certify the grant will be used for business purposes only and not for household, personal, or consumer usage.

I certify the information contained in this application is true, complete and correct to the best of my knowledge.

I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.

Business Owner Signature

Date

DOCUMENTATION

- ☐ CDBG Microenterprise Self Certification Form
- ☐ Auto Insurance (required for transportation services)
- ☐ Business General Liability Insurance
- ☐ Business Income Tax Return (FORM 1120) for the past year if in business prior to 2023.
- ☐ Personal Tax Return with all schedules, W-2, and 1099 MISC(for Microenterprise)
- ☐ Current lease agreement, mortgage statement, or deed to the property (must be a commercial lease/space)
- ☐ Current Utility Receipts
- ☐ Financial Statements for the last two years including an Income Statement and Quarterly Tax Statements.
- ☐ Past 6 Months of Business Bank Statements
- ☐ Other Source Documentation (as requested)